nORTHWESTERN cONNECTICUT cOMMUNITY cOLLEGE

employee reimbursement REQUEST FORM (FORM CO-17xp rev 8/9/18 nccc)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Request** | Date | **TA Number** | TA Number  |
| Name | Name of Traveler | Employee # | Employee # |
| Job Title | Job Title | Telephone # | Telephone # |
| Bargaining Unit | Bargaining Unit | Department | Department |

### Itinerary

|  |  |  |
| --- | --- | --- |
| **Dates** | **To** | **Purpose / Conference Name/ Event/Sponsored By** |
| Date | Where? | Why? |
| Date | Where? | Why? |
| Date | Where? | Why? |

### Trip Funding

|  |  |  |
| --- | --- | --- |
|

|  |  |
| --- | --- |
| **Fund / Grant Description** | **Department** |

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### eXPENSES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Dates** | **Details** | **Pmt Method** | **Amount** |
|  | Dates | Air / Rail / Rental Car / Taxi/ Other (receipts) | **po\_\_\_\_****pcard\_\_\_\_** | **Amount** |
| Transportation | Dates | Air / Rail / Rental Car / Taxi/ Other (receipts) | **Po\_\_\_\_****Pcard\_\_\_\_** | **Amount** |
| Own car | Dates | Mileage (attach google map & deduct normal commute) | **n/a** | **Amount** |
| Lodging | Dates | Location (receipts) | **Po\_\_\_\_****Pcard\_\_\_\_** | **Amount** |
| Conference fees | Dates | Description(receipts) | **Po\_\_\_\_****Pcard\_\_\_\_** | **Amount** |
| Meals | Date | **Description (per diem or receipts)** | **Po\_\_\_\_****Pcard\_\_\_\_** | **Amount** |
|  | Date | **Description (receipts)** | **Po\_\_\_\_****Pcard\_\_\_\_** | **Amount** |
|  | Date | **Description (receipts)** | **Po\_\_\_\_****Pcard\_\_\_\_** | **Amount** |
| Other | Date | Description(receipts) | **Po\_\_\_\_****Pcard\_\_\_\_** | **Amount** |
|  |  |  |  |  |
|  |  | Subtotal | **Amount** |  |
|  |  | Less amount paid on Purchase Order or P-Card | **Amount** |  |
|  |  | Total amount owing to employee | **Amount** |  |

### Purpose of the trip

### Supporting Documentation

Please attach all supporting documentation as outlined in the NCCC Travel Authorization & Reimbursement Policy prior to submitting for signature. Incomplete Travel Authorizations will be returned to the traveler and could result in delayed processing.

Reminder: Professional Development is paid in January for the period 7/1 – 12/31 and in July for the period 1/1-6/30. Reimbursements should be submitted within 30 days of completion of travel & will be held until the PD payment deadlines.

### certification of traveler

I affirm the reimbursements claimed herewith are just and that the indicated was officially necessary. I further affirm that all applicable obligations incurred by the State on my behalf, such as family travel and associated expenses have been repaid by me in full.

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| --- | --- | --- |
|  |  |  |
|  **Traveler’s Signature** |  | **Date** |

### Certification of college officials

I certify that the services have been performed and the expenses incurred as stated in this account, except as noted and that they were necessary and proper; and that the amounts claimed are just and reasonable, except as noted.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Supervisor’s Signature |  | **Date** |
|  |  |  |
| Budget Authority’s Signature |  | **Date** |
|  |  |  |
| Business Office Signature Amount Approved |  | **Date** |

|  |  |
| --- | --- |
| Employee #: | Employee Name: |

|  |  |
| --- | --- |
| Payroll #: |  |