



**SOUTHERN CONNECTICUT STATE UNIVERSITY
EMPLOYEE VOUCHER - TRAVEL AND OTHER
FOR EXPENSES INCURRED IN THE SERVICE
OF THE STATE OF CONNECTICUT
CO-17XP REV. 08/12/25 (Electronic Version)**

DOCUMENT DATE	DOCUMENT #	DOCUMENT AMOUNT 
PERIOD OF TRAVEL	TA # (IF APPLICABLE)	BANNER ID (<i>DO NOT ENTER SS#</i>)
PAYEE NAME AND ADDRESS	PAYEE'S STATUS – SELECT ONE (EX: FT FAC, PT FAC)	

REASON FOR EXPENDITURE

INDEX	ACCT			AMOUNT

EMPLOYEE EXPENDITURES

DATE	TRAVEL		TRAVEL BY AUTOMOBILE				CARRIER	REG	LODGING	MEALS	MISC. TELE
	FROM	TO	MISC. EXP PARKING, TOLLS	AMT.	NO OF MILES 	AMT AT 	(AIR, RAIL, BUS)	AMT	AMT	AMT.	INTERNET, OTHER
SUBTOTALS											
LESS: PREPAID BY SCSU/PCARD											
I CERTIFY THAT THE AMOUNT STATED HERE WAS GIVEN TO ME AS AN ADVANCE AGAINST THE AMOUNT OF TRAVEL AND OTHER EXPENSES SHOWN HEREIN AS DUE TO ME.			LESS: AMOUNT OF ADVANCE (IF APPLICABLE)				TOTAL PG 2 (IF APPLICABLE)		GRAND TOTAL 		

PAYEE CERTIFICATION & APPROVALS

I AFFIRM THE REIMBURSEMENT CLAIMS HEREWITH ARE JUST AND THE TRAVEL 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. I CERTIFY THAT THE SERVICES HAVE BEEN PERFORMED AND THE EXPENSES INCURRED AS STATED ABOVE.

DATE	PAYEE'S SIGNATURE	
DATE APPROVED	AMOUNT APPROVED	SIGNATURE – ORG FIN MGR /EMPLOYEE SUPERVISOR

ACCOUNTS PAYABLE USE ONLY

INV#	PAY DATE:
CHECK #	CHECK DATE: