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|--|---------------------|------|------------------|---|----------|------------------|-------|---|----------------|-------|---|-------|----------------|--|--|--|--|
| STATE OF ARIZONA NON-EMPLOYEE TRAVEL CLAIM | | | | AGENCY Administrative Office of the Courts | | | | DATE | | | | | | | | | |
| | | | | SOCIAL SECURITY NUMBER | | | | ACH <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | |
| NAME | | | | PURPOSE OF TRAVEL / DESCRIPTION | | | | BUDGET CODE TO BE CHARGED | | | | | | | | | |
| RESIDENCE ADDRESS AND CITY | | | | PHONE NUMBER | | DRIVER LICENSE # | | VEHICLE TYPE <input type="checkbox"/> STATE <input type="checkbox"/> RENTAL <input type="checkbox"/> PERSONAL <input type="checkbox"/> PASSENGER | | | | | | | | | |
| DATE | PLACE DEPARTED FROM | TIME | PLACE ARRIVED AT | TIME | ODOMETER | | MILES | MILEAGE | TRANSPORTATION | MEALS | LODGING | OTHER | TOTAL EXPENSES | | | | |
| | | | | | START | END | | | | | | | | | | | |
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| NOTES: | | | | | | | | | | | | | | | | | |
| | | | | | | | | BALANCE BROUGHT FORWARD FROM CONTINUATION PAGES > | | | | | | | | | |
| | | | | | | | | TOTAL TRAVEL EXPENSES | | | | | | | | | |
| I CERTIFY THE ABOVE ITEMS OF EXPENSE WERE INCURRED FOR AUTHORIZED OFFICIAL STATE BUSINESS; THEY ARE CORRECT AND PROPER CHARGES; THE PRIVATE VEHICLE, IF USED, IS COVERED BY LIABILITY INSURANCE. | | | | | | | | I CERTIFY THAT THE ABOVE TRAVEL WAS AUTHORIZED FOR OFFICIAL STATE BUSINESS AND PAYMENT THEREOF WILL NOT EXCEED APPROPRIATION ALLOTMENT OR OTHER AUTHORIZED FUNDS. | | | | | | | | | |
| TRAVELER SIGNATURE | | | | DATE | | | | DIVISION AUTHORIZED SIGNATURE / DATE | | | AGENCY ACCOUNTING AUTHORIZED SIGNATURE / DATE | | | | | | |