

*File within 7-calendar days of the last day of the event.  
See Page 3 for Instructions*

ARIZONA DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS (DEMA)  
Division of Emergency Management  
**VENDOR TRAVEL CLAIM**



**DEMA Form TNG-03**  
Last Revised  
March 2019

<b>Section 1 - Vendor Information</b>	<b>Section 2 - Event Information</b>
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<b>Travel Dates:</b>			<b>Event Dates:</b>		
<b>Name:</b>			<b>Event Number:</b>		
<b>Phone:</b>		<b>Email:</b>	<b>Event Name:</b>		
<b>Street Address:</b>			<b>Event Location:</b>		
<b>City:</b>		<b>State:</b>	<b>Zip:</b>		All travel claims must be <b>properly completed</b> and submitted for payment <b><i>within 7-calendar days of the last day of the event.</i></b> Late travel claims are subject to being denied by the State of Arizona in accordance with Arizona Revised Statutes and administrative rules promulgated there under.
<b>Transportation:</b>	<b>POV</b>	<b>GOV*</b> <i>Contact the DEMA Grant Administration Office.</i>			
	<b>Carpool</b>	<b>Driver</b>	<b>Passenger</b>		

<b>Section 3 - Travel Expenses, Vendor Comments &amp; Signature</b>	<b>DEMA Use Only</b>
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Date <i>MM/DD</i>	Departure Address	Departure Time	Arrival Address	Arrival Time	Include Map Mileage	<i>Include Original Itemized Receipts</i>							
						Meals	Lodging	Other	Miles	Meals	Lodging	Other	

<b>Vendor Comments:</b>								<b>SAAM Rates</b>				
								<i>Lodging</i>	<i>Single Day</i>	<i>Ext. Day</i>		
<b>Vendor Signature:</b>						<b>Date:</b>		75%	100%	75%		
<b>Grant Admin Comments:</b>												
<b>Training Branch Manager Comments:</b>								<b>Authorized Reimbursement</b>				
								<i>Miles:</i>		<i>x \$ .445 =</i>		
<b>Training Branch Manager Signature:</b>						<b>Date:</b>		<i>Meals:</i>				
<b>Vendor Number:</b>			<b>Function Code:</b>			<b>Total Reimbursement:</b>			<i>Lodging:</i>			
									<i>Other:</i>			



## Vendor Travel Claim Instructions

**PLEASE TYPE, PRINT, SIGN AND DATE. Handwritten claims can be difficult to read and may result in lengthy processing delays.**

### Section 1 - Vendor Information

- **Vendor Travel Dates** - Enter the dates you traveled for this event in MM/DD/YY - MM/DD/YY format.
- **Vendor Name** - Enter your legal name as submitted on your form W9 and your Arizona Procurement Portal vendor account.
- **Vendor Phone & Email** - Enter your current phone number and email address so that we can contact with you with any questions regarding this travel claim.
- **Vendor Street Address** - Enter your full street address to include city and zip code.
- **Vehicle Type** - Select POV for personal vehicle or GOV for government vehicle. DEMA cannot reimburse instructors directly for use of government vehicles. Contact our Grants Administration Office for details.
- **Carpool** - Indicate if you carpooled to this event and if so, whether you were the driver or passenger. Mileage is only reimbursed to the driver.

### Section 2 - Event Information

- **Event Dates** - Actual dates of the event.
- **Event Number** - Event number listed in the DEMA Learning Management System (Acadis).
- **Event Name** - Enter the name of the event you attended.
- **Event Location** - Enter the city the event was held in.

### Section 3 - Travel Expenses, Vendor Comments & Signature

You must travel over 50 miles one-way to be eligible for mileage, meal and lodging expenses. Mileage, meal and lodging expenses will be reimbursed up to the published State of Arizona travel reimbursement rates which can be found on-line at <https://gao.az.gov/publications/saam>. It is the vendor's responsibility to verify travel reimbursement rates prior to the event.

- **Mileage** - A printed map showing the most direct route from your home base to the event location is required. Mileage will not be reimbursed for travel to and from meals.
- **Meals** - All receipts must be itemized; credit card receipts are not accepted without individual items listed on the receipt (these can be hand written).
- **Lodging** - A hotel folio must be itemized and show a zero balance.
- **Other** - Other charges must be approved in advance by the DEMA Training Branch. Itemized receipts are required.
- **Vendor Comments** - Enter any explanations that will assist us in processing your claim.
- **Vendor Signature & Date** - ***Claims not signed & dated will be returned to the instructor.***

#### Return Completed Travel Claim and Back-up Documentation To:

Arizona Department of Emergency and Military Affairs  
Division of Emergency Management  
Grant Project Specialist  
5636 E McDowell Road, Phoenix, AZ 85008  
Ph: 602-464-6348 | Email: [grants@azdema.gov](mailto:grants@azdema.gov)