

State of Arizona

Employee Expense Reimbursement Form

Purpose/Instructions: To record expenses incurred by employees on behalf of the State for purposes **OTHER THAN TRAVEL** and to effect proper reimbursement of those expenses through HRIS and accounting of those expenses in AFIS. This form is **not** to be used for recording recurring, periodic employee allowances of a fixed amount. This form is **not** to be used to request or approve advances or allowances of any kind.

Claimant and Claimant's Supervisor/Manager

Date Incurred	Amount	Description	Agency Name			
			Claimant's (Employee's) Name		EIN	
			Claimant's (Employee's) Signature		Date	
<i>By signing above, the claimant/employee certifies that the amounts for which reimbursement is claimed and the receipts to support such claim represent amounts actually spent for valid public purposes in the conduct of official business for the State.</i>						
			Supervisor's/Manager's Name		EIN	
			Supervisor's/Manager's Signature		Date	
Total		Receipts (originals or true copies) must be attached for all amounts claimed.	<i>By signing above, the claimant's/employee's supervisor/manager certifies that the expenses claimed were incurred for authorized State business that they are correct and proper charges and that the reimbursement thereof, hereby approved, is consistent with all applicable statutes, laws, appropriations, grants and contracts.</i>			

For Agency Approval and Payroll Entry

Description	Pay Code	Amount	PPE Incurred Date*	Pay Dist	Fund	Accounting Unit	Object	BFY	Activity	Acct'g Category
Uniform Reimbursement †	600						7311			
W/less Device Reimburse't †	650						7172			
Repairs & Maintenance-Vehicle	652						7256			
Tools Reimbursement †	654						7269			
Office Supplies	656						7321			
Housekeeping Supplies	658						7341			
Educ'n Assistance Program ‡	659						7452			
Educ'n Assist Other Non-Tax ‡	660						7452			
Educ'n Assist Other Taxable ‡	661						7452			
Conference Registration Fees	662						7455			
Postage and Delivery	664						7481			
Emp'ee Recognition Expend's	668						7511			
Dues & Professional Licenses	670						7531			
Employee Relocation Expenses	672						7593			
Misc/TRVL-Persons in Custody	690						6295			
Other Misc Op'ting Expenses ‡	698						7599			

† Reimbursements, not Allowances
‡ Refer to State Policies

Total

By my signature below and to the right, I certify that the expenses for which reimbursement is claimed were for official state business and payment thereof will not exceed appropriation, allotment or other authorized funds.

*See Detailed Instructions

Entered by (Payroll Entry Personnel)									
	Signature/Initials	EIN	Date	Agency Authorized Signature			EIN	Date	

Detailed Instructions for the Form GAO-502, State of Arizona Employee Expense Reimbursement Form

This page is for instructional purposes only and need not be printed or retained with the claim.

General Instructions

This form is not to be used to claim travel reimbursements or advances.

This form is not to be used to record allowances.

Certain expenditures, such as those relating to education, have complicated tax consequences. Consult GAO Central Payroll or, should it be available, published policy.

All receipts and other documentation supporting the claimed amounts should be attached to this form and retained for a period prescribed by the Arizona State Library, Archives and Public Records Division of the Arizona Secretary of State.

Claimant and Claimant's Supervisor/Manager

Of the boxes in the **Claimant and Claimant's Supervisor/Manager** section at the top of the form, the **Total** must be completed and the amount in this box must equal the sum of the amounts entered in the **Amount** column. The amount in the **Total** box in the upper section must equal the amount in the **Total** box in the lower section. Sometimes there will be only one entry in the **Amount** column and sometimes several, but there must always be at least one entry in the **Amount** column.

For any line in which there is an entry in the **Amount** column, all of the columns of that entry—**Date Incurred** and **Description**—must be completed. The **Date Incurred** is the date upon which the expenditure for which the employee is seeking reimbursement was made.

All of the following boxes must be completed: **Agency Name**; **Claimant's (Employee's) Name, EIN, Signature and Date** (of signing); **Supervisor's/Manager's Name, EIN, Signature and Date** (of signing).

For Agency Approval and Payroll Entry

Of the boxes in the lower section, **For Agency Approval and Payroll Entry**, the **Total** must be completed and the amount in this box must equal the **Total** amount in the **Claimant and Claimant's Supervisor/Manager** section above. (When using the automated version of this form, you will be warned and not allowed to print using the **Print Form** button, if these two boxes are not equal). The sum of the amounts entered in the **Amount** column must equal the amount in the **Total** box. Sometimes there will be only one entry in the **Amount** column and sometimes several, but there must always be at least one entry in the **Amount** column.

For any line in which there is an entry in the **Amount** column, all of the columns related to that entry—**Pay Code**, **PPE Incurred Date**, **Pay Dist** (Payroll Distribution), **Fund** (Appropriated Fund), **Accounting Unit**, **BFY** (Budget Fiscal Year), **Activity** and **Acct'g Category** (Accounting Category)—must be completed. (In HRIS, many of these columns are automatically filled by the system; they may, however, be manually overridden. The relationship of the Pay Code to the expense/expenditure Description and to the Object is fixed.)

The **PPE Incurred Date** is the ending date of the payroll period in which the expenditure for which the employee seeks reimbursement was made or, in the case of educational expenses requiring the completion of a course or the accomplishment of certain grades, could first be claimed.

In the case of **Pay Dist** (Payroll Distribution), enter the value that identifies how the labor cost will be allocated. Enter **'Y'** to override the labor distribution displayed and to use a multiple setup on the XR23.3 screen in HRIS; enter **'N'** to allow the labor distribution to default to the employee's record.