How to Enter UMB Employee Business Expense Reimbursements into the

Travel/Business Expense System (TBE)*

*Formerly known as the eTravel System

September 1, 2020



Office of the Controller Financial Services – Disbursements

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Getting Started

UMB Employees may incur out-of-pocket costs to purchase necessary supplies or other items to perform their duties or to support UMB business activities. These business related expenses must be pre-approved by the Employee's supervisor and by the individual with fiscal authority over the UMB Funds used to cover the costs. This pre-approval may be in the form of an email, a form, or other documentation. Operational Units (schools, divisions, departments) may develop a formal approval process, limit reimbursements due to funding constraints, or develop additional controls for managing expenditures. Expense reimbursements submitted more than six months after the date shown on the receipt will not be paid.

The Travel/Business Expense System (TBE), formerly known as the eTravel System, is used to process <u>Employee</u> Travel and Business Expense reimbursements. An Employee is any individual whose salary is processed through the UMB Payroll Office. Employee and nonemployee Travel Request Forms and nonemployee travel reimbursements are also processed in TBE.

This manual describes how to process **Employee business expense reimbursements**. Examples include reimbursements for office supplies and association dues. Jump <u>here</u> for a list of the types of expenses that can be processed in TBE.

Notes:

- 1. <u>Nonemployee</u> (e.g. students, Affiliate employees) business expense reimbursements are processed in Quantum Financials as NONPO invoices. Instructions for entering NONPO invoices are available under the <u>Quantum Financials Tutorials</u> in the myUMB portal.
- 2. Instructions for entering travel expense reimbursements are available under the <u>UMB</u> <u>Systems Tutorials</u> in the myUMB portal.

I. Roles and Access

- A. Employee By default all UMB employees have access to enter their own expense forms. Access request form is not required.
- B. TBE Administrator aka Travel Administrator UMB employee or Affiliate employee who can enter forms on behalf of another individual. Access is granted via the <u>CITS</u> <u>form</u>.

TBE Administrator responsibilities:

- 1. Validate that submissions comply with policies and procedures.
- 2. Update and maintain department's list of TBE Supervisors.
- 3. Collect and store expense receipts.
- 4. Approve, Recycle, Deny, Upload or Comment on TBE Worklist items

C. TBE Supervisor – aka Travel Supervisor – UMB employee or Affiliate employee who oversees the employee's job duties. The TBE Supervisor cannot be subordinate to the individual requesting the reimbursement. The TBE Supervisor cannot approve a request that will affect a person related to the Supervisor. See <u>UMB Policy VIII-14.00(A) on</u> <u>Approval, Payment and Reimbursement of Personal Business-Related Expenses of UMB Employees.</u>

The TBE Supervisor's responsibility is to review the reimbursement request to determine that the expenses are related to UMB business and appropriate for the employee's job duties. Access is granted by the department's TBE Administrator. An access form is not required; however, the department head is responsible for overseeing TBE Supervisor requests.

D. TBE Approver – aka Travel Approver – UMB employee or Affiliate employee with fiscal responsibilities over the funding source used in the reimbursement form. Access is granted via the <u>CITS form</u>.

TBE Approver responsibilities:

- 1. Authorize expenditures on the funding source(s)
- 2. Certify that the listed expenses adhere to policies and procedures.
- 3. Approve, Recycle, Deny or Comment on financial expenditures.
- E. TBE Viewer aka Travel Viewer UMB employee or Affiliate employee with access to view forms. Access is granted via the <u>CITS form</u>.

II. Entering TBE Forms

A. Log into the myUMB Portal:

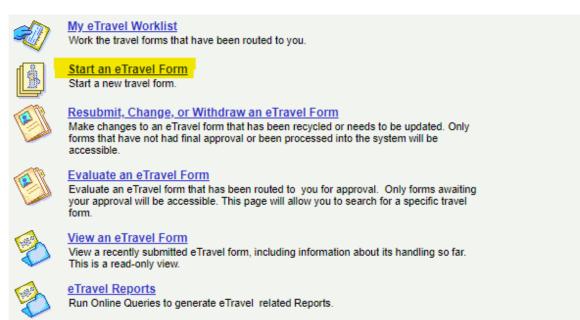


B. Click the eTravel Home Page link.

| Enterprise Menu | 0 0 - |
|--|-------|
| UMB Developers Only | |
| Manage GT eForms | |
| Reporting Tools | |
| <u>Effort Reporting System (ERS)</u> | |
| – <u>Kuali Research</u> | |
| – <u>UMBiz</u> | |
| <u>Corp Clinical Trial Tracking</u> | |
| - eUMB HRMS | |
| - <u>eTravel Home Page</u> | |
| – <u>eUMB Financials</u> | |
| - <u>RAVEN</u> | |
| <u>Quantum Financials</u> | |
| <u>Quantum Analytics</u> | |
| Enroll In UMB Systems Training | |
| <u>Quantum System Tutorials</u> | |
| <u>UMB Systems Tutorials Browser</u> | |
| <u>UMB Systems Tutorials HTML</u> | |
| <u>UMB Community System</u> | |
| Faculty & Staff Links | |
| - UMB Directory | |
| – <u>UMB One Card</u> | |
| Lookup UM Bar Code | |
| - Change Password | |
| Manage myUM Account | |

C. Select Start an eTravel Form:

Electronic Travel Form (eTravel) Home Page



D. Select Add Travel/Business Expense Form: Create a New eTravel/Business Expense Form

| <u> 2</u> | Add Travel Request Form UMB Travel Request |
|-----------|---|
| | Add Travel Request Form |
| () | Add Travel/Business Expense Form UMB Travel/Business Expense |
| | Add Travel/Business Expense Form |

E. Next screen. Travel related expenses and non-travel expenses (e.g. office supplies, presentation materials) can be input on the same form. Select Yes or No from the dropdown box.

| 65 | Add Travel/Business Expense Form | |
|-----|---|---|
| Ste | p 1 of 2: Select Traveler/Employee | 6 |
| | | |
| Doe | es this reimbursement include Travel related expense? | |

F. Next screen. If travel related expenses are also being requested, the following screen appears. Visit <u>https://www.umaryland.edu/financialservices/disbursements/travel/approval/</u> for trips that require a Travel Request Form.

