



Procurement

Electronic Travel Request and Travel Reimbursement Forms

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Travel Form Process

- A) Travel Request Form
Complete prior to travel event.
- B) Travel Reimbursement Form
Complete within 30 days after returning for reimbursement of expenses.

General Instructions

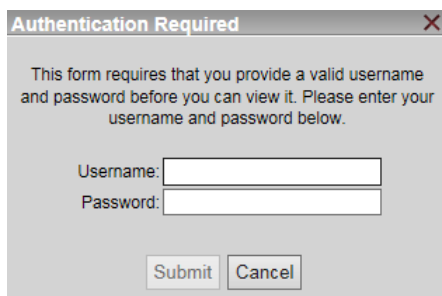
Finding the forms

1. Use Google Chrome or Internet Explorer and follow this link:
<https://www.worcester.edu/FP-Procurement/>
2. Navigate to the section titled "Travel Information and Documents."
Click on ***"Electronic Travel Request Form"*** or ***"Electronic Travel Reimbursement Form."***

Travel Information and Documents

-  [Travel Request](#)
-  [Travel Reimbursement Request Form](#)
-  [Travel Policy](#)
-  [International Travel Policy](#)
-  [Why Use Pan Am](#)
-  [PanAm Contact Info](#)
-  [Electronic Travel Request Form](#)
-  [Electronic Travel Reimbursement Form](#)

3. Sign in with your network/domain username and password (same as for community/myWSU/Gmail) and then click "Submit." (Form is not accessible off campus.)



Authentication Required [X]

This form requires that you provide a valid username and password before you can view it. Please enter your username and password below.

Username:

Password:

Form Properties



(1) Download – You can save your form with any of the information you entered. It will save as a **.pff** file.

(2) Open – Look for your saved forms using this button. It must be a **.pff** file to open in the viewer.

(3) Print – Using the print button will open the form in a pdf viewer on some browsers (Firefox) or will open a print dialog on others. This will let you print or save it as a PDF.

(4) Zoom In / Zoom Out – Use **Zoom In** to help when the text is too small.

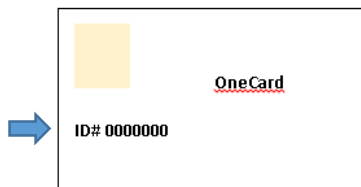
(5) Reset, Certificate, Attach – Disabled.

Travel Request – Field Reference

All fields with a red asterisk () are required and must be completed to allow the form to submit*

(a) Colleague ID

- A Colleague ID is issued to all staff and faculty and is the same as the “ID#” below your portrait on the front of your OneCard.



- The form will auto-fill your ID, Name, and Department (for any faculty/staff that appear in the WSU Directory) using your login credentials.
- If you are completing this form on another's behalf, enter that person's Colleague ID and then press **[Tab]** to auto-fill their information.

(b) Travel Information

- Complete the Event, City and Sponsoring Organization fields.

(c) State

- If completing for blanket travel in New England, select “NewEngland”.
- For international travel, select “INTL”.

(d) Check if grant funded –

- If travel is being funded through a grant, you must check this box.
- If the box is checked, you must enter a comment that specifies the name of the grant.

(e) Departure / Return Information (“MM/DD/YYYY”)

- The departure date must be after the current date.
- The return date cannot be prior to the departure date.
- Estimated departure and return times are required.

(f) Purpose of Travel

- Complete the **Reason** and **Justification for Travel** fields

(g) Faculty

- If you are faculty, please check the box to confirm that you have provided coverage for your classes and then attach the details (see below).

(h) Total Reimbursement Requested

- This field is calculated using each of the previous expense fields.
- This amount will be considered the *Authorized Amount*.

(i) Budget Lines to be Charged, Amount

- If a dollar amount is being requested for reimbursement, the associated budget line is required.
- Enter the amount that corresponds to each budget line. The total must equal the Total Reimbursement Requested amount.
- For blanket travel, use budget line 1-310-400-BBB02.

(j) Attachments

- To include supporting documentation, click the blue attachment button to upload your files.

**(k) Signature**

- The digital signature requires that you type the name of the travel requestor exactly as it is in the **Name** field at the top of the form.

(l) WSU Travel Policy

- Be sure to acknowledge your understanding of the travel policy by checking the acknowledgement box.

(m) Submit

- Be sure your form is complete and accurate before submitting. Once submitted, it cannot be amended.
- After submitting, you will be prompted to "Print" the form (save as a PDF). You should save a copy of the form for your records.
- Only submit your request once.
- You will receive an email confirmation that your form was forwarded to the budget manager for approval.
- If approved, you will receive another email confirmation that the form has been sent to the area VP.
- When the area VP approves, the form will be forwarded to either the President or Procurement. You will receive another email indicating the routing.
- Procurement will email you a copy of the fully approved form.
- You will need this form if/when you submit a **Travel Reimbursement Form**.

(n) Denied

- If your form is denied at any step, you will need to resubmit it. It cannot be amended.

Sample –Travel Request Form



**WORCESTER
STATE
UNIVERSITY**

TRAVEL REQUEST

Any employee of the University who is eligible and planning to travel for approved University or professional business must complete the following form in advance of the travel, even if no reimbursement is being requested.

