

Request for Travel Policy Exception Requiring the Approval of the State Comptroller or Designee

Dei	ne completin	g tills form, please leview SAAW (J013, Ε λυ ο ρ	illoris to Folicy. Il practicad	ne, all requests should be submitted				
	` '	usiness days prior to allow time for pronal names and EINs in the Detaile			ultiple employees with the same				
	veler's Name	marriad and Ento in the Botalie	EIN	Agency					
Travel Destination				Departure Date	Return Date				
DC3	unauon			Departure Time	Return Time				
Trav	vel Purpose								
Req	reasons t alternativ if applical additiona ch copies of <u>re</u> complete (three or m applicable print scre conference	ens of travel and lodging websites of the brochure goes the approval of the State Comptro	t was not mat t on which may of-state trave quently filed) consulted	ade prior to travel y include, but is not limited el authorization), GAO-509 , and/or GAO-503 (travel c	d to: 9A (travel advance), GAO-509S claim, if after travel)				
	1	box if you have attached additiona	l documenta	ation.					
Che	ck the box(es)	below to select the type(s) of exce	eption(s) yo	u are requesting.					
	1. Meals	and/or lodging within fifty (50) miles	of home an	d/or duty post.					
	2. Meals a require	Is and/or lodging exceeding the maximum published reimbursement rate (if lodging, evidence of research ired).							
	3. Issuan	nce of travel advance (GAO-509A required and GAO-509 if applicable).							
		erence lodging cost greater than the lowest published rate in the conference brochure/conference notification ference brochure and lodging research evidence required; GAO-503 and GAO-509 if applicable).							
		erm subsistence (in-state/out-of-state) lodging and/or meals exceeding published reimbursement rates (if g, evidence of research required; GAO-503 and GAO-509 if applicable).							
		ence hosted by State agency where meals and/or lodging costs exceed published rates (if lodging, ce of research required).							
	7. Blanke	t - Describe the requested exceptio	n in Detailed	Explanation section.					
	8. Other -	Describe the requested exception	in Detailed E	Explanation section.					

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Request for Travel Policy Exception

In order to process your request timely and without additional follow-up, please include enough details. For lodging, include information such as, the State of Arizona lodging rate (SAAM 5095), the rate and name of the selected lodging establishment, and the total amount of the difference requested. Include alternatives considered to comply with policy and to reduce costs to the State of Arizona.

Detailed Explanation												
This exception request is authorized by both the Agency Director/Deputy Director <u>and</u> the Agency Chief Financial Officer.												
Director/Deputy Dire	ector Name	<u>Bo</u>	<u>th</u> signatures are requir	ed for all requests.		EIN						
Signature						Date						
Chief Financial Office	cer Name					EIN						
Signature						Date						
IMPORTANT: Sections of Form Found Below Are for the State Comptroller Use ONLY												
Approved												
Approved Reason for												
Qualified Appro or Rejection												
Rejected												
	I											
State Comptrolle	er/Deputy State	Compt	troller Signature	EIN		Date						

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