## **EMPLOYEE VOUCHER - ADDENDUM**

T.A. NUMBER

CO-17XP-A REV 1/04 800-02

## STATE OF CONNECTICUT OFFICE OF THE STATE COMPTROLLER **PAYROLL SERVICES DIVISION**

## INSTRUCTIONS

DEPARTMENT

1. THIS FORM IS TO BE USED IN CONJUNCTION WITH THE CO-17XP-PR EMPLOYEE VOUCHER.

2. COMPLETE THE FORM AS REQUIRED, THEN PHOTOCOPY AND DISTRIBUTE AS INDICATED BELOW.

3. INQUIRES REGARDING THE COMPLETION OR PROCESSING OF THIS FORM SHOULD BE MADE TO THE PAYROLL SERVICES DIVISION AT (860) 702-3463.

DATE OF TRAVEL | EMPLOYEE NUMBER

EMPLOYEE NAME

NOTE: THESE RATES ARE SUBJECT TO AMENDMENT BY FEDERAL REGULATION. CHANGES WILL BE ANNOUNCED, WHEN APPLICABLE, IN SUBSEQUENT COMPTROLLER'S MEMORANDA.

PLEASE CHECK APPLICABL	LE BLOCK BELOW:					
CONTINENTAL L	JNITED STATES TRAVEL	(ENTER AMOUNT C	ON LINE 8)			
	EL - (ENTER AMOUNT FF I LINE 8 AND/OR THE AP					N AREAS INCLUDING ALASKA
CATEGORY				1. PARTIAL DAY		2. FULL DAY
1. TIME OF TRAVEL (FOR PARTIAL DAYS ONLY)				FROM AM	ТО РМ	
2. MEAL RATE - TOTAL MEALS CLAIMED						
3. 15% GRATUITIES						
4. TAXES ON MEALS						
5. PREMIUM CITY SUPPLEMENT						
6. MISCELLANEOUS (OTHER INCIDENTAL EXPENSES SUCH AS GRATUITIES, ETC. RELATED TO LODGING AND MEAL CHARGES)						
7. STATE PER DIEM CLAIMED (ADD LINES 1 THROUGH 6)						
8. FEDERAL PER DIEM RATE X NUMBER OF FULL AND / OR PARTIAL DAYS (OR FOREIGN TRAVEL RATE )						
9. EXCESS OF PER DIEM RATE ( NOT LESS THAN ZERO) (LINE 7 MINUS LINE 8)						
10. UNDOCUMENTED LUMP SUM (AFTER 2 DAYS)						
11. AMOUNT REPORTABLE (ADD LINES 9 AND 10) (NOT LESS THAN ZERO)						
IN CALCULATING THE A						ASED ON THE FOLLOWING TIME TIME FALLS.
1:01 AM TO 7:00 AM = .25 DAY 7:01 AM TO 1:00 PM = .25 DAY 1:01 PM TO					5 DAY 7:0	01 PM TO 1:00 AM = .25 DAY
EXAMPLE: - AN EMPLO FEDERAL F - AN EMPLO						
(BLOCK 12) NON-REPORTABLE AMOUNT				(BLOCK 13) REPORTABLE AMOUNT \$		
(LOWER AMOUNT OF LINES	7 OR 8). \$				φ	