

ARIZONA STATE TRAVEL PROCEDURES

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## **1.0 PURPOSE**

The purpose of this directive is to provide standardized State travel procedures throughout the Department of Emergency and Military Affairs (DEMA).

## **2.0 APPLICABILITY**

This directive applies to all DEMA State employees regardless of source of travel funds and all DEMA activities involving travel at State of Arizona expense, regardless of any reimbursement action from another source.

## **3.0 GENERAL**

### **3.1 Authority**

The laws relating to travel are contained in A.R.S. §§ 35-101, 131, 154, 181, 182; 38-621, 622, 624, 626; 41-703, 722, 1104; AAC R2-7-101; GAO Accounting Manual Section II-D; and GAO Technical Bulletin 08-2, dated 02/22/08.

### **3.2 Criteria**

Travel on State business should be planned and performed in such a manner to limit expense to the State. For example, the most economical mode of transportation should be selected in terms of expense to the State and the employee's time away from their duty post. The number of employees attending seminars/conferences should be held to a minimum. Further, except in extraordinary circumstances, State business activities should be planned and organized to allow travel to and from the activity during normal duty hours to avoid the additional travel expenses and overtime or compensatory time.

## **4.0 DEFINITIONS**

**Agency Head:** The chief executive officer of any department, authority, board, commission, council, administration, court, registrar, office, institution, or other entity in the executive, legislative, or judicial branch of Arizona Government. For DEMA, the agency head is The Adjutant General, who serves as the Director of the Arizona Department of Emergency and Military Affairs. For the purposes of this directive, agency head may also include the agency head designee.

**ATM:** Automated teller machine.

**Cardholder:** A State of Arizona employee who has been issued a Corporate Travel Card upon approval of his/her agency and signing the GAO-TC-101.

**Corporate Travel Card:** The State of Arizona contracted employee liability credit card provided to State employees that may be used to purchase airfare, lodging, car rental, other transportation charges, other miscellaneous travel charges, meals and incidental expenses in connection with travel on official State business.

**CTA:** Central Travel Account. A State of Arizona liability travel account number (not a physical card), provided through State contract to State of Arizona agencies which may be used to purchase airfare, hotel lodging (room rate, taxes and surcharges only), car rental, and conference and training registration fees for travel on official State business. The CTA may also be referred to as the *ghost card*.

**CTA Custodian:** An employee designated to monitor and safeguard an agency's CTA. The DEMA Comptroller is the designated CTA Custodian for the Department of Emergency and Military Affairs.

**Credit Card:** A term used to refer to a device such as a credit card, charge card, courtesy card, debit card, electronic benefit card, stored value card, gift card, smart card, payment card, bank card, or the use of the number associated with such device, other than a check or money order, issued by an issuer for the use of the cardholder in obtaining money, goods, services or anything else of value, either on credit or by draft of monies from a deposit account.

**EIN:** Employee Identification Number. A unique number assigned to each employee in the State of Arizona Human Resources Information Solution (HRIS).

**Employee:** Any full- or part-time individual being paid under the authority of any payroll system of the Government of the State of Arizona or any public officer, deputy, board or commission member. To be defined as an officer of the State, the person must be participating on a board, commission, authority, council or committee created by law, the Governor, or by an agency head with the proper authorization to create such an entity.

**Form GAO-CTA-101:** State of Arizona Central Travel Account (CTA) Custodian Agreement; a form that must be signed by every CTA Custodian.

**Form GAO-3:** State of Arizona Signature Authorization.

**Form GAO-503EZ:** State of Arizona Employee Travel Claim.

**Form GAO-509:** State of Arizona Employee Out-Of-State Travel Approval Request.

**Form GAO-TC-101:** State of Arizona Corporate Travel Card Cardholder Agreement; a form that must be signed by every cardholder.

**Frequent Traveler:** A DEMA State employee who is in travel status on official State business at least four (4) times per fiscal year, who incurs meals and lodging expenses, and who is expected to conduct future, repeat travel on behalf of the State.