Colleague ID* **a** Name Department*
 Event* City* State* **c**
 Sponsoring Organization* Check if grant funded: ☐ **d**

Departure Information e		Return Information e	
Date* <input type="text"/> / <input type="text"/> / <input type="text"/>	Time* <input type="text"/>	Date* <input type="text"/> / <input type="text"/> / <input type="text"/>	Time* <input type="text"/>

Reason for Travel*
 Justification for Travel*

FACULTY: Confirm that coverage is provided for classes (Attach Details) ☐ **g**

If you plan to request reimbursement for travel, please complete the following.

All requests for reimbursement MUST be submitted within thirty days of the final day of travel

Registration Cost <input type="text"/>	Transportation Type <input type="text"/>	Transportation Cost <input type="text"/>
Hotel/Motel <input type="text"/>	Mileage Reimbursement <input type="text"/>	Meals Allowance <input type="text"/>
Other Description <input type="text"/>	Other Amount <input type="text"/>	

Budget Lines to be Charged i	Amount i	Total Reimbursement Requested* <input type="text" value="\$0.00"/> h
- - -		Comments <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- - -		
- - -		
- - -		

Use the button below to attach documents to this form **j**

Signature* **k** Date* ☐ I have read and understand the WSU Travel policy* **m**
I hereby certify under penalty of perjury that the above amounts as itemized are true, correct, and incurred by me during necessary travel in the service of the Commonwealth, and conform fully to the Travel Rules and Regulations.

Department Comments (internal use only):

Approval for Travel Signatures *Out of New England Travel Requires the Presidents Authorization*
 Budget Manager _____ Division Vice President _____ President _____

Note: The policies and procedures as indicated above are GAAP(Generally Accepted Accounting Principles), IRS Guidelines and Trust Management Policies.

Travel Reimbursement – Field Reference

(A) Colleague ID

- The form will auto-fill your ID, Name, and Department
- If you are approved to complete this form on another's behalf, enter that person's Colleague ID and then press [**Tab**] to auto-fill their information.

(B) Check if grant funded; Grant/Project Name

- Check the box if grant funded and then enter the name and type (e.g. mini grant) of grant in the Grant/Project Name box.

(C) Date ("MM/DD/YY")

- Enter the date the expenses were incurred.

(D) Description

- The *Description/Purpose* field has an 80 character limit.
- If additional notes are needed, attach supporting documentation or create another line just for the comments. Use the same date and leave the amount fields blank.

(E) Private Auto Mileage

- Enter the miles traveled, calculated in accordance with the Travel Policy, and hit [**Tab**]. The amount will be calculated based on the current rate.

(F) Total

- Each row will be totaled based on the itemized expenses.

(G) Budget Lines to be Charged

- If a dollar amount is being requested for reimbursement, the associated budget line is required.

(H) Authorized Amount

- This amount/total corresponds to the budget line amounts and total reimbursement authorized on the ***Travel Request Form***.

(I) Requested Amount –

- Enter the amount of reimbursement requested for each budget line.
- The total refers to the total requested on this travel reimbursement form (and total liquidation).

(J) Signature

- The digital signature requires that you type the name of the travel requestor exactly as it is in the ***Name*** field at the top of the form.

(K) Attachments

- To include supporting documentation, including the approved Travel Request form, map quests and receipts, click the blue attachment button to upload your files.



(L) Submit

- After submitting, you will be prompted to "Print" the form (save as a PDF). You should save a copy of the form for your records.

Sample – Travel Reimbursement Form




TRAVEL REIMBURSEMENT

Colleague ID* A	Name of Employee <input type="text"/>	Employee or Contractor? Employee	Date Prepared* 06/26/2016
Check if grant funded: <input type="checkbox"/> B		Grant/Project Name: B	

Date	Description	Private Auto Mileage							Meals			Total
	*Purpose	Miles	Amount	Air/Train Travel	MISC	Auto Rental/Gas	Parking/Tolls	Hotels	Breakfast	Lunch	Dinner	
C //	D	E	0.00									F \$0.00
//			0.00									\$0.00
//			0.00									\$0.00
//			0.00									\$0.00
//			0.00									\$0.00
//			0.00									\$0.00
//			0.00									\$0.00
//			0.00									\$0.00
//			0.00									\$0.00
//			0.00									\$0.00
//			0.00									\$0.00
//			0.00									\$0.00
//			0.00									\$0.00
Totals		0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00

*NOTE DESCRIPTION ABOVE: Itemize by day and explain fully, including cities and towns visited. When listing privately owned car mileage report under "Purpose" the names, if any, of all other employees transported together with the city or town and addresses between which they are transported. You will need to manually enter all figures and calculations. It is your responsibility to check all calculations and entries along with having all documentation/receipts attached to voucher

Budget Line	Authorized Amount	Requested Amount	No	Requested Amount is Greater Than Authorized
G	H	I		
- - -			Total Expenditure	
- - -				
- - -			Total Liquidation	
- - -				
Totals	H \$0.00	I \$0.00		

Signature of Traveler* J	Date* 06/26/2016	Use the button at the right to attach documents to this form 
I hereby certify under penalty of perjury that the above amounts as itemized are true, correct, and incurred by me during necessary travel in the service of the Commonwealth, and conform fully to the Travel Rules and Regulations.		L Submit

Approving Authority Signature

I hereby certify that this travel was necessary and authorized.