Add Travel/Business Expense Form

| Step 1 of 2: Select Traveler/Employee | 0 |
|---------------------------------------|---|
| | |

| Does this reimbursement include Travel related | expense? Yes | ~ |
|---|--------------|---|
| Was a Travel Request Approved for this Travel?: | ~ | |

NOTE: The remaining steps included in this manual describe non-travel expenses. Visit <u>https://www.umaryland.edu/financialservices/disbursements/travel/</u> to learn about travel related expense payments and reimbursements.

G. Next screen.

Add Travel/Business Expense Form

Step 2 of 2: Complete Travel/Business Expense Form

| Form Information |
|--|
| Expense eForm ID: 10204671 Requested Date: 07/29/2020 |
| Initiator Information |
| Name: Lyons,Cynthia P. User ID: 025253 |
| Email: clyons@umaryland.edu Phone: 410/706-4439 |
| Initiating Dept: 06203000 Financial Services If any of this information is incorrect, please correct your information in Self Service or contact HR. |
| Traveler/Employee Information |
| * Employee V Find Employee ID: Rcd#: 0 |
| Title: |
| Dept ID: Supervisor ID: |
| *First Name:*Last Name: |
| *Purpose Type: |
| *Describe the Benefit to UMB: |
| *Travel Agency: |
| Check Address |
| Country: USA Q United States |
| *Address Line 1: |

Select Find Employee:

Add Travel/Business Expense Form

Step 2 of 2: Complete Travel/Business Expense Form

| Form Information |
|--|
| Expense eForm ID: 10204671 Requested Date: 07/29/2020 |
| Initiator Information |
| Name: Lyons,Cynthia P. User ID: 025253 |
| Email: clyons@umaryland.edu Phone: 410/706-4439 |
| Initiating Dept: 06203000 Financial Services If any of this information is incorrect, please correct your information in Self Service or contact HR. |
| Traveler/Employee Information |
| * Employee V Find Employee Employee ID: Rcd#: 0 |
| Title: |
| Dept ID: Supervisor ID: |
| *First Name: *Last Name: |

Next screen. Enter any of the known values:



Next screen. Select the desired employee:

| elect Employ | /ee: | | | | | | |
|--------------|--------|--------------|------------|-----------|------------|------------------------------|----------------------------|
| Employee ID: | 025253 | | | | | | |
| First Name: | | | | | | | |
| Last Name: | | | | | | | |
| Dept ID: | | Q | | | | | |
| 5 | Bearch | Clear | | | | | |
| | | | | | | | |
| | | | | | <u>P</u> | ersonalize Find View All | 🖓 📔 🛛 First 🚺 1 of 1 🖸 Las |
| Select | Emp ID | Empl Rcd# | First Name | Last Name | Department | | Job Code Description |
| 1 Select | 025253 | 0 | Cynthia | Lyons | 06203000 | Financial Services | Assistant Controller |
| Cancel | | | | | | | |

Next screen:

Add Travel/Business Expense Form

Step 2 of 2: Complete Travel/Business Expense Form

| Form Information | | | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|--|
| Expense eForm II | D: 10204671 Requested Date: 07/29/2020 | | | | | | | |
| Initiator Information | 1 | | | | | | | |
| Name: Lyo | ns,Cynthia P. User ID: 025253 | | | | | | | |
| Email: clyc | ons@umaryland.edu Phone: 410/706-4439 | | | | | | | |
| Initiating Dept: 062 | 103000 Financial Services If any of this information is incorrect, please correct your information in Self Service or contact HR. | | | | | | | |
| Traveler/Employee Information | | | | | | | | |
| * | Employee V Find Employee Employee ID: 025253 Rcd#: 0 | | | | | | | |
| Title: | Assistant Controller | | | | | | | |
| Dept ID: | 06203000 Financial Services *Supervisor ID: | | | | | | | |
| *First Name: | Cynthia *Last Name: Lyons | | | | | | | |
| *Purpose Type: | | | | | | | | |
| *Describe the Benefit to UMB: | | | | | | | | |
| *Travel Agency: | | | | | | | | |

H. Lookup Supervisor ID:

| Traveler/Employee | Information |
|----------------------------------|--|
| * | Employee V Find Employee Employee ID: 025253 Rcd#: 0 |
| Title: | Assistant Controller |
| Dept ID: | 06203000 Financial Services *Supervisor ID: |
| *First Name: | Cynthia *Last Name: Lyons |
| *Purpose Type: | v |
| *Describe the Benefit to UMB: | |
| *Travel Agency: | |

| Look Up Supervisor ID | × |
|--|-----|
| Search by: Supervisor ID V begins with | |
| Look Up Cancel Advanced Lookup | |
| Search Results | |
| View 100 First 🔣 1-3 of 3 🗩 Last | |
| Supervisor ID Name | |
| 023595 Bitner, Gregory Scott | |
| 004514 McKechnie,Susan E. | |
| 017572 Ward,Roger Jullian | |
| | |
| | |
| | |
| | |
| | |
| | .:: |

