

State of Arizona

Employee Expense Reimbursement Form

Purpose/Instructions: To record expenses incurred by employees on behalf of the State for purposes **OTHER THAN TRAVEL** and to effect proper reimbursement of those expenses through HRIS and accounting of those expenses in AFIS. This form is **not** to be used for recording recurring, periodic employee allowances of a fixed amount. This form is **not** to be used to request or approve advances or allowances of any kind.

Claimant and Claimant's Supervisor/Manager

| Date Incurred | Amount | Description | Agency Name | | | |
|---------------|--------|---|---|--|------|--|
| | | | Claimant's (Employee's) Name | | EIN | |
| | | | Claimant's (Employee's) Signature | | Date | |
| | | <i>By signing above, the claimant/employee certifies</i> that the amounts for which reimbursement is claimed and the receipts to support such claim represent amounts actually spent for valid public purposes in the conduct of official business for the State. | | | | |
| | | | Supervisor's/Manager's Name | | EIN | |
| | | | Supervisor's/Manager's Signature | | Date | |
| Total | | Receipts (originals or true copies) must be attached for all amounts claimed. | <i>By signing above, the claimant's/employee's supervisor/manager certifies</i> that the expenses claimed were incurred for authorized State business that they are correct and proper charges and that the reimbursement thereof, hereby approved, is consistent with all applicable statutes, laws, appropriations, grants and contracts. | | | |

For Agency Approval and Payroll Entry

| Description | Pay Code | Amount | PPE Incurred Date* | Pay Dist | Approp Fund | Accounting Unit | COBJ | AY | Activity | Acct'g Category |
|--|--------------|--------------------|--|----------|-------------|-----------------------------|------|-----|----------------------------|-----------------|
| Uniform Reimbursement † | 600 | | | | | | 7311 | | | |
| W'less Device Reimburse't † | 650 | | | | | | 7179 | | | |
| Repairs & Maintenance-Vehicle | 652 | | | | | | 7256 | | | |
| Tools Reimbursement † | 654 | | | | | | 7269 | | | |
| Office Supplies | 656 | | | | | | 7321 | | | |
| Housekeeping Supplies | 658 | | | | | | 7341 | | | |
| Educ'n Assistance Program ‡ | 659 | | | | | | 7452 | | | |
| Educ'n Assist Other Non-Tax ‡ | 660 | | | | | | 7452 | | | |
| Educ'n Assist Other Taxable ‡ | 661 | | | | | | 7452 | | | |
| Conference Registration Fees | 662 | | | | | | 7455 | | | |
| Postage and Delivery | 664 | | | | | | 7481 | | | |
| Emp'ee Recognition Expend's | 668 | | | | | | 7511 | | | |
| Dues & Professional Licenses | 670 | | | | | | 7531 | | | |
| Employee Relocation Expenses | 672 | | | | | | 7593 | | | |
| Other Misc Op'ting Expenses ‡ | 698 | | | | | | 7599 | | | |
| † Reimbursements, <i>not</i> Allowances ‡ Refer to State Policies | Total | | By my signature below and to the right, I certify that the expenses for which reimbursement is claimed were for official state business and payment thereof will not exceed appropriation, allotment or other authorized funds. | | | | | | *See Detailed Instructions | |
| Entered by (Payroll Entry Personnel) | | Signature/Initials | | EIN | Date | Agency Authorized Signature | | EIN | Date | |
| | | | | | | | | | | |

Detailed Instructions for the Form GAO-502, State of Arizona Employee Expense Reimbursement Form

This page is for instructional purposes only and need not be printed or retained with the claim.

General Instructions

This form is not to be used to claim travel reimbursements or advances.

This form is not to be used to record allowances.

Certain expenditures, such as those relating to education, have complicated tax consequences. Consult GAO Central Payroll or, should it be available, published policy.

All receipts and other documentation supporting the claimed amounts should be attached to this form and retained for a period prescribed by the Arizona State Library, Archives and Public Records Division of the Arizona Secretary of State.

Claimant and Claimant's Supervisor/Manager

Of the boxes in the **Claimant and Claimant's Supervisor/Manager** section at the top of the form, the **Total** must be completed and the amount in this box must equal the sum of the amounts entered in the **Amount** column. The amount in the **Total** box in the upper section must equal the amount in the **Total** box in the lower section. Sometimes there will be only one entry in the **Amount** column and sometimes several, but there must always be at least one entry in the **Amount** column.

For any line in which there is an entry in the **Amount** column, all of the columns of that entry—**Date Incurred** and **Description**—must be completed. The **Date Incurred** is the date upon which the expenditure for which the employee is seeking reimbursement was made.

All of the following boxes must be completed: **Agency Name**; **Claimant's (Employee's) Name**, **EIN**, **Signature** and **Date** (of signing); **Supervisor's/Manager's Name**, **EIN**, **Signature** and **Date** (of signing).

For Agency Approval and Payroll Entry

Of the boxes in the lower section, **For Agency Approval and Payroll Entry**, the **Total** must be completed and the amount in this box must equal the **Total** amount in the **Claimant and Claimant's Supervisor/Manager** section above. (When using the automated version of this form, you will be warned and not allowed to print using the **Print Form** button, if these two boxes are not equal). The sum of the amounts entered in the **Amount** column must equal the amount in the **Total** box. Sometimes there will be only one entry in the **Amount** column and sometimes several, but there must always be at least one entry in the **Amount** column.

For any line in which there is an entry in the **Amount** column, all of the columns related to that entry—**Pay Code**, **PPE Incurred Date**, **Pay Dist** (Payroll Distribution), **Approp Fund** (Appropriated Fund), **Accounting Unit**, **AY** (Appropriation Year), **Activity** and **Acct'g Category** (Accounting Category)—must be completed. (In HRIS, many of these columns are automatically filled by the system; they may, however, be manually overridden. The relationship of the Pay Code to the expense/expenditure Description and to the COBJ (Comptroller Object) is fixed.)

The **PPE Incurred Date** is the ending date of the payroll period in which the expenditure for which the employee seeks reimbursement was made or, in the case of educational expenses requiring the completion of a course or the accomplishment of certain grades, could first be claimed.

In the case of **Pay Dist** (Payroll Distribution), enter the value that identifies how the labor cost will be allocated. Enter **'Y'** to override the labor distribution displayed and to use a multiple setup on the XR23.3 screen in HRIS; enter **'N'** to allow the labor distribution to default to the employee's record.