State of Arizona Travel Claim Continuation Form

Purpose: Record expenses related to Travel for the State of Arizona. Meal expenses will be taxable income if there is no qualifying overnight stay.

Instructions: Complete form if you have additional travel claim expenses that would not fit on the GAO-503EZ form.

Return completed form to your state agency for review and authorization. Reimbursement for travel will be processed through the Human Resources Information Solution (HRIS) system during the normal payroll cycle. Reimbursements will be included in your bi-weekly pay.

Print Form

Reset Form

Employee Name		EIN		Duty Post Address	

Employee Residence Cross Streets and City		Driver License No.	

Purpose of Travel/ Description		Vehicle Type ☐ State ☐ Rental ☐ Passenger ☐ Personal

Travel Date	Departed Time	Place Departed From	Arrival Time	Place Arrived At	Overnight Stay	Odometer Start	Odometer End	Miles	Miles X Rate = $$	Meals	Lodging	Other Expenses	Trans-portation
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					☐				0.00				
Overnight Stay Explanation					Less Commute Miles				0.00				

I CERTIFY that this expenditure/transaction is for a valid public purpose and is consistent with all applicable statutes, laws, appropriations, grants and contracts. I further CERTIFY that I have reviewed and understand the Statewide Travel Policy and that the amounts claimed represent the ACTUAL, QUALIFIED amounts and/or miles incurred during authorized, official State Business and that I am not requesting any reimbursements not allowed or not actually expended. If a travel advance was issued, I AGREE that the amount can be withheld from any salary, wages, or travel reimbursement due to me. Whether withheld or not, all excess monies will be returned by me within Thirty (30) days of the travel completion (A.R.S. §35-192.02).

	Miles	Miles X Rate = $$	Meals	Lodging	Other Expenses	Trans-portation
Totals From Above	0.00	0.00	0.00	0.00	0.00	0.00
Totals From Other Sheets		0.00				
Grand Totals	0.00	0.00	0.00	0.00	0.00	0.00
Total Travel Claim	$ 0.00					

Traveler Signature		Date	