

State of Arizona	Delinquently Filed Employee Travel Claim
-------------------------	-----------------------------------------------------

State policy requires that, for normal processing, employee travel claims be filed within two (2) calendar months of the completion of the trip to which they pertain. Travel claims filed more than two months after the last day of travel require this form. This form and copies of all required documentation must be accompanied by the relevant Form(s) GAO-503EZ and/or GAO-503AEZ and/or GAO-503HRIS and/or must be attached to the claim form entered into AFIS.

Name of Agency:

Name of Employee/Traveler:	Traveler's EIN:
----------------------------	-----------------

Purpose of Travel:

Date upon Which Travel Began:	Date upon Which Travel Ended:	Date upon Which Travel Claim Was Filed:
-------------------------------	-------------------------------	-----------------------------------------

Number of Months and Days between End of Travel and Date of Claim	Months:		Number of Months and Days between End of Filing Period and Date of Claim	Months:
	Days:			Days:

Please provide an explanation of why the travel claim could not have been filed on a timely basis. Attach additional sheets, as necessary:

Please provide a description of corrective actions that will be taken to ensure future travel claims will be filed on a timely basis. Attach additional sheets, as necessary:

Months After Travel	GAO-513 Must be Signed by
More than two (2), but less than three (3)	The Traveler <u>and</u> The Traveler's Supervisor or Manager
Three (3) or more, but less than five (5)	The Traveler <u>and</u> The Traveler's Supervisor or Manager <u>and</u> The Traveler's Agency Head or CFO
Five (5) or more	The Traveler <u>and</u> The Traveler's Supervisor or Manager <u>and</u> The Traveler's Agency Head or CFO <u>and</u> The State Comptroller

Signature and EIN of Traveler	Date:
-------------------------------	-------

Signature and EIN of Traveler's Supervisor or Manager	Date:
-------------------------------------------------------	-------

Signature and EIN of Agency Head or CFO	Date:
-----------------------------------------	-------

Signature and EIN of State Comptroller	Date:
----------------------------------------	-------

Signature and EIN of Person Entering/Processing Claim	Date:
-------------------------------------------------------	-------