**GAO:** The Arizona Department of Administration, General Accounting Office.

**Ghost Card:** See CTA.

**Index:** Program budget code used in conjunction with PCA. Also referred to as Expense Account.

**Lodging:** The temporary use of a hotel room, motel room, extended stay facility, apartment, house, residence or any other temporary accommodation while traveling on behalf of the State of Arizona.

**Non-chargeable:** Those travel expenses incurred on behalf of the State of Arizona which cannot be charged to a credit card and must be paid using cash, normally due to the vendor not accepting credit cards.

**PCA or Program Cost Account:** Accounting code to be charged for travel. Also referred to as Activity Code.

**Program Manager:** An individual who has been formally appointed by the proper authority to be responsible for one or more of the budget sub-programs for planning, budget preparation, review and budget execution of that (those) program(s).

**SAAM:** The State of Arizona Accounting Manual, available at [www.gao.state.az.us](http://www.gao.state.az.us).

**Travel Card Program:** The system of administering State of Arizona contracted credit accounts relating to travel. The Travel Card Program extends to include **both** the Corporate Travel Card and the CTA.

**Travel Card Program Contractor:** The vendor with which the State of Arizona has contracted to provide both employee and State liability travel account services.

**Travel Card Program Administrator:** The employee designated to coordinate all Travel Card Program activity at the agency level. For DEMA, the designated Travel Card Program Administrator is the DEMA Administrative Services Officer.

**Traveler:** Every public officer, deputy or employee of the State of Arizona, or of any department, institution or agency thereof, and member of any board, commission or other agency of the State of Arizona who is in a travel status (A.R.S. § 38-621.A).

## **5.0 RESPONSIBILITIES**

### **5.1 DEMA Administrative Services Officer**

- The DEMA Administrative Services Officer is the agency Travel Card Program Administrator.
- The DEMA Administrative Services Officer controls the issuance of Corporate Travel Cards to State employees of DEMA. The DEMA Administrative Services Officer is responsible for distribution of Corporate Travel Card applications and the submission of authorized applications to the Travel Card Program Contractor.
- The DEMA Administrative Services Officer is responsible for ensuring that all employees who have applied for and been granted a Corporate Travel Card have signed Form GAO-TC-101 **prior to receiving a card.**

- Form GAO-TC-101 is kept on file in the DEMA Administrative Services Office for audit purposes. The DEMA Administrative Services Officer will maintain records of employees who have applied for, received, or been denied a Corporate Travel Card.

### **5.2 DEMA Comptroller**

- The DEMA Comptroller is responsible for the overall DEMA Travel Program.
- The DEMA Comptroller is responsible for the correct and timely reimbursement to the traveler; for the accounting of funds to the corresponding program managers; and for the approval of all In-State, Out-of-State, and Out-of Country Travel Request forms, unless delegated in writing by the DEMA Resource Manager.
- The DEMA Comptroller will administer the Central Travel Account (CTA). The CTA will be used for the reservation and purchase of airfare for State travel.
- As CTA Custodian, the DEMA Comptroller is responsible for monitoring all charges incurred on the CTA and for ensuring that the CTA number is safeguarded. The DEMA Comptroller must keep adequate records (logs and receipts) for each charge made on the CTA. In the event that the DEMA Comptroller is notified or discovers fraud or abuse with the CTA, he/she must notify the Travel Card Program Administrator and the Travel Card Program Contractor immediately.

### **5.3 Program Manager**

- The Program Manager submits completed Form GAO-TC-101 to the DEMA Administrative Services Officer for employees in the relevant program. Funding and the nature of the employee's job should always be considered at the time of application for the Corporate Travel Card.
- When submitting Form GAO-TC-101 to the DEMA Administrative Services Officer, the Program Manager must indicate whether ATM cash withdrawals are permitted.
- The Program Manager approves travel and reimbursement requests in accordance with the propriety of the travel relative to the funding authorization.

