

Create a Special Expense Form

DEPARTMENT OF ADMINISTRATION
Online Electronic Inter Office Requisition (Training)

[skip navigation](#)

Home **Create** Copy Search My EIORs Approvals Reports Buyer Power User

Navigation: Click on Create

Required fields marked with *

| | |
|---|---|
| Type of Purchase: ?* | Special Expense Form |
| EIOR Title: ?* | EIOR Training |
| Previous PO# (or EIOR#): ? | |
| Date PO Needed: ?* | 6/24/2016 (mm/dd/yyyy) |
| Price Obtained by: * | No quote obtained (If obtaining a quote,) |
| Fiscal Year: * | 2016 |
| Contract No (if known): ? | |
| SWIFT Vendor # (if known): ? | |
| Agency/Division: ?* | G02_Financial Mgmt And Rptg <input type="checkbox"/> Make This My Default |
| Ship To: ?* | Financial Mgmt & Reporting <input type="checkbox"/> Make This My Default |
| Bill To: ?* | Financial Mgmt & Reporting <input type="checkbox"/> Make This My Default |
| Will there be multiple ship to addresses?: ?* | No |
| Supervisor Approver: ?* | Lemke, Bruce - bruce.lemke@state.mn.us <input type="checkbox"/> Make This My Default Approver |
| Creator Comments: | |

Next Cancel

As the creator of this EIOR you will be responsible for making sure it progresses in a timely fashion.

Fields marked with an * are required fields. All other fields are optional.

1. Type of Purchase from drop down selection: Select the Special Expense Form
2. EIOR Title: Enter title of your special expense – be as specific as possible
3. Previous PO# (or EIOR#): If there's a previous Purchase Order (PO) or referencing an existing EIOR
4. Date PO Needed: The date is populated based on EIOR creation date with a three day lead time – update if needed.
5. Price Obtained by: Select the appropriate option based on how price was obtained
6. Fiscal Year: The Fiscal Year (FY) will be populated based on the current FY
7. Contract No (if known): Enter if applicable
8. Agency/Division: Select the appropriate selection. Available options will be based on User ID
9. Ship To: Select the appropriate option

10. Bill To: Select the appropriate option

11. Will there be multiple ship to addresses? Select the appropriate option

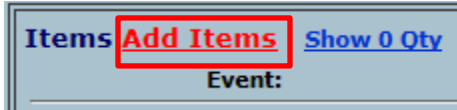
12. Supervisor Approver: Select the requester's supervisor or appropriate option

13. Creator Comments: Enter any notes in the comments field

Click on **Next** to proceed with creation of the EIOR or **Cancel** to delete the EIOR.

If you click on Next to proceed, this will create an EIOR with an assigned EIOR number.

Enter Item Information - Click on **Add Items** to enter EIOR details:



Enter EIOR Item Details:

Fields marked with an * are required fields. All other fields are optional, but should be answered if applicable.

| | |
|--|---|
| Expenses for which approval is requested: | The following <i>may</i> be approved by the appointing authority or designee: |
| | <input type="text" value="No"/> 1. Full cost of meal that is part of conference, etc. |
| | <input type="text" value="Yes"/> 2. Registration/tuition for conference, seminar, etc. |
| | <input type="text" value="No"/> 3. Refreshments for agency meeting where majority are not state employees |
| | <input type="text" value="No"/> 4. Refreshments, meals and other costs for agency sponsored conference |
| | <input type="text" value="No"/> 5. Refreshments/meals for agency meeting where majority are state employees |
| | <input type="text" value="Select One"/> 6. Refreshments/meals for meeting of board, council, etc. |
| | <input type="text" value="Select One"/> 7. Lodging for employee not in travel status |
| | <input type="text" value="Select One"/> 8. Expenses for employee's attendant |
| | <input type="text" value="Select One"/> 9. Expenses for State Fair work assignment |
| | <input type="text" value="Select One"/> 10. Employee award/recognition event |
| Expenses for which approval is requested: | The following require approval of the appointing authority and the Commissioner of Minnesota Management & Budget: |
| | <input type="text" value="Select One"/> 1. International travel |
| | <input type="text" value="Select One"/> 2. Employee award/recognition event beyond those in Provision A 10 |
| | <input type="text" value="Select One"/> 3. Other (please attach document) |

1. Expenses for which approval is requested: Select the appropriate responses for questions 1 through 10.
2. Expenses for which approval is requested: Select the appropriate responses for questions 1 through 3.