I. Enter Business Purpose:

Solution Add Travel/Business Expense Form

Step 2 of 2: Complete Travel/Business Expense Form

| Form Information | |
|---|--|
| Expense eForm II | D: 10204671 Requested Date: 07/29/2020 |
| Initiator Informatior | |
| Name: Lyo | uns,Cynthia P. User ID: 025253 |
| Email: clyc | ons@umaryland.edu Phone: 410/706-4439 |
| Initiating Dept: 062 | 203000 Financial Services If any of this information is incorrect, please correct your information in Self Service or contact HR. |
| Traveler/Employee | Information |
| × | Employee V Find Employee ID: 025253 Rcd#: 0 |
| Title: | Assistant Controller |
| Dept ID: | 06203000 Financial Services *Supervisor ID: 004514 Q. McKechnie, Susan E. |
| *First Name: | Cynthia *Last Name: Lyons |
| *Purpose Type: *Describe the Benefit to UMB: *Travel Agency: | Certification Continence Field Work |
| Check Address | Fund Raising Meeting |
| | Other Presentation Recultment |
| *Address Line 1: 3 | Research Training |
| Address Line 2: | |
| *City: | IAMPSTEAD |
| *State: | ID Q. *Postal Code: 21074 |
| Choose Types of E | xpenses You Are Claiming |
| Meals | Lodging Transportation Mileage Other |

J. Complete in detail how the purchase is related to UMB business:

| ✤ Add Travel/Business Expense Form | | | | | | | | |
|------------------------------------|--|--|--|--|--|--|--|--|
| Step 2 of 2: Cor | nplete Travel/Business Expens | e Form | | | | | | |
| | | | | | | | | |
| Form Information | | | | | | | | |
| Expense eForm ID | : 10204728 Requested | Date: 08/26/2020 | | | | | | |
| Initiator Information | | | | | | | | |
| Name: Lyor | ns,Cynthia P. | User ID: 025253 | | | | | | |
| Email: clyon | ns@umaryland.edu | Phone: 410/706-4439 | | | | | | |
| Initiating Dept: 0620 | 03000 Financial Services | If any of this information is incorrect, please correct your information in Self Service or contact HR. | | | | | | |
| Traveler/Employee I | nformation | | | | | | | |
| × | Employee V Find Employee | Employee ID: 025253 Rcd#: 0 | | | | | | |
| Title: | Assistant Controller | | | | | | | |
| Dept ID: | 06203000 Financial Services | *Supervisor ID: 023595 Q Bitner,Gregory Scott | | | | | | |
| *First Name: | Cynthia | *Last Name: Lyons | | | | | | |
| *Purpose Type: | Training 🗸 | | | | | | | |
| *Describe the Benefit to UMB: | Purchased poster board and markers to office. | create <u>COVID</u> -19 training materials and posters for the 🦞 | | | | | | |
| *Travel Agency: | • | | | | | | | |
| Check Address | | | | | | | | |
| Country: U | SA 🔍 United States | | | | | | | |

Note: Ignore the Check Address section. The payment will be processed through payroll and will be included in the employee's paycheck.

K. Select "Not Applicable" in the Travel Agency dropdown box.

| See Add Tra | vel/Business Expense Form |
|----------------------------------|---|
| Step 2 of 2: Co | mplete Travel/Business Expense Form |
| | |
| Form Information | |
| Expense eForm II | D: 10204728 Requested Date: 08/26/2020 |
| Initiator Information | |
| Name: Lyo | ns,Cynthia P. User ID: 025253 |
| Email: clyc | ns@umaryland.edu Phone: 410/706-4439 |
| Initiating Dept: 062 | 03000 Financial Services If any of this information is incorrect, please correct your information in Self Service or contact HR. |
| Traveler/Employee | Information |
| Ŕ | Employee V Find Employee ID: 025253 Rcd#: 0 |
| Title: | Assistant Controller |
| Dept ID: | 06203000 Financial Services *Supervisor ID: 023595 Q, Bitner, Gregory Scott |
| *First Name: | Cynthia *Last Name: Lyons |
| *Purpose Type: | Training |
| *Describe the Benefit to UMB: | Purchased poster board and markers to create COVID-19 training materials and posters for the office. |
| *Travel Agency: | NOT APPLICABLE |

L. Check "Other" in the types of expenses:

| Choose Types of Expenses You Are Claiming | | | | | | | | | |
|---|---------|----------------|-----------|-------|--|--|--|--|--|
| 🗆 Meals | Lodging | Transportation | 🗌 Mileage | Other | | | | | |

After selecting "Other" the Expense Chart expands to:

| Expense Chart | | | | | | | |
|---------------|----------------|--------------|-------|---|----------------|---|---|
| Date | Phone/Internet | Registration | Other | Unreimbursed Amount(to be subtracted) | Daily Total | | |
| 31 | | | | | | + | - |
| | | | | | | + | - |

If additional rows are needed, click "+":

| Expense Chart | | | | | | |
|---------------|----------------|--------------|-------|---|----------------|---|
| Date | Phone/Internet | Registration | Other | Unreimbursed Amount(to be subtracted) | Daily Total | |
| | | | | | Ē | |
| | | | | | + | - |

Fill in the applicable fields. Be sure to describe the purchases in the Explain Expenses field.

