

# State of Arizona Travel Claim 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 conducted travel for the State of Arizona and are in need of reimbursement.

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.

Employee Name	EIN	Duty Post Address
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Employee Residence Cross Streets and City	Driver License No.
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Purpose of Travel/ Description	Vehicle Type <input type="checkbox"/> State <input type="checkbox"/> Rental <input type="checkbox"/> Passenger <input type="checkbox"/> Personal
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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	Transportation
					<input type="checkbox"/>								
					<input type="checkbox"/>								
					<input type="checkbox"/>								
					<input type="checkbox"/>								
					<input type="checkbox"/>								
					<input type="checkbox"/>								
					<input type="checkbox"/>								
					<input type="checkbox"/>								

Overnight Stay Explanation	Less Commute Miles			
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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).

Totals From Above						
Totals From Other Sheets						
Grand Totals						

Traveler Signature	Date	Total Travel Claim
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As the Supervisor, I CERTIFY that the expenses claimed were incurred for authorized official state business and that they are correct and proper charges. I CERTIFY further that this expenditure/transaction is for a valid public purpose and is consistent with all applicable statutes, laws, appropriations, grants and contracts. I APPROVE the expenses as outlined above for Reimbursement.

Supervisor Name	EIN	Supervisor Signature	Date
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**For AGENCY TRAVEL USE ONLY**

Pay Code	Expense Amount	Date	Pay Dist	Exp Acct AFund	Exp Acct Accounting Unit	Exp Acct AY	Activity Activity	Activity Acct Category

As the accounting representative, I CERTIFY that sufficient appropriation and monies are available for this expenditure/transaction, and that I am authorized to distribute these monies.

Agency Acct Name	EIN	Agency Authorized Accounting Signature	Date
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