

Instructions for the State of Arizona Travel Claim Form (GAO-503EZ)

General instructions:

1. It is recommended that the Travel Claim form be completed electronically. To ensure proper display, it is requested that you obtain the most recent version of the Adobe Reader. To download the free version, go to: <http://www.adobe.com/> and click on the Get Adobe Reader button.
2. If printed, the information must be typed or legibly printed, and all 'Required' fields must be completed before submission.
3. All persons submitting a Travel Claim should have review and understand the State of Arizona Travel Policy, BEFORE submitting the claim.

Specific instructions:

Employee Name

Required. Enter your first and last name as defined in the Human Resources Information Solution (HRIS).

EIN (Employee Identification Number)

Required. Enter your Employer Identification Number (EIN). This is your number as assigned by your Agency Human Resources Office. You can find your EIN on you paystub, or by contacting your Agency.

Duty Post Address

Required. Enter the address of your normal work location. This address should be used in the determination of mileage reimbursement.

Employee Residence Cross Streets and City

Required. Enter the cross streets and city where you live. This location should be used in the determination of mileage reimbursement.

Driver License No

Required if applicable. If the Travel Claim involves any sort of reimbursement for mileage, rental cars, or any expenses related to driving on the part of the requestor, this field **MUST** be entered.

Purpose of Travel/Description

Required. Enter the reason for the travel. This should already be known to the Supervisor, but is important for tracking purposes.

Vehicle Type

Required if applicable. If the Travel Claim involves the use of a vehicle, you must select the type of vehicle that was used.

Travel Date

Required. Enter the starting date for the travel. You may have to complete more than one row if travel occurred on multiple days.

Departed Time

Required. Enter the starting time for the travel. This will be used when determining meal eligibility.

Place Departed From

Required. Enter the departing location for the travel. If you are unable to fit the entire address on one line, use the next line to enter additional address information OR see the Travel Policy, section IV.D., Transportation Expense for details on keeping a Daily Travel Log.

Arrival Time

Required. Enter the arrival time for the travel. Using the departed and arrival time, determine the number of hours in travel status. Use this time frame to determine meal eligibility.

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Place Arrived At

Required. Enter the arrival location for the travel. If you are unable to fit the entire address see the procedure above in the Place Departed From description. The city in this field should be used in determining the maximum meal allowance.

Overnight Stay

Required. Select the check box if the travel required an overnight stay. This defines the taxability of the meal reimbursements. This box should be checked if any expenses will be input in the Lodging Field. If no commercial expenses were incurred, but an overnight stay still occurred, provide a description of the stay in the Overnight Stay Explanation field.

Odometer Start and End

Required if applicable. If a personal vehicle was used, please provide the starting and ending miles on the Odometer. By entering the odometer readings, the form will automatically calculate the Miles and Miles X Rate. Map Mileage can be used as a substitute to Odometer miles, in this case leave the Odometer fields Blank.

Miles

Required if applicable. If providing map mileage, enter the number of miles traveled. The form will ask if you want to override the field calculation, select 'Yes'. If Odometer miles were provided, this field will be automatically calculated. The amount in this field should include ALL miles, as the commute miles will be removed later in the form.

Miles X Rate = \$\$

Required if applicable. If the travel claim is completed electronically, these amounts will be filled in automatically. For mileage incurred with a State Fleet car change the value back to '0.00'. **Remember:** This mileage is not reimbursable but is needed to determine meal eligibility. The form will ask if you want to override the field calculation, select 'Yes'. If completing the form in paper format, you will need to calculate the Rate amount manually.

Meals

Required. Enter the amount of eligible meals expensed during the travel. Remember, you may only claim the amount actually spent on meals up to the max for each meal. Eligibility for meals is determined by the number of hours in travel status. After you have printed and signed your Travel Claim, please indicate whether the meal was Breakfast, Lunch or Dinner by placing a B, L or D next to the dollar amount for any day where you are claiming less than three meals.

Lodging

Required. Enter the amount of spent on lodging up to the max for the city. Remember, the lodging amount includes all taxes and mandatory resort fees.

Other Expenses

Required. Enter the amount of any other allowable expenses.

Transportation

Required. Enter the amount of transportation expenses occurred. Transportation expenses include airfare, shuttles/cabs (taxis)/trains to and from the workplace/airport, rental cars, buses, etc. Remember: Some transportation expenses incurred to travel to/from meals may be included in your meal expenses.

Overnight Stay Explanation

Required. Enter the explanation for any overnight stays that occurred outside of a commercial lodging facility.

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Less Commute Miles

Required. Enter the commute miles in the Miles column. The commute amount in the Miles X Rate column will be calculated automatically (if filling the form out electronically). This number should be entered as a positive amount, and if filled electronically the form will calculate all totals automatically.