| ione/Internet | Registration | Other | Unreimbursed Amount(to be subtracted) | Daily Total | | | | | |
|-----------------------|--|---|--|--|--|--|--|--|--|
| ione/Internet | Registration | | Amount(to be | | | | | | |
| | | | | | | | | | |
| | | 18.98 | | 18.98 | + - | | | | |
| | | 5.49 | | 5.49 | + - | | | | |
| | | 15.45 | 13.12 | 2.33 | + - | | | | |
| 39.92 13.12 26.80 + - | | | | | | | | | |
| f | ~ | | | | | | | | |
| ates | | | | | | | | | |
| 0 🛐 | To Date 07/29/2020 |) 11 | + - | | | | | | |
| | or ates 0 1 0/27: Five 07/28: Pacl | f Yes ✓ ates 10 10 00 07/29/2020 07/27: Five Poster Boards 07/28: Package of Market | tal: 26.80 f Yes ▼ or ates 10 Date 0 Fig. 07/29/2020 Fig. 07/27: Five Poster Boards for Signs 07/28: Package of Markers | tal: 26.80 f Yes v or ates 10 Date 0 [7] 07/29/2020 [8] + - 07/27: Five Poster Boards for Signs 07/28: Package of Markers | tal: 26.80 f Yes v or ales 0 10 07/29/2020 1 + - | | | | |

M. Jump to University Funding:

| Row | rsity Funding Find SOAPF/Proj | | Source | Org | Activity | Ригрозе | Function | Project | Award Funding Source | Expenditure Org | Object/Exp Type | Acct Description | Amount |
|------------------------------------|----------------------------------|--|--------|-----|----------|---------|----------|---------|----------------------|-----------------|--------------------|------------------|--------|
| 1 | Find SOAPF/Proj | | | | | | | | | | 3311 Q | In-State Travel | |
| 2 | Find SOAPF/Proj | | | | | | | | | | | | + - |
| Remainder to be Distributed: 26.80 | | | | | | | | | | | | | |

N. Click "Find SOAPF/Proj":

| Row | Find SOAPF/Proj | Source | Org | Activity | Purpose | Function | Project | Award Funding Source | Expenditure Org | Object/Exp Type | Acct Description | Amount | |
|-----|------------------------------------|--------|-----|----------|---------|----------|---------|----------------------|-----------------|--------------------|------------------|--------|--|
| 1 | Find SOAPF/Proj | | | | | | | | | 3311 Q | In-State Travel | + | |
| 2 | 2 Find SOAPF/Proj | | | | | | | | | | | | |
| | Remainder to be Distributed: 26.80 | | | | | | | | | | | | |

O. Enter SOAPF information or Project number. The entire SOAPF is not needed, but the more values that are entered reduces the number of possible values:

| Select SOAPF/Project S | String: |
|------------------------|-----------|
| Source: | |
| Org: | Q |
| Activity: | |
| Purpose: | |
| Function: | |
| Project: | Q |
| Award Funding Source: | |
| Search | Clear All |
| | |
| | |
| | |
| | |
| | |
| | |
| Cancel | |
| | |
| | |
| | |
| | |
| Select SOAPF/Project | String: |
| Source: | |
| | 06203000 |
| Org: | 06203000 |
| Activity: | |
| Purpose: | |
| Function: | |
| Project: | ٩ |
| Award Funding Source: | |
| - Occurrent - I | Olace All |
| Search | Clear All |
| | |
| | |
| | |
| | |

| Cancel | |
|--------|--|
| | |

P. Select the desired funding:

| Select SOAPF/Project S | String: | | | | | | | | |
|------------------------|------------|--------------------|----------|---------|----------|------------|----------------------|----------------------|---------------------------------|
| Source: | | | | | | | | | |
| Org: | 06203000 | Q | | | | | | | |
| Activity: | | | | | | | | | |
| Purpose: | | | | | | | | | |
| Function: | | | | | | | | | |
| Project: | | Q | | | | | | | |
| Award Funding Source: | | | | | | | | | |
| Search | Clear All | 1 | | | | | | | |
| | | - | | | | | | | |
| | | | | | | | Personalize Fin | d View Ali 🗖 🐰 | First 🚺 1-2 of 2 🕨 Last |
| Select Source | Owner Dept | | Activity | Purpose | Function | Project ID | Award Funding Source | Combo Code | |
| 1 Select 105 (| 06203000 | Financial Services | 000000 | 0000000 | 620 | | | 5000001451 | General Appropriation |
| 2 Select 115 (| 06203000 | Financial Services | 000000 | 0000000 | 620 | | | 5000005952 | UMB Designated Appropriation |

Cancel

Q. Click the "+" sign if additional funding rows are needed:

| nive | ersity Funding | | | | | | | | | | | |
|------|--|--------|----------|----------|---------|----------|---------|----------------------|-----------------|--------------------|------------------|--------|
| • | Find SOAPF/Proj | Source | Org | Activity | Purpose | Function | Project | Award Funding Source | Expenditure Org | Object/Exp Type | Acct Description | Amount |
| 1 | Find SOAPF/Proj General Appropriati | on 105 | 06203000 | 000000 | 0000000 | 620 | | | 06203000 | 3311 Q | In-State Travel | |
| 2 | Find SOAPF/Proj | | | | | | | | | | | + |

Т

R. This example shows a transaction that is funding with a SOAPF and a Project. Notice the differences between the lines. The SOAPF is Line 1. The Project is Line 2. The blank fields on both lines do not indicate that information is missing. Do not be concerned with the blank fields. However, the Object needs to be changed from the default travel object, 3311.