### **5.4 Traveler**

- Each traveler is responsible to make their own travel arrangements. The traveler ensures that public funds are not improperly used or wasted regardless of any technical provisions of the law or regulation.
- The traveler ensures that travel is for OFFICIAL STATE BUSINESS.
- See paragraph 6.3 in this directive for cardholder responsibilities.

### 5.5 DEMA Resource Manager

- The DEMA Resource Manager maintains documentation of the Agency Travel Card Program administration through Form GAO-3 Signature Authorization Form.
- The DEMA Resource Manager oversees the DEMA Travel Program, including approval authority for all out-of-state and out-of-country travel requests, determination of spending limits, and settling any policy or procedure issues.
- The DEMA Resource Manager has set the spending limit for the Corporate Travel Card at \$3,000.00 per travel event per traveler unless otherwise stated.
- The DEMA Resource Manager has determined that ATM cash withdrawal access shall be restricted to only those employees who travel to remote locations at which some or all travel expenses will be non-chargeable. ATM withdrawal limit is set as \$120.00 per week while in travel status.

## 6.0 CORPORATE TRAVEL CARD

### 6.1 General

- The Corporate Travel Card is an employee liability credit card that may be used by State of Arizona employees to purchase airfare, lodging, car rental, other transportation charges, meals and incidental expenses, and other miscellaneous charges for travel on official State of Arizona business.
- The Corporate Travel Card is available to all travelers who qualify with the Travel Card Program Contractor. **Travelers are not eligible to receive travel advances unless they have either applied for and been denied a Corporate Travel Card or have been approved for a Corporate Travel Card and it is in transit.**
- An employee denied a Corporate Travel Card differs from a Corporate Travel Card being revoked due to non-payment by the cardholder. **No travel advances will be permitted to employees who have had their Corporate Travel Card revoked.**
- An employee's Corporate Travel Card privileges may be canceled or revoked at any time for any reason, without prior notice, by DEMA management or the State of Arizona General Accounting Office.

### 6.2 Criteria

- As an employee of the State of Arizona, Department of Emergency and Military Affairs, the cardholder is required to comply with strict rules of accountability and conduct. These rules include the Standards of Conduct set forth in Section R2-5-501 of the Arizona Department of Administration, Personnel Division, Administrative Rules and Regulations.

- The cardholder must comply with procedures and rules for Conflict of Interest as detailed in A.R.S. § 38-501 and 510.
- The cardholder is required to report any actual or potential violations to their immediate supervisor or through the appropriate chain of command.

### **6.3 Duties and Responsibilities of the Corporate Travel Cardholder**

- The State of Arizona Corporate Travel Card is to be used only for authorized travel-related expenses while traveling on OFFICIAL STATE BUSINESS.
- The Corporate Travel Card shall not be used for any personal expenses that are not related to travel for the State of Arizona.
- Purchases for authorized travel purposes while in travel status that would otherwise be permitted under State laws, rules or policies, except for their exceeding maximum reimbursement or pre-approved limits, may be made using the Corporate Travel Card but are the sole responsibility of the cardholder. Examples of such purchases include, but are not limited to, an upgrade of a rental car, or meals, incidental expenses or lodging in excess of maximum reimbursement rates.
- If authorized, the Corporate Travel Card may be used to obtain a travel advance from an ATM for the purpose of paying for non-chargeable travel expenses while on official State business. Excess amounts withdrawn and not used while in travel status are the responsibility of the cardholder. ATM cash advance fees are reimbursable when an employee is in travel status overnight. Reimbursement of ATM cash advance fees is limited to once every five (5) business days while in travel status. Employees may be reimbursed up to \$8.00 per withdrawal for cash advance fees using the Corporate Travel Card only. Cash advance fees using other personal credit cards are not eligible for reimbursement.
- The employee is liable/responsible for all charges and for making payments on a timely basis. The State of Arizona is not responsible for any charges incurred on the Corporate Travel Card or for resolving disputes associated with billing.
- The employee is responsible for full payment of the Corporate Travel Card upon receipt of the statement. Any delinquency charges are the cardholder's responsibility and are not reimbursable by the State of Arizona.
- Only allowable travel expenses will be reimbursed by the State of Arizona upon proper completion of Form GAO-503EZ State of Arizona Travel Claim Form accompanied by required backup documentation.
- The cardholder is responsible for ensuring that the DEMA Administrative Services Officer is informed of any change in mailing address.
- The Corporate Travel Cardholder must inform the DEMA Administrative Services Officer of any lost, stolen or damaged card immediately.

