

# **Travel Expense eForm (TE)**

#### Add Travel Expense Form Step 1 of 2: Select Traveler

Was a Travel Request Approved for this Travel?

Travel Request#:		
Traveler Employee/Affiliate ID:		
Traveler First Name:		
Traveler Last Name:		
	SEARCH 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	

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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:	
*Purpose Type:	
*Describe the Benefit to UMB:	
*Travel Agency:	
Explain why the TREQ is late: Box appears if TR is late.	



# Expense to be reimbursed to someone other than Traveler?

If yes, the following box appears:

Reimbursee Information												
*Reimbursee Type:	ľ	lf Other or Stu	udent, the SSN is	needed.								
*Does this person have SSN?		If No,	Visa Number is re	quired.	*SSN/Visa Num	ber:						
*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 I	Expenses You Are Claimir	ng		
Meals	Lodging	Transportation	Mileage	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? <a>[</a> (Pre-filled)

From Date:	Pre-filled	Pre-fill Per D	iem Amounts?:						
То:	Pre-filled	Lodging:	Pre-filled	Lunch:	Pre-filled	Create Expense Rows			
Estimated Expense Grand Total:	Pre-filled	Breakfast:	Pre-filled	Dinner:	Pre-filled				

Expense Ch	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		
																+	-
																+	

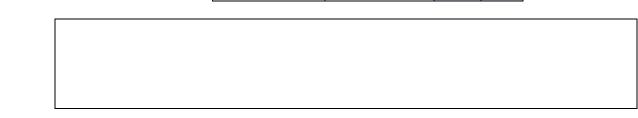
## Expense Grand Total: Pre-filled

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\*Was any portion of your trip for personal reasons?

If yes, the follo	wing box appea	ars:	
Please enter the	dates		
From Date	To Date		
		+	

Explain Expenses:





Univ	University Funding												
Row	Find Chartstring	PCBU	Project ID		Owner Dept		Program	Fund	Account	Transaction Dept ID	Amount	+	-
1	Find Chartstring	Pre- filled		Pre-filled		÷	-						
2	Find Chartstring	Pre- filled		Pre-filled		+	-						
	Remainder to be Distributed: Pre-filled. Should be 0.00.												

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

File	File Attachments								
	Upload	View	<u>Description</u>	Attachment Id					
1	Upload	View		Pre-filled	Delete				
2	Upload	View		Pre-filled	Delete				

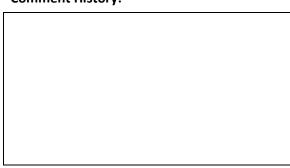
Add File Attachment

Comments

Submit

Your Comment:

**Comment History:** 





#### View Travel Expense Form

#### Step 2 of 2: Form History