| Row | Find SOAPF/Proj | | Source | Org | Activity | Ригрозе | Function | Project | Award Funding Source | Expenditure Org | Object/Exp Type | Acct Description | Amount | |
|-----|-----------------|-----------------------------------|--------|----------|----------|---------|-----------|--------------|----------------------|-----------------|--------------------|------------------|--------|-----|
| 1 | | General Appropriation | 105 | 06203000 | 000000 | 0000000 | 620 | | | 06203000 | 3311 Q | In-State Travel | E I | 3 🗆 |
| 2 | | UMB Community Engagement Cente | | 02100000 | | | | 10023307 | EXT | 06203000 | 3311 Q | In-State Travel | • | • |
| 3 | Find SOAPF/Proj | | | | | | | | | | | | ÷ | - |
| | | | | | | Rem | ainder to | be Distribut | ed: 26.8 |) | | | | |

Click the magnifier by the Object/Exp Type to select the appropriate expense Object as shown on the next page.

| | Up Cancel Advanced Look | <u>up</u> |
|-------------|--------------------------------|-----------|
| Searc | ch Results | |
| View 10 | 0 First 🚺 1-26 of 26 D Last | |
| Accour | t Description | |
| <u>3210</u> | Postage & Mail | |
| 3285 | Cell Phone Expenditures | |
| <u>3290</u> | Mailing Service | |
| <u>3311</u> | In-State Travel | |
| <u>3321</u> | Out-of-State Travel | |
| <u>3330</u> | Travel-In-State-Taxable | |
| <u>3331</u> | Travel-Out-of-State-Taxable | |
| <u>3332</u> | Travel-Foreign-Taxable | |
| <u>3360</u> | Foreign Travel | |
| <u>3370</u> | Taxable Travel Stipend | |
| <u>3371</u> | Day Business Trvl Meal Taxable | |
| <u>3718</u> | CS-Printing & Reproduction Svc | |
| <u>3728</u> | CS-Freight & Delivery | |
| <u>3745</u> | Food Reimbursements | |
| <u>3773</u> | Business Meals | |
| <u>3915</u> | Books/Periodicals | |
| <u>3916</u> | Office Supplies | |
| <u>3922</u> | Conference Materials | |
| <u>3924</u> | Instructional Materials | |
| <u>3939</u> | PPE Supplies | |
| <u>3948</u> | Duplicating&Printing Supplies | |
| <u>3952</u> | Other Supplies & Materials | |
| <u>3975</u> | IT Supplies | |
| <u>4710</u> | Employee Development&Training | |
| <u>4920</u> | Subscriptions | |
| 4930 | Association Dues | |

After selecting the desired Objects, enter the amounts.

After entering all amounts, the "Remainder to be Distributed" must equal 0.00.

| Unive | ersity Funding | | | | | | | | | | | | |
|-------|-----------------|-----------------------------------|--------|----------|----------|---------|-----------|--------------|----------------------|-----------------|--------------------|------------------|-----------|
| Row | Find SOAPF/Proj | | Source | Org | Activity | Purpose | Function | Project | Award Funding Source | Expenditure Org | Object/Exp Type | Acct Description | Amount |
| 1 | | General Appropriation | 105 | 06203000 | 000000 | 0000000 | 620 | | | 06203000 | 3916 Q | Office Supplies | 13.40 🛨 🗖 |
| 2 | | UMB Community Engagement Cente | | 02100000 | | | | 10023307 | EXT | 06203000 | 3916 Q | Office Supplies | 13.40 + - |
| 3 | Find SOAPF/Proj | | | | | | | | | | | | 26.80 🛨 📃 |
| | | | | | | Rem | ainder to | be Distribut | ed: 0.00 | | | | |

S. Affirm that the expenses comply with policies and procedures:

| For | n Messa | ages | |
|-----|---------|--|--|
| | | Message Text | Description |
| | | 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. |

T. Upload supporting documentation. A detailed receipt for all purchases is required. A credit card statement is not sufficient detail to support the reimbursement. The receipt should clearly identify the item(s). Include additional information to clarify the purchases as needed (e.g. clarify the items listed on the receipt, explain shipping, etc.).

If multiple files are needed, the preferred method is to combine the files into one file and upload:

| File Attachments | | Personaliz | e Find 🖾 🛗 | First 🚺 1 of 1 🚺 Last |
|---------------------|------------|--------------------|------------------|-----------------------|
| Upload | View | Description | Attachmer | nt ld |
| 1 Upload | View | | | Delete |
| Add File Attachment | t | | | |
| | | | | |
| | File Attac | :hment | × | |
| | | | | |
| | | ile No file chosen | | |
| | Upload | Cancel | | |
| | | | | |
| | | | | |
| File Attachments | | Demonalia | ral Find 🗖 🛗 | |

| File Attachments | | Personalize Find | 🖓 📔 🛛 🖬 First 🚺 | 1 of 1 🖿 Last |
|------------------|------|--------------------|----------------------------------|---------------|
| Upload | View | Description | Attachment Id | |
| 1 Upload | View | All Receipts | 10204671-2020- 07-29-11.42.17 | Delete |

Add File Attachment

Alternatively, multiple files may be added by clicking "Add File Attachment":

| File Attachments | | Personalize Find | 🖉 🛗 🛛 First 🗖 | 1 of 1 🕨 Last |
|------------------|------|--------------------|----------------------------------|---------------|
| Upload | View | Description | Attachment Id | |
| 1 Upload | View | 107/27/20 Receipt | 10204671-2020- 07-29-11.30.10 | Delete |

| File Attachments | | Personalize Find | 🛛 🛗 🛛 First 🗖 1 | I-3 of 3 🕨 Last |
|------------------|------|--------------------|----------------------------------|-----------------|
| Upload | View | Description | Attachment Id | |
| 1 Upload | View | 07/27/20 Receipt | 10204671-2020- 07-29-11.30.10 | Delete |
| 2 Upload | View | 07/28/20 Receipt | 10204671-2020- 07-29-11.33.19 | Delete |
| 3 Upload | View | 07/29/20 Receipt | 10204671-2020- 07-29-11.34.56 | Delete |

Add File Attachment

U. Enter any comments in the field to assist the approvers or to store with the form. Comments are not printed on the form. They are generally used for internal communications. Click "Submit" when finished.

