

**EMPLOYEE VOUCHER - TRAVEL AND OTHER - CONTINUATION**  
 CO - 17XP-1 REV. 12/93 (Stock No. 6938-701-01)

**STATE OF CONNECTICUT  
 OFFICE OF THE STATE COMPTROLLER  
 CENTRAL ACCOUNTS PAYABLE DIVISION**

| (6) DATE<br>MO/DA | (7) TRAVEL |    | (8) TIME<br>DEPART | ARRIVE | (9) TRAVEL BY AUTOMOBILE (CHECK ONE) |        |   | (3) AGENCY NO.   |        | (4) PAYEE'S SIGNATURE |    |   | (5) EMPLOYEE NUMBER           |   | OF |  |      |      |  |  |  |  |  |  |  |
|-------------------|------------|----|--------------------|--------|--------------------------------------|--------|---|--|--------|-----------------------|----|---|-------------------------------|---|----|--|------|------|--|--|--|--|--|--|--|
|                   | FROM       | TO |                    |        | DEPART                               | ARRIVE | <input type="checkbox"/> STATE VEHICLE<br>MISC EXP. PARKING, TOLLS,<br>GAS, OIL, ETC. | <input type="checkbox"/> PERS. VEHICLE<br>NO. OF MILES | AMOUNT | AMT AT                | ML | (10) OTHER TRAV.<br>B/BUS R/RAIL<br>C/CAB O/OTHER | (11) LODGING                  | (12) MEALS<br>B/BKFRST L/LNCH<br>D/DINNER |    | (13) MISC.<br>P/TELE. W/WIRE<br>T/TIPS O/EXPLAIN | CODE | AMT. |  |  |  |  |  |  |  |
|                   |            |    |                    |        |                                      |        |   |  |        |                       |    |   |                               |   |    |  |      |      |  |  |  |  |  |  |  |
|                   |            |    |                    |        |                                      |        |   |  |        |                       |    |   |                               |   |    |  |      |      |  |  |  |  |  |  |  |
|                   |            |    |                    |        |                                      |        |   |  |        |                       |    |   |                               |   |    |  |      |      |  |  |  |  |  |  |  |
|                   |            |    |                    |        |                                      |        |   |  |        |                       |    |   |                               |   |    |  |      |      |  |  |  |  |  |  |  |
|                   |            |    |                    |        |                                      |        |   |  |        |                       |    |   |                               |   |    |  |      |      |  |  |  |  |  |  |  |
|                   |            |    |                    |        |                                      |        |   |  |        |                       |    |   |                               |   |    |  |      |      |  |  |  |  |  |  |  |
|                   |            |    |                    |        |                                      |        |   |  |        |                       |    |   |                               |   |    |  |      |      |  |  |  |  |  |  |  |
|                   |            |    |                    |        |                                      |        |   |  |        |                       |    |   |                               |   |    |  |      |      |  |  |  |  |  |  |  |
|                   |            |    |                    |        |                                      |        |   |  |        |                       |    |   |                               |   |    |  |      |      |  |  |  |  |  |  |  |
|                   |            |    |                    |        |                                      |        |   |  |        |                       |    |   |                               |   |    |  |      |      |  |  |  |  |  |  |  |
|                   |            |    |                    |        |                                      |        |   |  |        |                       |    |   |                               |   |    |  |      |      |  |  |  |  |  |  |  |
|                   |            |    |                    |        |                                      |        |   |  |        |                       |    |   |                               |   |    |  |      |      |  |  |  |  |  |  |  |
|                   |            |    |                    |        |                                      |        |   |  |        |                       |    |   |                               |   |    |  |      |      |  |  |  |  |  |  |  |
|                   |            |    |                    |        |                                      |        |   |  |        |                       |    |   |                               |   |    |  |      |      |  |  |  |  |  |  |  |
|                   |            |    |                    |        |                                      |        |   |  |        |                       |    |   |                               |   |    |  |      |      |  |  |  |  |  |  |  |
|                   |            |    |                    |        |                                      |        |   |  |        |                       |    |   | SUB-TOTAL<br>(INCL ON 17XP)   |   |    |  |      |      |  |  |  |  |  |  |  |
|                   |            |    |                    |        |                                      |        |   |  |        |                       |    |   | GRAND-TOTAL<br>(INCL ON 17XP) |   |    |  |      |      |  |  |  |  |  |  |  |

DISTRIBUTION: PART 1 - COMPTROLLER PART 2 - AGENCY PART 3 - EMPLOYEE