STATE OF ARIZONA
EMPLOYEE TRAVEL CLAIM

AGENCY	NORMAL WORKING SHIFT TIMES START: END:	PHONE	BATCH HEADER AGY(3)	DATE(6)	NO(3)
PREPARED BY ACCT	ENTERED BY	DATE / /		/ /	

EMPLOYEE NAME	SOCIAL SECURITY NO (VENDOR NO)(11)	MC(3)	DUTY POST ADDRESS	VEHICLE TYPE
	2 | | | | | | | | | 0	001		☐ STATE ☐ RENTAL
EMPLOYEE RESIDENCE ADDRESS	PERIOD(MO/YR)	PURPOSE OF TRAVEL/DESCRIPTION		☐ PERSONAL ☐ PASSENGER

BY MY SIGNATURE HEREON AS TRAVELER, *I CERTIFY* THAT I AM FAMILIAR WITH STATE OF ARIZONA TRAVEL POLICY AND THAT THE AMOUNTS FOR WHICH I SEEK REIMBURSEMENT REPRESENT EITHER THE AMOUNTS ACTUALLY SPENT FOR MEALS, INCIDENTALS, TRANSPORTATION OR LODGING EXPEDITURES AND/OR THE MILES ACTUALLY TRAVELED BY ME. *I CERTIFY* FURTHER THAT I HAVE WORKED THE NUMBER OF HOURS AND FULFILLED ALL THE OTHER CONDITIONS REQUIRED BY STATE TRAVEL POLICY TO BE REIMBURSED FOR MEALS CLAIMED.

DATE	PLACE DEPARTED FROM	TIME	PLACE ARRIVED AT	TIME	ODOMETER START	ODOMETER END	MILES	MILES X RATE=$	MEALS & INCIDENTAL	LODGING	OTHER EXPENSES	TRANS-PORTATION	TOTAL EXPENSES
			(LESS COMMUTE MILES)				( )	( )					( )
						TOTALS FROM ABOVE>							
						TOTALS FROM CONTINUATION SHEET(S)>							
						GRAND TOTALS>							

BY MY SIGNATURE AS TRAVELER, *I AGREE* THAT I WILL RETURN ANY AMOUNTS ADVANCED TO ME IN EXCESS OF THE AMOUNT OF THIS CLAIM WITHIN TEN(10) DAYS OF THE DATE TRAVEL IS COMPLETED. I UNDERSTAND THAT ANY TRAVEL ADVANCE NOT REIMBURSED IN A TIMELY MANNER MAY BE DEDUCTED FROM ANY SALARY, WAGES OR TRAVEL EXPENSE REIMBURSEMENT DUE TO ME. (ARS 35-192.02)

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY PURSUANT TO ARS 38-612(E) AND 42 USC 405(c)(2)(C). THE SOCIAL SECURITY NUMBER SHALL BE USED FOR FEDERAL AND STATE TAX REPORTING PURPOSES.

DOC DATE(6)	EFF DATE(6)	CUR DOC(8)	AGY(3)	DOC AMOUNT$(11)¢(2)	DOC AGY(3)	CLAIM AMOUNT
/ /	/ /					

DOC SFX(3)	REF DOC(8)	REF SFX(3)	M(1)	TC(3)	INDEX(5)	PCA(5)	AY(2)	COBJ(4)	AOBJ(4)	AMOUNT$(11)¢(2)	R(1)

BY MY SIGNATURE AS TRAVELER, *I CERTIFY* THAT THE ABOVE ITEMS OF EXPENSE WERE INCURRED FOR AUTHORIZED OFFICIAL STATE BUSINESS, THAT THEY ARE CORRECT AND PROPER CHARGES, AND THAT THE PRIVATE VEHICLE, IF USED, IS COVERED BY LIABILITY INSURANCE.	DRIVER LICENSE NO.	BY MY AUTHORIZING SIGNATURE, *I CERTIFY* THAT THE ABOVE TRAVEL WAS AUTHORIZED FOR OFFICIAL STATE BUSINESS AND PAYMENT THEREOF WILL NOT EXCEED APPROPRIATION ALLOTMENT OR OTHER AUTHORIZED FUNDS.	SUPERVISOR SIGNATURE DATE
	TRAVELER SIGNATURE/DATE		AGENCY ACCOUNTING AUTHORIZED SIGNATURE DATE

GAO-503-EZ(02/00)