Note: The initiator may choose "Save as Draft" to place the form on Hold. Forms that have not been fully approved by Financial Services-Disbursements within six months from the Requested Date will be automatically purged.

| Comments | | Outerrit |
|---------------------------------------|---------------|----------|
| Your Comment: | << Previous | Submit |
| l l l l l l l l l l l l l l l l l l l | Save as Draft | |
| | | |
| Comments | << Previous | Submit |
| Your Comment: | << Previous | Submit |
| Personal expenses were deducted. | Save as Draft | |
| | | |

V. Next screen:



Next screen:

| | | TTED this form. This acti IINISTRATOR for further | | orm to | | | | | |
|-----------|--|--|----------------|----------------|----------------|-----|--------|--|-------|
| _ | ess Visualizer | | processing. | | | | | | 6 |
| | 1: (025253) (12 minutes) | > UMB_EF_TRAVE | | > DR L | | LER | UMB_EF | 4: TRAVEL_SUPE | ERVIS |
| | 099 | | 3 | | | | | | |
| л | 5: B EF TRAVEL APPRO | 6: UMB_EF_T | RAVEL_FINSVC | | 7: System | | | | |
| 'ho ev | | VER | RAVEL_FINSVC | | 7: System | | | | |
| 'ho ev | B_EF_TRAVEL_APPRO <u>) can work this form?</u> <u>y This Form</u> | VER | RAVEL_FINSVC | Pers | 7: System | | Firs | t K 1-2 of 2 D | |
| 'ho ev | B_EF_TRAVEL_APPRC can work this form? / This Form Isaction Log Current DateTime | VER | RAVEL_FINSVC | | | | Firs | t C 1-2 of 2 D Workflow F Status | |
| 'ho ev | B_EF_TRAVEL_APPRC 0 can work this form? 1/ This Form 1/ This Form 1/ Can be a section be a s | | <u>User ID</u> | <u>User De</u> | onalize Find | | | Workflow F | |

The screen shows the next approver is the Administrator. Notice the arrow bypassing the "traveler". When the recipient enters their own form, the form does not go back to the recipient again for approval. However, if the Administrator enters a form, the form will go to the recipient

for review and approval before going to the Supervisor. Only the person who initiates the form can make changes to the actual fields. Subsequent approvers can only enter comments.

Notice these two links:

Who can work this form? View This Form

Click on "Who can work this form?" to see the next approver's name and email address.

Click on "View This Form" to return to the form content. Note that the content cannot be changed. If changes are needed, contact the next approver and request the approver to Recycle the form.

<THIS ENDS THE SECTION ON ENTERING FORMS>

III. Approving TBE Forms

Approvers can navigate to forms awaiting approval through the UMB eTravel Alerts worklist or through the eTravel Home Page.

A. Log into the myUMB Portal:



B. Jump to UMB eTravel Alerts:



C. Click the "approval" hyperlink in the alert box.

D. Next screen shows the forms that require approval:

| Worklist Items | | | | | | Personalize Find View All | ۱ 🖩 | First 🚺 1 of 1 🚺 Last |
|-----------------|------------|-----------------------|--------------------|----------|---|-------------------------------|-----|-----------------------|
| From | Date From | Work Item | Worked By Activity | Priority | Link | | | |
| Cynthia P Lyons | 08/26/2020 | Notification Worklist | eForms Routing | | Travel/Business Expense:Cynthia Lyons-10204728 | Mark Worked | | Reassign |
| | | | | | | | | |

- E. Click the Link shown in the Worklist Items to go to the form.
- F. Next screen shows the actual form:

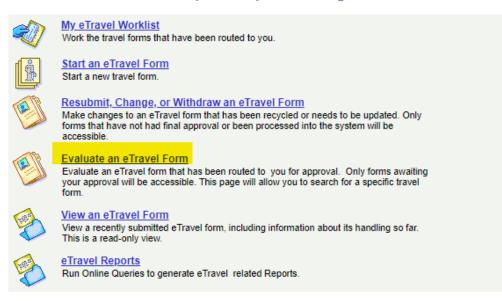
Evaluate Travel/Business Expense Form

Step 1 of 1: Travel/Business Expense Form

| Form Information | 1 | | |
|---------------------------------|------------------|----------------------------|---|
| Expense eForm | n ID: 10204728 | Requested | ed Date: 08/26/2020 |
| Initiator Informati | ion | | |
| Name: L | .yons,Cynthia P. | | User ID: 025253 |
| Email: c | lyons@umarylar | d.edu | Phone: 410/706-4439 |
| Initiating Dept: 0 | 6203000 | Financial Services | If any of this information is incorrect, please correct your information in Self Service or contact HR. |
| Traveler/Employe | ee Information | | |
| | Employee | Find Employee | Employee ID: 025253 Rcd#: 0 |
| Title: | Assistant Co | ntroller | |
| Dept ID: | 06203000 | Financial Services | Supervisor ID: 023595 Bitner, Gregory Scott |
| First Name: | Cynthia | | Last Name: Lyons |
| Purpose Type: | Training | | |
| Describe the Benefit to UMB: | | oster board and markers to | to create COVID-19 training materials and posters for the |
| Travel Agency: | NOT APPLIC | ABLE | |

