



STATE OF ARIZONA
DEPARTMENT OF EMERGENCY AND
MILITARY AFFAIRS
 Arizona Division of Emergency Management
 Training Branch
 (602) 464-6225 | training@azdema.gov

Within 7 days of the last day of class, submit this form with all required back-up documentation to training@azdema.gov.

All travel reimbursements shall adhere to the published [State of Arizona Accounting Manual \(SAAM\)](#); see Topic 50 for current reimbursement rates. Reimbursements will not be processed without the vendor's signature and required documentation. Late travel claims are subject to denial by the State of Arizona in accordance with Arizona Revised Statutes and administrative rules promulgated there under. Please see the DEMA/EM Instructor Training Standards for further information.

Vendor Travel Claim

Date RCVD:

Section 1: Vendor Information

| | | | | | | | | | |
|-----------------|--|----------------|------|-----------------|-----|-----|---------|--------|-----------|
| Name: | | Vendor Number: | | Phone: | | | Email: | | |
| Street Address: | | City: | Zip: | Transportation: | POV | GOV | Carpool | Driver | Passenger |

Section 2: Event Information

| | | | | | | | |
|--------------|--|---------------|--|-----------------|--|--|--|
| Event Dates: | | Event Number: | | Event Location: | | | |
|--------------|--|---------------|--|-----------------|--|--|--|

Section 3: Vendor Expense and Vendor Comments

DEMA/EM Use: Approved Amounts

| Date | Departure Address | Depart Time | Arrival Address | Arrival Time | Map Required Mileage | Itemized Receipts Required | | | Miles | Meals | Lodging | Other |
|----------------|-------------------|-------------|-----------------|--------------|----------------------|----------------------------|---------|-------|-------|-------|---------|-------|
| | | | | | | Meals | Lodging | Other | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Totals: | | | | | | | | | | | | |

Vendor Comments:

Section 5: DEMA-EM USE

| | | | | | | |
|----------------|---|---|----------------------|-------------|------------|--------|
| Mileage \$0. | × | = | Lodging: | Meals 100%: | Meals 75%: | Other: |
| Function Code: | | | Total Reimbursement: | | Comments: | |

Vendor Signature:

Date:

Program Manager Signature & Date: _____