| | |
|--|--|
| Sponsor (Full title of the event sponsor, do not use acronyms or initials): | <input type="text"/> |
| Name of Event (Full Title of the conference, workshop, seminar, meeting or other event):* | <input type="text" value="EIOR Training"/> |
| Location of Event (title and address of host facility): * | <input type="text" value="COB, St Paul, MN"/> |
| Dates/Times of Event: * | <input type="text" value="6/23/16 - 8:30 a.m. - 12:00 p.m."/> |
| Individuals for whom special expense approval is requested (check all that apply): | |
| | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Requestor only <input type="checkbox"/> No <input checked="" type="checkbox"/> Additional state employees (List names and titles below - add attachment for more names): |
| Employee 1 Name: * | <input type="text" value="Sally Jones"/> |
| | Title: <input type="text" value="Accounting Officer"/> |
| Employee 2 Name: | <input type="text"/> |
| | Title: <input type="text"/> |
| Employee 3 Name: | <input type="text"/> |
| | Title: <input type="text"/> |
| Employee 4 Name: | <input type="text"/> |
| | Title: <input type="text"/> |
| Employee 5 Name: | <input type="text"/> |
| | Title: <input type="text"/> |
| | <input type="checkbox"/> Select One <input checked="" type="checkbox"/> Other participants. List names, titles and organizations. (If yes, attach document with all details): |
| Explain why the State should pay these expenses:* | <input type="text" value="Required training"/> |

3. Sponsor: Enter if applicable
4. Name of Event: Enter specific event information
5. Location of Event: Enter event location
6. Dates/Times of Event: Enter the dates and times of the event
7. Employee Name and Title: Enter the employee name(s) and Title(s)
8. Explain why the State should pay these expenses: Enter the justification for the expense

Description of Expense:*

Item :* Training Fee

Total Cost: * 600.00

Item 2:

Total Cost:

Item 3:

Total Cost:

Item 4:

Total Cost:

Item 5:

Total Cost:

Total

Est. Unit Cost:*

Notes:

9. Description of Expense: Enter details of expense item and amount
10. Est. Unit Cost: Enter 0.00 – this amount will always be 0.00
11. Notes: Enter notes if applicable

Click on **Submit** to save and proceed with creation of the EIOR or **Cancel** to delete data entered and return to previous section on the EIOR.

Buying Information

Shipping/Freight Total:

Tax Total:

Credit Card/Purchasing Card Used: No

Buying Information Section:

1. Shipping/Freight Total: Enter if applicable
2. Tax Total: Enter if applicable
3. Credit Card/Purchasing Card Used: Select appropriate option, if applicable

Vendor

Targeted Vendor Contacted:* **Targeted Vendor Selected:***

Suggested Vendor:*

HTML Link/Other:

Contact Person:

Phone: **Fax:**

Street Address:

City: **State:** **Zip:**

Notes: [Add Notes](#)

Vendor Section:

1. Targeted Vendor Contacted: Select appropriate option
2. Targeted Vendor Selected: Select appropriate option
3. Suggested Vendors: Enter a recommended Vendor ID
4. HTML Link/Other: Enter website link or other data, if applicable
5. Contact Person: Enter if applicable
6. Phone: Enter if applicable
7. Fax: Enter if applicable
8. Street Address: Enter if applicable
9. City: Enter if applicable
10. State: Enter if applicable
11. Zip: Enter if applicable

Ship to:

Requestor's Phone:*
Example: 651-000-0000 (extension if applicable)
NOTE: This field will not accept upper or lower case letters (numbers only)

Make This My Default

Street Address:
 309 Administration Bldg 50 Sherburne Ave

City: **State:** **Zip:**
 St Paul MN 55155

Ship to Section:

1. Requestors Phone: Enter appropriate telephone number

Click **Update** to save and **Finish and Send** to submit the EIOR for supervisor approval and processing.

To review the submitted EIOR and status, the Requester can click on the **My EIOR** link. Click on the EIOR ID in the **Submitted EIORs** section.

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|----------------------|------------------------|----------------------|------------------------|--------------------------|---------------------------|-------------------------|-----------------------|-------------------------------|----------------------------|
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|----------------------|------------------------|----------------------|------------------------|--------------------------|---------------------------|-------------------------|-----------------------|-------------------------------|----------------------------|

EIOR
(Training)

| Submitted EIORs | | | |
|------------------------|---------------|----------------------|----------------------|
| <u>EIOR ID</u> | <u>Title</u> | <u>Date Created</u> | <u>Type</u> |
| 7956 | EIOR Training | 6/21/2016 5:18:27 PM | Special Expense Form |

The Work Flow section located on the right side of the EIOR will display the Approvals required and status. As the EIOR is updated and approved the date and will be populated with the current date and timestamp.

| |
|--|
| Created By Name: Rachel Douglas Date: 6/21/2016 5:18 PM Comments: |
| Supervisor Approver: Sub: Bruce Lemke Actual: Date: Comments: |
| Special Approval Sub: SpEx Actual: Date: Comments: |
| Buyer Sub: FMR Actual: Date: Status: Comments: PO #: |