- The Corporate Travel Card must be immediately surrendered upon resignation, retirement, transfer, termination of State service, or cancellation/revocation of Corporate Travel Card privileges.

#### **6.4 Corporate Travel Card Cancellation**

- The DEMA Administrative Services Officer will ensure that Corporate Travel Cards for employees who leave or will be leaving State service are cancelled on or before the employee's separation date.
- The DEMA Administrative Services Officer will ensure that Corporate Travel Cards for employees who are transferring to another State agency are cancelled on or before the employee's transfer date.

### **7.0 PROCEDURES FOR REQUESTING TRAVEL**

Prior to traveling, the employee must receive written approval from the Program Manager for the travel. This is necessary for Workers Compensation and Risk Management liability purposes. Additionally, the DEMA Comptroller must verify availability of funds prior to the travel taking place. Form GAO-503EZ State of Arizona Travel Claim Form shall be utilized for obtaining approval of travel requests and documenting the availability of funds.

Each employee requesting approval for travel in-state, out-of-state or out-of-country is required to fill out a Form GAO-503EZ State of Arizona Travel Claim Form. The employee's Program Manager must sign or initial the Purpose of Travel/Description block to indicate approval to the travel, and submit the form to the DEMA Comptroller.

The following information must be completed on Form GAO-503EZ when submitted to the DEMA Comptroller:

- Employee Name
- EIN
- Duty Post Address
- Employee Residence Cross Streets and City
- Driver License No.
- Purpose of Travel/Description (including Program Manager's initials or signature)
- Vehicle Type
- Travel Date
- Place Departed From (address)
- Place Arrived At (address)
- Account Codes: PCA (write in "Exp Acct Accounting Unit" field) and Index (write in "Activity" field)

Upon verification of available funds, the Form GAO-503EZ will be returned to the traveler. For in-state travel, this completes the travel request. Additional requirements for out-of-state and out-of-country travel are detailed in sections 8.0 and 9.0 of this directive.



## **8.0 OUT-OF-STATE TRAVEL REQUESTS**

In addition to Form GAO-503EZ, an employee is required to submit Form GAO-509 State of Arizona Employee Out-Of-State Travel Approval Request for out-of-state travel requests. The form must be filled out completely and accurately to assure timely processing. The purpose of travel must be completed or an itinerary attached with specific details and justification for travel. The relevant PCA and Index must be written on the form as well, in the "Purpose of Travel and Location" area. The employee shall turn in the Form GAO-509 to the DEMA Comptroller no less than 15 working days prior to the travel date.

The DEMA Comptroller will assist in any procedural questions concerning out-of-state travel. The DEMA Resource Manager will coordinate with the relevant Division Director if necessary and sign as the approving authority on all out-of-state travel. Upon approval or denial of the request, a copy of Form GAO-509 will be returned to the traveler and the original will be retained by the Comptroller.

The procedure for travel claim reimbursement will be completed using Form GAO-503EZ State of Arizona Travel Claim Form as described in section 10.0 of this directive. Forms GAO-509 and GAO-503EZ must be submitted to the DEMA Comptroller for travel claim reimbursement.