Totals From Above

Required. If the travel claim is completed electronically, these amounts will be filled in automatically. If completing the form in paper format, you will need to total row 1-7 of each column, and then for applicable columns, subtract the commute miles to define the totals.

Totals From Other Sheets

Required if applicable. If the travel claim is completed electronically, please enter the amounts of any other travel expenses being submitted on the GAO-503AEZ, State of Arizona Travel Claim Continuation Form. The form will automatically calculate the totals for the Grand Total below. If completing the form in paper format, you will need to write in the amount from any other travel expenses being submitted.

Grand Totals and Total Travel Claim

Required. If the travel claim is completed electronically, these amounts will be filled in automatically. If completing the form in paper format, you will need to add the Totals from Above row with the Totals from Other Sheets to obtain the Grand Totals. You will then need to add all the Grand Totals to get the Total Travel Claim.

Certification/Traveler Signature, Date

Required. It is important that you carefully read the certification before signing the travel claim. The certification defines responsibilities of the traveler for claiming amounts. You will then need to sign and date the travel claim. After completion, the travel claim should then be submitted to the supervisor for review/approval.

Instructions for Supervisors:

As a supervisor you are responsible for reviewing and certifying that the expenses claimed by the traveler are correct and proper charges. If you suspect fraud or dishonesty, you should take the appropriate steps to request additional information.

Certification/Supervisor Name, EIN, Signature and Date

Required. It is important that you carefully read the certification before signing the travel claim. You are certifying that the expenses incurred by the traveler are correct and proper. If you approve the claim, provide your Name, EIN (for tracking approvals), signature and date. After your approval the travel claim should be submitted to the proper person at your agency for input into HRIS.

Instructions for Agency Travel Coordinators and/or Agency Accounting Representatives:

Your responsibilities for travel claims are to code the amounts to how they should be input in HRIS and approve the proper funds exist to pay the travel claim. You are not responsible for certifying the charges incurred by the traveler. If you have additional questions on completing the HRIS entry piece, please review the training available on the HRIS website.

Company

Required. Enter the company for the State of Arizona. All travel claims should contain a '1' in this field.

Batch

Required. Enter the batch number assigned after entry in HRIS. This will allow you to record that the travel claim was actually input.

Process Level

Required. Enter the process level assigned to the traveler.

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Employee

Required. Enter the EIN from the traveler as stated above on the travel claim.

Pay Code

Required. Enter the pay code for the type of travel being claimed. HRIS contains pay codes for both in-state and out-of-state travel. It is critical that you use the correct pay code to ensure proper recording and proper taxation.

Expense Amount

Required. Enter the amount being claimed for the pay code defined. Amount will be input as dollars and cents with the negative sign following the number for adjustments (i.e., 123.12 or 123.12-).

Date

Required. Enter the date used to identify the expense. The date must always be a value prior to the pay period ending (PPE) date for the current pay period. If the date is after the PPE, then the claim will be placed in future status and not paid until the subsequent pay period.

Pay Dist

Required. Enter the value that identifies how the expense labor distribution will be charged. Use 'Y' if you will be overriding the labor distribution displayed to use a multiple setup on the XR23.3 Use 'N' to allow the labor distribution to default to the employee's record or to use a labor distribution as you will specify.

Exp Acct AFUND

Required. Enter the AFUND or the Distribution Company - GL Company. Field equates to the Appropriated Fund, example 1000 – General Fund.

Exp Acct Accounting Unit

Required. Enter the Accounting Unit – field is tied to the GL Company, combination must be applicable or an error message will be received. Online HRIS screen will have a COBJ field that defaults from the pay code.

Exp Acct AY

Required. Enter the Appropriation Year – example 2006.

Activity

Required. Enter the Activity if you are using an Account Category. If this field is entered, then Account Category will become a required field.

Acct Category

Required. Enter the Account Category, most agencies will use the 'ZZZZZ'.  If Acct Unit AFund Attribute is filled in, it must match the GL Company provided. If not, message will appear "AFund Attribute does not match GL Company".

- If Acct Unit AFund Attribute is blank, then system checks the Activity AFund Attribute. This attribute must then match the GL Company. If not, message will appear "AFund Attribute does not match GL Company."
- If Accounting Unit AFund is blank, then an Activity Code must be provided. If not, message will appear "AFund Attribute does not match GL Company."

Certification/Agency Acct Name, EIN, Agency Authorized Accounting Signature and Date

Required. It is important that you carefully read the certification before signing the travel claim. You are certifying that the money exists to pay the travel claim, and certifying that the claim is being input into HRIS.