

Travel Expense eForm (TE)

Add Travel Expense Form Step 1 of 2: Select Traveler

Was a Travel Request Approved for this Travel?

If yes:

Travel Request#:	<input type="text"/>	<input type="text"/>
Traveler Employee/Affiliate ID:	<input type="text"/>	<input type="text"/>
Traveler First Name:	<input type="text"/>	<input type="text"/>
Traveler Last Name:	<input type="text"/>	<input type="text"/>
		<input type="button" value="SEARCH"/> <input type="button" value="CLEAR"/>

If no:

Are the expenses for this trip considered "in State" (traveling to or within DC or Maryland)?

Step 2 of 2: Complete Travel Expense Form

Form Information		
Expense eForm ID: Pre-filled	Requested Date: Pre-filled	<input type="text"/>

Initiator Information	
Name: Pre-filled	User ID: Pre-filled
Email: Pre-filled	Phone: Pre-filled
Initiating Dept: Pre-filled	If any of this information is incorrect, please correct your information in Self Service or contact HR.

If a TR was completed, this information is pre-filled:

Traveler Information	
*Traveler Type:	<input type="text"/>
*Purpose Type:	<input type="text"/>
*Describe the Benefit to UMB:	<input type="text"/>
*Travel Agency:	<input type="text"/>
Explain why the TREQ is late: <small>Box appears if TR is late.</small>	<input type="text"/>

Expense to be reimbursed to someone other than Traveler?

If yes, the following box appears:

Reimbursee Information				
*Reimbursee Type:		If Other or Student, the SSN is needed.		
*Does this person have SSN?		If No, Visa Number is required.	*SSN/Visa Number:	
*First Name:			*Last Name:	

If employee is the recipient, this box is pre-filled:

Check Address				
*Country:				
*Address Line 1:				
*Address Line 2:				
*City:				
*State:		*Postal Code:		

Choose Types of Expenses You Are Claiming				
<input type="checkbox"/> Meals	<input type="checkbox"/> Lodging	<input type="checkbox"/> Transportation	<input type="checkbox"/> Mileage	<input type="checkbox"/> Other

Itinerary																
Row	Departure Date	Departure Time	Departing From	To Country	Country Name	To State	State Name	To City/Region	Local Arrival Date	Local Arrival Time	Auto Mileage	Commute Miles(to be subtracted)	Total Miles	Mileage Expense Amount		
1													Pre-filled	Pre-filled	+	-
2													Pre-filled	Pre-filled	+	-

Over 60 days Travel Return? (Pre-filled)

From Date:	Pre-filled	Pre-fill Per Diem Amounts?: <input type="checkbox"/>				
To:	Pre-filled	Lodging:	Pre-filled	Lunch:	Pre-filled	Create Expense Rows
Estimated Expense Grand Total:	Pre-filled	Breakfast:	Pre-filled	Dinner:	Pre-filled	

Expense Chart																	
Date	Breakfast	Lunch	Dinner	Lodging	Shuttle/Taxi	Air/Rail/Bus	Auto Rental	Parking Fee	Bridge or Tolls	Phone/Internet	Registration	Tips	Other	Unreimbursed Amount(to be subtracted)	Daily Total		
																+	-
																+	-

Expense Grand Total: Pre-filled

*Was any portion of your trip for personal reasons?


If yes, the following box appears:

Please enter the dates			
From Date	To Date		
		+	-

Explain Expenses:

University Funding													
Row	Find Chartstring	PCBU	Project ID		Owner Dept		Program	Fund	Account	Transaction Dept ID	Amount	+	-
1	<input type="button" value="Find Chartstring"/>	Pre-filled	Pre-filled	Pre-filled	Pre-filled	Pre-filled	Pre-filled	Pre-filled		Pre-filled		<input type="button" value="+"/> +	<input type="button" value="-"/> -
2	<input type="button" value="Find Chartstring"/>	Pre-filled	Pre-filled	Pre-filled	Pre-filled	Pre-filled	Pre-filled	Pre-filled		Pre-filled		<input type="button" value="+"/> +	<input type="button" value="-"/> -

Remainder to be Distributed: Pre-filled. Should be 0.00.

Form Messages			
		Message Text	Description
<input type="checkbox"/>		Acknowledge compliance with policies and procedures	I certify that the expenses listed on this form comply with applicable UMB policies and procedures (http://www.umaryland.edu/policies-and-procedures/library/financial-affairs) and have not been previously submitted for payment.

File Attachments				
	Upload	View	Description	Attachment Id
1	<input type="button" value="Upload"/>	<input type="button" value="View"/>		Pre-filled <input type="button" value="Delete"/>
2	<input type="button" value="Upload"/>	<input type="button" value="View"/>		Pre-filled <input type="button" value="Delete"/>

Comments

Your Comment:

Comment History:

 **View Travel Expense Form**

Step 2 of 2: Form History

FormList Fields

eForm ID: [REDACTED] Workflow Form Status: Executed
 Workflow Form Type: TEXP

Original Operator: [REDACTED] [REDACTED]
 Original DateTime: 04/13/2018 1:36:18PM

Last Operator: [REDACTED] Deborah L Tatum
 Last By Alternate Operator:
 Last DateTime: 04/13/2018 3:21:20PM

Next Approving RoleUser:
 Next Approving RoleName: [Who can work this form?](#)



Transaction Log

	Current DateTime	Role Name	User ID	User Description	Form Action	Workflow Form Status
1	04/13/2018 1:36:18PM	UMB_EF_TRAVEL_ADMINISTRATOR	[REDACTED]	[REDACTED]	Submit	Pending
2	04/13/2018 2:40:11PM	UMB_EF_TRAVELER	[REDACTED]	[REDACTED]	Approve	Part Apprv
3	04/13/2018 2:41:50PM	UMB_EF_TRAVEL_SUPERVISOR	[REDACTED]	[REDACTED]	Approve	Part Apprv
4	04/13/2018 2:41:50PM	UMB_EF_TRAVEL_APPROVER	[REDACTED]	[REDACTED]	Approve	Part Apprv
5	04/13/2018 2:41:50PM	UMB_EF_TRAVEL_APPROVER	[REDACTED]	[REDACTED]	Approve	Part Apprv
6	04/13/2018 3:21:24PM	UMB_EF_TRAVEL_FINSVC	[REDACTED]	[REDACTED]	Authorize	Authorized

Form Messages

Comments

Your Comment:

Comment History:

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