## **9.0 OUT-OF-COUNTRY TRAVEL REQUESTS**

In addition to Form GAO-503EZ, an employee is required to submit Form GAO-509 State of Arizona Employee Out-of-State Travel Approval Request for out-of-country travel requests. The form must be filled out completely and accurately to assure timely processing. The purpose of the travel must be clearly shown with attached specific itinerary and justification for travel. The relevant PCA and Index must be written on the form as well. Form GAO-509 must be submitted to the DEMA Comptroller no less than 20 working days prior to the travel date. This allows adequate time to include DEMA Risk Management in the approval of the travel request and to address all travel related insurance issues.

The DEMA Comptroller will assist in any procedural questions concerning out-of-country travel. The employee is strongly encouraged to consult the DEMA Comptroller for any travel arrangements and questions. The DEMA Resource Manager will coordinate with the relevant Division Director if necessary and sign as the approving authority on all out-of-country travel. Upon approval or denial of the request, a copy of Form GAO-509 will be returned to the traveler and the original will be retained by the Comptroller.

The employee must have a current U.S. Passport and current medical records to include immunizations for the specific country for travel. Expenses for obtaining and/or renewing a U.S. Passport are not reimbursable. Exceptions must be approved by GAO.

The procedure for travel claim reimbursement will be completed using Form GAO-503EZ State of Arizona Travel Claim Form as described in section 10.0 of this directive. Forms GAO-509 and GAO-503EZ must be submitted to the DEMA Comptroller for travel expense reimbursement.

## **10.0 TRAVEL AGENCY**

Reserved.

## **11.0 PROCEDURES FOR REQUESTING TRAVEL REIMBURSEMENT**

### **11.1 Completion of Form GAO-503EZ State of Arizona Travel Claim**

After the employee returns from their travel, the remainder of the Form GAO-503EZ is completed, including departure and arrival times and odometer readings, and is submitted to the DEMA Comptroller. The accuracy of dates, times, addresses and odometer readings is essential to properly process travel reimbursement payments. The traveler must sign the Traveler Signature block and submit the form to the Program Manager for payment authorization signature. The Program Manager signature authorizes the DEMA Comptroller to process reimbursement payment to the employee.

### **11.2 Essential Considerations**

Form GAO-503EZ must be accompanied by complete backup documentation in order to process travel reimbursement payments. Original, legible receipts are required for all expenses including, but not limited to, airfare, lodging, car rental, other transportation charges, meals, other miscellaneous travel charges, and incidental expenses.

Lodging receipts must be itemized and have the hotel name with complete address, room rate and tax on the receipt. Phone calls must be for State business only with the phone number on the receipt to be reimbursable. The phone call must be itemized on the claim form or it will not be reimbursed.

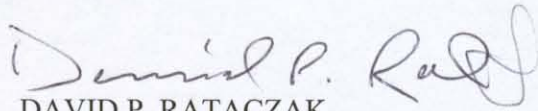
Conference/meeting brochures or registration forms stating the dates and hotel rates being charged and any meals included in registration fees must accompany the claim.

Car rental receipts must be itemized and justification for car rental must be provided in the Purpose of Travel/Description block on Form GAO-503EZ. No reimbursement is allowed for vehicle liability insurance, collision damage waiver (CDW), or optional upgrades purchased by the traveler for vehicle rental within the U.S.

Section II-D of the State of Arizona Accounting Manual contains information concerning allowable expenses including allowable amounts for lodging and meals, allowable modes and amounts for transportation, and reimbursement rate for mileage.

**Claims must be submitted to the Comptroller within ten working days after completion of travel.**

BY ORDER OF THE GOVERNOR:

A handwritten signature in black ink, appearing to read "David P. Rataczak". The signature is written in a cursive style with a large, stylized initial "D".

