

Out-of-State Travel Request Instructions

Prepare the <u>Individual Request for Approval of Out-of-State Travel form</u> (also known as the **travel authorization** form). **All out-of-state travel must be approved in advance of the departure date of travel**. Travelers should allow **30 days** for adequate processing time. To complete the form, please follow these instructions:

*The traveler may request a travel advance by checking the "Requesting Advance" box at the top right-hand corner of the form.

- 1. Complete the "traveler information" section:
 - Name (Legal name)
 - Title (Traveler's position at MSU)
 - Department (Traveler's home department at MSU)
 - Banner Organization Code (Five-digit code begins with a letter followed by four numbers)
 - Location (office location)
 - Phone (phone number where you can be reached to answer processing questions)
 - Fax (optional)
 - Email
- 2. Complete the "method of travel" section
- 3. Complete the "date(s) of travel" section
- 4. Complete the "department charge code" section
 - This is the Banner index the trip should be charged to
 - The next section of the charge code is populated with 04
 - The final section of the department code has a drop-down menu to select the appropriate account number (see University Travel)
- 5. Complete the "MSU ID#" section
- 6. Complete the "destination" section
 - Provide a list showing location and dates of stay (When traveling to multiple cities under **one** travel authorization)
- 7. Complete the "purpose of trip" section
 - If group/team travel, provide the number of attendees and include an attached attendees list

- 8. Complete the "total estimated cost-total to be encumbered" section:
 - Total Estimated Cost
 - All individual estimated costs should appear in the column
 - Paid by Purchase Card or Purchase Order
 - Leave blank if you are booking travel through Globetrotter
 - Leave blank if you are paying out-of-pocket

• Total to be Encumbered

- A total will automatically appear in the third column if there are no estimated costs entered in the "Paid by Purchase Card or Purchase Order" column
- Note: Negative numbers should not appear in the "to be encumbered" section
- Fare
- If traveling by air or train, call the University's designated travel agency (Globetrotter Travel) to obtain a quote of the estimated cost of the ticket(s). *Quotes are good for 24 hours.

Globetrotter Travel [Phone: 301-570-0800]

- You need to have the following information available for the travel agent:
 - Full name of the traveler as found on their driver's license, state identification card, or passport
 - Dates of travel
 - Preferred time of travel, if known
 - Date of birth
 - Cell phone number
- Advise the travel agent that you are traveling on behalf of Morgan State University
- *The travel agent **will not** book the travel or finalize the travel itinerary without a TL# being assigned by the University.
 - The traveler is responsible for the cost of travel for any person(s) not approved to travel under the assigned TL#.

e. Lodging

 Call the hotel to obtain the cost of room(s) (including state and occupancy taxes – ask for the government rate)

- Hotel housekeeping tips are reimbursed up to \$1.00/per day.
- The university will not pay for Airbnb.

f. Meals

- Use the <u>Maryland State M&IE reimbursement rates for FY24</u> to calculate the estimated meal cost within the United States.
- Use the <u>Defense Travel Management</u> website to calculate the estimated meal cost for federally funded joint travel.
- Use the <u>U.S. Department of State</u> website to calculate the estimated meal cost for foreign travel.

g. Portage

- Portage fees are reimbursed at \$1.00/per bag
- h. Registration Fee(s)
- i. Other Transportation (Taxi/Rideshare/Shuttle)
- j. Car Rental
- k. Other (an explanation is required)
 - Estimate other expenses consistent with university travel regulations.

|. Advisor and MSU ID#

 This field is to be completed if a student or group is requesting a travel advance

**Attachments that MUST be uploaded with the travel authorization or the form will be DECLINED (if applicable):

- **1.** Attendee list (Group/Team travel **only**)
- **2.** List showing location and dates of stay (When traveling to multiple cities under **one** travel authorization)
- 9. Upload the completed travel authorization form to DocuSign.
 - If you do not have access to DocuSign, please contact:
 - Shamerra Smith ext. 4399 or Shamerra.Smith@morgan.edu
- 10. Once the form is uploaded to DocuSign assign a signing order to the "Add recipients" section in **DocuSign** according to your departmental approval route
 - The first signer is always the immediate supervisor of the traveler
 - Dean/Director (if applicable)

- President/Vice-President (if applicable)
- President/Designee (out-of-country ONLY)
 - Academic departments should assign this area to the Provost
 - All other departments should assign this area to the Executive Vice President of Finance (evpapproval@morgan.edu)
- Grants/Business Services (if applicable)
- Comptroller
 - The **final** signer in your signing order should be the travel department. Please use the following email address **in DocuSign**:
 - o travel.comptroller@morgan.edu
- 11. Go to the "Add message" section. In the "Email subject" box after the words "Complete with DocuSign:" put the Last Name of the traveler and departure date in the following format (JOHNSON-MM.DD.YY)
- 12. Click "Next"
- 13. Add the "Signature" and "Date" fields to the "Signature of Approvers" section of the travel authorization form according to your departmental approval route (If the travel is paid via a grant, ORA should be included in the signing order on the "Grants, Business Services" signature line). Assign the "date" for all signers in the date area on each signature line.

