	te of Ari ravel Cla			uctions: Co	ord expenses rela mplete form if you	u have addi	tional trave	l claim expen	ses that	would not fit o	n the GAO-5	503EZ form.	·					
Cont	inuatior	n Form	Retur Inforr	n completed mation Solution	form to your state on (HRIS) system o	e agency foi during the r	r review and normal payr	l authorization oll cycle. Rein	n. Reimt nbursem	oursement for nents will be in	travel will be cluded in yo	e processed t our bi-weekly	through th ' pay.	e Human Re	sources			
Employee Na	ame					EIN			Duty P	ost Address								
Employee Re	esidence Cro	ss Streets a	and City											Driver	License No	).		
Purpose of T	ravel/ Descr	iption										Vehicle	Туре 🗌	] State [	Rental	Pass	senger 🗌	] 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	
Overnight S	itay Explan	ation									Less Com	mute Miles						
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 the table of CENTIFY that I have reviewed and understand the statewide Travel Policy and											Totals Fr	om Above						
that the amounts claimed represent the ACTUAL, QUALIFIED amounts and/or miles incurred during authorized, official Sta 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									was	Tota	ls From Otl	ner Sheets					<u> </u>	
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										Gr	and Totals							
Traveler Signature Date									Total Travel Claim									

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