DAVID P. RATA CZAK  
Major General, AZ ARNG  
The Adjutant General

Attachment 1  
Form GAO-TC-101  
Corporate Travel Card Cardholder Agreement

STATE OF ARIZONA CORPORATE TRAVEL CARD CARDHOLDER AGREEMENT

I, \_\_\_\_\_, understand and agree that:

1. I hereby: authorize  do not authorize  (please check one) my agency to provide the Travel Card Program Contractor with my social security number. The Travel Card Program Contractor will utilize the social security number for the purpose of determining whether to issue me a Corporate Travel Card. Authorization is voluntary; however failure to authorize the disclosure may result in the Travel Card Program Contractor declining to issue a card.
2. My agency has access to review my account's expense detail reports provided by the Travel Card Program Contractor.
3. The Corporate Travel Card may be used to purchase airfare (if authorized by my agency's internal policies), lodging, car rental, other transportation charges, meals and incidental expenses, and other miscellaneous charges for travel on official business for the State of Arizona.
4. Purchases for authorized travel purposes while I am in travel status that would otherwise be permitted under State laws, rules or policies except for their exceeding maximum reimbursement or pre-approved limits may be made on the Corporate Travel Card, but are my sole responsibility. Examples of such purchases include but are not limited to an upgrade to a rental car or meals and incidental expenses or lodging in excess of maximum reimbursement rates.
5. The Corporate Travel Card shall not be used for any personal expenses that are not related to travel for the State of Arizona.
6. Delinquency charges incurred on the Corporate Travel Card are not eligible for reimbursement. Ample time is allowed to submit a complete and accurate Form GAO-503EZ (or its authorized equivalent), receive reimbursement, and make full payment to the Travel Card Program Contractor before delinquency charges are incurred. I understand that if I become delinquent on my account, the Travel Card Program Contractor reserves the right to conduct a full credit check and my account may be canceled.
7. If authorized by my agency, the Corporate Travel Card may be used to obtain a cash advance from an automated teller machine (ATM) for the purpose of paying for non-chargeable travel expenses while on official State business. Excess amounts withdrawn and not used while in travel status for State travel expenses are my sole responsibility.
8. ATM cash advance fees are only eligible for reimbursement when I use the Corporate Travel Card and I am in travel status overnight. The reimbursement of ATM cash advance fees is limited to once every five (5) business days while in travel status. The maximum amount that I may be reimbursed for ATM cash advance fees is \$8.00 per withdrawal.
9. I am liable for all charges incurred on the Corporate Travel Card and for making all payments on a timely basis. The State is not responsible for any collection costs incurred as a result of my non-payment. The State will only reimburse for allowable expenses upon receipt of a properly completed Form GAO-503EZ (or its authorized equivalent) and any required backup documentation. The State also reserves the right to pay the Travel Card Program Contractor directly for my valid State of Arizona travel expenses as opposed to reimbursing me for the charges.
10. If my Corporate Travel Card is revoked by the Travel Card Program Contractor due to my non-payment, I am not eligible to receive travel advances. Additionally, card reinstatement and any associated fees charged as a result are my sole responsibility.
11. The State is not responsible for resolving any billing disputes involving the Corporate Travel Card.
12. My Corporate Travel Card privileges may be canceled at any time by agency management, due to my misuse of the card, change in duties, termination of employment, or any other circumstances as determined by my agency.
13. Upon my resignation, retirement, transfer to another State agency or termination from State service, I will immediately surrender my Corporate Travel Card to my agency and discontinue all use of the card.
14. Any amounts unpaid on this account that become the liability of the State of Arizona upon my resignation, retirement or transfer to another State agency may be deducted from my wages, salaries or travel expense reimbursements due to me.

**I have received, read and do understand and agree to comply with the State of Arizona Corporate Travel Card policies and procedures, and as applicable, my agency's Corporate Travel Card policies and procedures.**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name (printed)

\_\_\_\_\_  
Employee's Phone Number

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Agency Name

**This employee is authorized by the undersigned to obtain a State of Arizona Corporate Travel Card.**

\_\_\_\_\_  
Approving Official's Signature (must be on Form GAO-3)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approving Official's Name (printed)

\_\_\_\_\_  
Approving Official's Title



### 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 your 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.

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

#### 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 (taxi)/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.

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

**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.

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**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.

