

STATE OF ARIZONA REQUEST FOR TRAVEL ADVANCE - HRIS

EMPLOYEE:	DEPARTMENT/DIVISION/SECTION:
EIN:	DATES OF TRAVEL: FROM: _____ TO: _____
DESTINATION(S) OF TRAVEL:	
PURPOSE OF TRAVEL:	

Travel advances not supported by a travel claim in a timely manner (30 working days) may be deducted from any salary, wages, or travel expense reimbursement due to the traveler. (A.R.S. §35 -192.02B).

Present policy generally limits the maximum advance amount to 80% of allowable estimated travel expense (meals and lodging). Advances cannot be made for less than three (3) consecutive days in travel status.

By my signature, I AGREE to use any travel advance given to me for valid travel expenditures/transactions that are in compliance with Statewide Travel Policy and for a valid public purpose that is consistent with all applicable statutes, laws, appropriations, grants and contracts. I AUTHORIZE the assignment of my travel claims to the Agency as repayment of the travel advances given to me. I AGREE that if the amount of my travel claim is less than the amount advanced to me the difference can be deducted from any salary, wages, or travel expense reimbursement due to me. In any event, I will return the difference to the Department within 30 working days from the date on which the travel is completed. (A.R.S. §35 -192.02B).

_____/_____/_____
Employee's Signature and Date

I hereby CERTIFY the employee named above will be traveling on authorized state business.

_____/_____/_____
Supervisor's EIN Supervisor's Signature Date

The above named individual is

Approved Disapproved

for a travel advance.

_____/_____/_____
Agency Head's EIN Agency Head's Signature Date

IN STATE TRAVEL				OUT OF STATE TRAVEL			
Pay Code	COBJ			Pay Code	COBJ		
922	6531	LODGING: _____	X 80% = _____	932	6631	LODGING: _____	X 80% = _____
923	6541	MEALS: _____	X 80% = _____	933	6641	MEALS: _____	X 80% = _____
945	6571	TOTAL ADVANCE: _____		945	6571	TOTAL ADVANCE: _____	

ACCOUNTING OFFICE USE ONLY

Travel Advance entry will be done on one of two HRIS forms: TRAVEL REIMBURSEMENTS ENTRY (ZR35.2) OR MANUAL PAYMENT FORM (ZR80.1). The form selection depends on the amount of time before the Travel Advance is needed. Agencies are encouraged to plan in advance and use the ZR35.2 when possible. The fields below will need to be filled out differently depending on the HRIS form being used. This section of the form must be filled out before entry into HRIS.

BATCH										
Company (1)	Batch (Auto-Assigned) (ZR35.2 ONLY)	Employee (5-6)	Payment Number (Auto Assigned) (ZR80.1 ONLY)							
FC	Pay Code	Reimbursement Amount – ZR35.2 Rate – ZR80.1	Date	Pay Dist	Exp Acct Box 1 - AFUND	Exp Acct – Box 2 Accounting Unit	Exp Acct – Box 3 - COBJ	Exp Acct – Box 4 - AY	Activity – Box 1	Activity – Box 2 – Acct Category

I certify that sufficient appropriation and monies are available for this expenditure, and that I am authorized to disburse these monies.

Approved by: _____ Date: _____

State Comptroller Approval: _____ Date: _____