This same approval page can be retrieved from the eTravel Home Page by clicking the "Evaluate an eTravel Form" menu option:

Electronic Travel Form (eTravel) Home Page



G. After the desired form is displayed, review the form content and the attachments. Select "Approve" or "Recycle". Selecting "Approve" sends the form to the next approver level. Selecting "Recycle" sends the form back to the individual who entered the form. Recycling a form requires a comment in the comment box. Generally, include information that describes the error or correction needed. If the approver decides not to reimburse the expenses, the approver needs to recycle the form and request the individual who entered the form to withdraw the form.

| orm Messages | Massage To | -4 | | | |
|-----------------|-------------|------------------------------------|------------------------|------------------------|---------|
| | | ge compliance with 1 procedures | | | 0 |
| | Original Re | ceipts Required | | | 0 |
| ile Attachments | i | | Personalize Find 🗖 | First | 1 of 1 |
| Upload | View | Description | | hment Id | |
| 1 Upload | View | Receipts | | 4728-2020-0 I.39.33 | 8- Dele |
| Add File Attack | hment | | | | |
| mments | | | Approve | Re | cycle |
| our Comment: | | | << Return to Search | zł | |
| | | Sec. | Hold | - | |

H. Beginning on the 10th calendar day after a form has been submitted, the system generates automatic reminder emails to the next approver in the workflow. Note that the approval reminder emails contain a link to the form. The employee expecting the reimbursement also receives notifications beginning on the 10th calendar day after the form is entered. These notifications are alerts to the employee that their form is still in process. The emails cease after Financial Services – Disbursements has approved the form.

<THIS ENDS THE SECTION ON APPROVING FORMS>

IV. Viewing TBE Forms

A. Log into the myUMB Portal:



B. Click View an eTravel Form:

Electronic Travel Form (eTravel) Home Page

| Ż | My eTravel Worklist Work the travel forms that have been routed to you. |
|----|---|
| (| Start an eTravel Form Start a new travel form. |
| E | Resubmit, Change, or Withdraw an eTravel Form Make changes to an eTravel form that has been recycled or needs to be updated. Only forms that have not had final approval or been processed into the system will be accessible. |
| e) | Evaluate an eTravel Form Evaluate an eTravel form that has been routed to you for approval. Only forms awaiting your approval will be accessible. This page will allow you to search for a specific travel form. |
| B | View an eTravel Form View a recently submitted eTravel form, including information about its handling so far. This is a read-only view. |
| B | <u>eTravel Reports</u> Run Online Queries to generate eTravel related Reports. |

C. Search on any of the following criteria to retrieve the desired form(s):

View eForm

Enter any information you have and click Search.

| eForm ID: | |
|-----------------------|----|
| Empl ID: | |
| Deptid: | |
| First Name: | |
| Last Name: | |
| Workflow Form Type: | Q |
| Form Status: | |
| Original Operator: | |
| Originated Date From: | 81 |
| Originated Date Thru: | 31 |
| Last Operator: | |
| Search Clear | |

- D. Note that there are two helpful tools on the landing page of the form view:
 - 1. A Printer Friendly icon that produces a printable form.
 - 2. The pay period in which the employee received the payment.

View Travel/BusinessExpense Form

Step 1 of 2: Travel/Business Expense Form

| | | Printer |
|---|---|--------------|
| Form Information Expense eForm ID: 10204624 | Requested Date: 07/14/2020 | Friendly |
| Initiator Information | | Pay End Date |
| Name: Email: | User ID: | 07/18/2020 |
| Initiating Dept: | If any of this information is incorrect, please correct your information in Self Service or contact HR. | |

E. Click "Next" at the bottom of the page to view the workflow visualizer. This is helpful for determining where the form is resting in the workflow:

| Wire Transfer? | Hand | dling Code | | | | | |
|-------------------|------------------------------------|--------------------|--------------------|---------------------------|---------|----------------------|------|
| Form Messages | | | | | | | |
| | Message Text | | | | | | |
| | Acknowledge of policies and pro | | | | 6 | | |
| File Attachments | | | Personalize Find | Ø 🛗 | First 🚺 | 1 of 1 🚺 | Last |
| Upload | View | Description | | Attachment | ld | | |
| 1 Upload | View | All Receipts | | 10204671-2 29-11.42.17 | | Delete | 9 |
| Add File Attachme | nt | | | | | | |
| Comments | | | | | | | |
| Your Comment: | | | < Return to | Search | Next > | | |
| | | 1 | | | | | |

View Travel/BusinessExpense Form

Step 2 of 2: Form History

| FormList Fields | | | | | |
|---|------------------------------|-------------------------|-----------------------------|-------------|-------------------------|
| eFor Workflow Form | m ID: 10204671 Type: TEXP | Workflow For Status: | m Pending | | |
| Original Ope | | Cynthia P Lyons | | | |
| Last Ope | erator: 025253 erator: | Cynthia P Lyons | | | |
| Last Date Next Approving Role Next Approving Role | | | ATOR <u>Who can work ti</u> | his form? | |
| Process Visualizer | | | | | |
| 1: (025253) (12 minutes) | > UMB_EF_TRAVE | | > UMB_EF_TRAVELS | > | |
| | > 6: UMB_EF_1 | TRAVEL_FINSVC | > 7: System | | |
| Transaction Log | | | | | |
| _ | | | | | W 10 5 |
| Current DateTime | Role Name | User ID | Jser Description | Form Action | Workflow Form Status |
| 1 07/29/2020 1 11:57:11AM | UMB_EF_TRAVELER | 025253 | Cynthia P Lyons | Hold | On Hold |
| 2 07/29/2020 12:09:57PM | UMB_EF_TRAVELER | 025253 | Cynthia P Lyons | Resubmit | Pending |
| Form Messages Comments | | | << Previous | Next >> | |
| Your Comment: | | | | | |
| | | | | | |
| | 1 | _ | | | |