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**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.



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

#### 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.



**Attachment 4  
Form GAO-509  
Out-of-State Travel Request**

**STATE OF ARIZONA  
OUT- OF- STATE TRAVEL APPROVAL REQUEST**

In accordance with A.R.S. §38-626A, approval is requested for the following out-of-state travel:

EMPLOYEE NAME:	TRAVEL STATUS (DATES & TIMES)	
EIN:	Begin:	End:
PURPOSE OF TRAVEL AND LOCATION:		

ESTIMATED COSTS (for Agency approval only)				
<b>REMINDER:</b> Individual costs equal to or greater than \$1,000.00 must be encumbered if from appropriated funds.				
Encumbrance REF Doc Number: _____		Additional REF Doc Number: _____		
Amount: \$ _____		Amount: \$ _____		
	<u>COBJ</u>		<u>COBJ</u>	
Air Fare	6611		Meals with Overnight Stay	6641
Air Fare Out-of-Country	6612		Meals with Overnight Stay Out-of-Country	6651
Car Rental	6621		Meals without Overnight Stay	6642
Car Rental Out-of-Country	6622		Meals without Overnight Stay Out-of-Country	6652
Lodging	6631		Other Miscellaneous Travel	6699
Lodging Out-of-Country	6632			
	subtotal costs	\$	subtotal costs	\$
				<b>ESTIMATED TOTAL COSTS</b>
				\$

\_\_\_\_\_  
AGENCY NAME

\_\_\_\_\_  
AGENCY HEAD OR DESIGNEE EIN, NAME, SIGNATURE AND DATE

WHEN EXCEPTIONS TO POLICY ARE ANTICIPATED, FORWARD THIS APPROVAL FORM WITH AN EXCEPTION MEMO ATTACHED TO THE ADOA STATE COMPTROLLER.

ATTACH FORM GAO-509S IF ANY OF THE BELOW TRAVEL CONDITIONS APPLY:

1. Total out-of-state travel costs are expected to equal or exceed \$5,000, OR
2. Out-of-state travel requires sending 3 or more individuals from the agency.

\_\_\_\_\_  
STATE COMPTROLLER - DEPARTMENT OF ADMINISTRATION

\_\_\_\_\_  
DATE

Attachment 5  
Form GAO-509S  
Out-of-State Travel Approval Request Supplement

STATE OF ARIZONA  
OUT- OF- STATE TRAVEL APPROVAL REQUEST SUPPLEMENT

AGENCY NAME: \_\_\_\_\_

NAME OF EVENT (if applicable): \_\_\_\_\_

NUMBER OF TRAVELERS/PARTICIPANTS: \_\_\_\_\_

SPONSOR OF EVENT (if applicable): \_\_\_\_\_

ESTIMATED TOTAL COST FOR ALL PARTICIPANTS: \$ \_\_\_\_\_

IF THIS FORM IS NOT BEING SUBMITTED PRIOR TO THE SCHEDULED BEGIN DATE OF THE TRAVEL,  
PLEASE PROVIDE A JUSTIFICATION:

PLEASE DESCRIBE THE VALUE OF THE OUT-OF-STATE TRAVEL TO THE AGENCY'S STATUTORY  
MISSION:

PLEASE LIST ALL INDIVIDUALS WHO WILL BE TRAVELING AND THEIR PURPOSE FOR TRAVELING.  
PURPOSE SHOULD INCLUDE AN EXPLANATION OF WHY IT IS NECESSARY THAT THEY TRAVEL (attach  
additional sheets if necessary):

TRAVELER NAME:

PURPOSE:

**Attachment 6  
Form GAO-509A  
Request for Travel Advance**

**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: \_\_\_\_\_