Once the travel authorization has been fully approved, a TL# will be assigned and the total travel encumbrance will be posted to Banner Finance. The 'TL#' can serve up to three purposes:

- 1. Proof that the appropriate University offices preapproved the travel.
- 2. The 'TL#' is the Banner Finance travel purchase order#.
- 3. The 'TL#' is the authorization number for Globetrotter Travel to purchase common carrier tickets.

After final approval, a copy of the approved travel authorization with the TL# will be emailed to the traveler and/or advisor, and Globetrotter Travel (if applicable) via DocuSign.

- 14. If applicable, contact Globetrotter Travel to purchase the airline or train ticket(s).
 - If the purchase price of the ticket(s) has increased and the trip's
 cost now exceeds the approved amount, an amended travel
 authorization that includes the increased travel cost must be
 processed. Include the original TL# on the amended travel
 authorization form in the space provided. Resubmit the form
 using procedure numbers 9-13 above.

AGENCY CODE R13 REQUESTING ADVANCE

Morgan State University Individual Request for Approval of Out-Of-State Travel

Auth	orization #:	TL_							
☐ PLEASE CH		F AMENDING AUTHORIZA		SLY SUBMITTE	ED TRAV	EL REQUEST			
Traveler Information			Method of Travel				Data (a) of Tanad		
Name:	ation	- ,	Air	tilou oi irave		Date(s) of Travel Depart: mm/dd/yyyy			
					H	Depart: Return:			
Title:			Train \square			Return: mm/dd/yyyy Department Charge Code			
Department:			Bus			04			<u>-</u> 1
Banner Organization Code:			Private Vehicle University Car			MSU ID#			
ocation:			Other (Explain Below)		П		14130 11	υ π	
Phone: :ax:		ľ	otilei (Exp	iaiii below)	Ш				
mail:							Doctina	tion	
illiali.		ا	Out-of-Country Travel				Destination		
f approval is for requestor and s	tudont(s) a				ticket	amount/s\[if	tickets ann	lv1	
Purpose of Trip:	tuuent(3), a	ittacii a iist w	nui tile stu	dent name(s)	, ticket	amount(3)[n	пскета арр	·y].	
		15	Paid by Purchase Card			d or Purchase Total to be Encumbered			
	Tota	l Estimated (Cost	-	Order		Total to	be Encum	bered
are							\$		-
odging							\$		-
Meals							\$		-
ortage (Baggage fees and tips)							\$		-
Registration Fee(s)							\$		-
Other Transportation Uber/Lyft/Shuttle)							\$		-
Car Rental							\$		_
Other (*MUST Explain in space							7		
pelow)							\$		-
Vithout an explanation above, th	•	vill be granted	d no more	than \$100.			T		
Total	\$		-	\$		-	\$		-
his request must be submitted to	o the superv	visor for proc	essing at le	ast 30 days pi	rior to th	e date of the	proposed t	travel.	-
·	,		nature of A						
Supervisor Date				President or Designee (Out-of-Country Travel ONLY) Date					<u> </u>
Dean/Director (if applicable) Date			1	Grants, Business Services (if applicable) Date					į
President/Vice President Date				Comptroller Date			9		
							Ι.		
Advisor:		MSU ID#		Advance Che	ck#		Amount:		

STATE OF MARYLAND EXPENSE ACCOUNT

Use for reimbursement effective January 1, 2024

67 ¢ per mile

Department									
Unit or Division									
Agency Code			Employee Social Sec	curity No.					
Employee Name									
and Address									
Assigned Office Location	n (City)			One Way Comm	ute Miles				
For Period Beginning _				And Ending					
	-	1							
Date	OLINDAY.	MONDAY	THEODAY	WEDNEODAY	THIRODAY	FDIDAY	CATURDAY	TOTALO	
Day	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS \$0.00	
Hotel Breakfast								\$0.00	
								\$0.00	
Lunch Dinner								\$0.00	
Telephone								\$0.00	
Fare (Indicate below)								\$0.00	
Taxi								\$0.00	
Bridge or Road Tolls								\$0.00	
Mileage * (See Below)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	\$0.00	
Parking								\$0.00	
Registration Fee								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
Totals	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.00	
Method of Travel									
Durance of Tru						(Speci	fy)		
Purpose of Tra									
Date	Time	<u> </u>					Total	Total	Reimb.
Day	Start	End	TERRITORY COVERED INCURRING ABOVE EXPENSES				Miles	Commute Miles	Miles*
Sunday			TERRITORY GOVERNED MOOREMENT PARTY ENGLO						0.0
Monday									0.0
Tuesday									0.0
Wednesday									0.0
Thursday									0.0
Friday									0.0
Saturday									0.0
*Compute equal to total mi	les less total commu	te miles, if applicable.							
						Date			
Certified just and correct	and payment not rec	eived							
(Signature of employee)									
Approved <u>b</u>					Approved by				
		Immediate Superviso	r		Title		Authorized Signature		
					i iliC				

COTGAD - X-5 (3/92)



Advisor's First & Last Name	Destination (City, State)	Travel Dates	
		Depart	Return
TL# (if applicable)	Total # of Attendees:		•

Attendees

First Name	Last Name	Recv'd Money	Amount (\$)	Signature
		□Yes □No		
		□Yes □No		