

**IN-STATE EXPENSES
JUDICIAL BRANCH EMPLOYEES
(Non-taxable Reimbursement)**

JD-ES-167 Rev. 10-19

Instructions

1. Type or print legibly.
2. Send original to address below.
3. Retain copy for your records.

Employee number (required)
(Located under employee name on paystub)

Send to: Judicial Branch - Financial Services, 90 Washington Street, 4th floor, Hartford, CT 06106

Total in-state expenses

NP26 - NRI - 50780

Employee Certification: I affirm the reimbursements claimed herewith are just and that the expenses indicated were 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.

Division Certification: I certify that, to the best of my knowledge, the services performed and the expenses incurred as stated in this account, except as noted, were necessary and proper, and that the amounts claimed are just and reasonable, except as noted.

Employee signature _____ Date _____ Authorization signature _____ Date _____