F. Clicking the "Who can work this form?" link shows the list of individuals in the next approval role:

| View Trave | el/BusinessEx | pense Fo | rm | | |
|---|-----------------------------------|----------------|---------------------|-------------|-------------------|
| Step 2 of 2: Form | History | | | | |
| | | | | | |
| FormList Fields | | | | | |
| eFo | rm ID: 10204671 | Workflow F | orm Pending | | |
| Workflow Form | Type: TEXP | Status: | | | |
| Original Op | erator: 025253 | Cynthia P Lyon | 5 | | |
| Original Date | eTime: 07/29/2020 11: | 57:11AM | | | |
| Last Op | erator: 025253 | Cynthia P Lyon | 5 | | |
| Last By Alternate Op | erator: eTime: 07/29/2020 12:1 | 09:55PM | | | |
| | | | | | |
| Next Approving Role | eUser: Name: UMB_EF_TRA | /EL ADMINIST | RATORWho can work t | this form? | |
| Process Visualizer | | - | | | |
| Tocess visualizer | | | | | 2 |
| Ň | | 3 | | | |
| 1: (025253) | | <u>V</u> V | | | |
| (12 minutes) | UMB_EF_TRAVE | | OR UMB_EF_TRAVEL | ER UMB_EF_T | RAVEL_SUPERVISO |
| 099 | A | 99 | | | |
| | > | | > | | |
| 5: UMB_EF_TRAVEL_APPRC | 6: UMB_EF_ | TRAVEL_FINSVC | 7: System | | |
| Transaction Log | | | | | |
| Current DateTime | Role Name | User ID | User Description | Form Action | Workflow Form |
| 07/29/2020 | UMB_EF_TRAVELER | | Cynthia P Lyons | Hold | Status On Hold |
| 07/29/2020 | UMB_EF_TRAVELER | | Cynthia P Lyons | Resubmit | Pending |
| ² 12:09:57PM | | | | | |
| Form Messages | | _ | | | |
| Comments | | | << Previous | Next >> | |
| Your Comment: | | | | | |
| | 11 | | | | |
| Comment History: | | 7 | | | |
| ** Cynthia P Lyons (0252 ** Wed, Jul 29 20, 11:57: | 11 AM | | | | |
| Personal expenses were | deducted. | | | | |
| | | <u>/</u> | | | |
| | | | | | |

| Current Form Worklist Items | | | | |
|-----------------------------|------------------------|------------------------------|--|--|
| 016063 | Stacy L Dubon | Z sdubon@umaryland.edu | | |
| 023579 | Shelvia L McGee-Chavis | Z smcgeechavis@umaryland.edu | | |
| 030966 | Tyra T Johnson | Z tyra.johnson@umaryland.edu | | |
| 032113 | Ashley N Simon | Z ashley.simon@umaryland.edu | | |
| 033758 | Latoya Ludd | Z lludd@umaryland.edu | | |

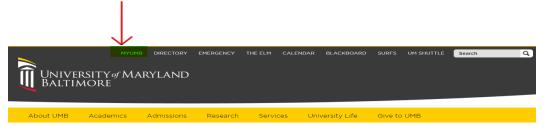
Return

<THIS ENDS THE SECTION ON VIEWING FORMS>

V. Making Corrections/Changes to TBE Forms

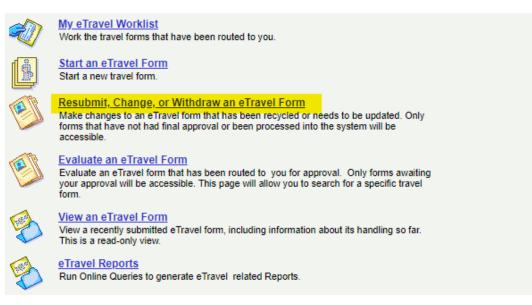
Follow these steps to edit a form on Hold or a Recycled form. Only the initiator (person entering the form) can make changes to a form.

A. Log into the myUMB Portal:



B. Select Resubmit, Change, or Withdraw an eTravel Form on the eTravel Home Page:

Electronic Travel Form (eTravel) Home Page



C. Enter the search criteria to retrieve the desired form:

| Update eForm Enter any information you | have and click \$ | Search. Leave fields blank i | for a list of all | values. |
|---|--------------------------|------------------------------|-------------------|---------|
| Find an Existing Value | | | | |
| ▼ Search Criteria | | | | l |
| eForm ID: | begins with 🗸 | | | |
| Workflow Form Type: | begins with \checkmark | | Q | |
| Name: | begins with \checkmark | | | |
| Workflow Form Status: | = 🗸 | | ~ | |
| Empl ID: | begins with \checkmark | | | |
| Last Name: | begins with \checkmark | | | |
| Original Operator: | begins with \checkmark | | | |
| Originated Date From: | >= 🗸 | | B1 | |
| Originated Date Thru: | <= 🗸 | | 31 | |
| Last Operator: | begins with \checkmark | | | |
| Case Sensitive | | | | |
| | | | | |
| Search Clear | Basic Search | Save Search Criteria | | |

D. After retrieving the desired form, make the changes and then select "Submit," "Withdraw," or "Save as Draft".

<THIS ENDS THE SECTION ON MAKING CHANGES TO FORMS>