

Create an Authorization for Travel Form:

DEPARTMENT OF ADMINISTRATION
Online Electronic Inter Office Requisition (Training)



Navigation: Click on Create

Required fields marked with *

Type of Purchase: ?*	Authorization for Travel Form ▾
EIOR Title: ?*	GFOA Conference
Previous PO# (or EIOR#): ?	
Date PO Needed: ?*	6/24/2016 (mm/dd/yyyy)
Price Obtained by: *	Online ▾ (If obtaining a quote)
Fiscal Year: *	2016 ▾
Contract No (if known): ?	
SWIFT Vendor # (if known): ?	
Agency/Division: ?*	G02_Financial Mgmt And Rptg ▾ <input checked="" 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: ?*	Intermill, Micah - micah.intermill@stat ▾ <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.

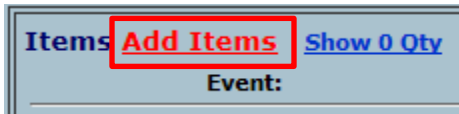
1. Type of Purchase from drop down selection: Select the Authorization for Travel Form
2. EIOR Title: Enter title of your Authorization for Travel – be as specific as possible
3. Previous PO# (or EIOR#): If there's a previous Purchase Order (PO) or referencing an existing EIOR
4. Date PO Needed: The 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.

Name of Event:*	GFOA Conference		
Location of Event: *	Toronto, CA		
Dates/Times of Event: *	6/28/16 - 6/30/16 8 a.m. - 5 p.m.		
	Dep Date:	06/28/2016	(xx/xx/xxxx) *
	Return Date:	06/30/2016	(xx/xx/xxxx) *
	Yes	▼	Air
	No	▼	Private Automobile
Mode of Travel:*	No	▼	Rental Vehicle
	No	▼	Motor Pool Vehicle
	No	▼	Other
Itemized Cost of Trip:			
	Item	Total	Nights/Days
Itemized Costs:	Fare*	300.00	
	Lodging*	300.00	3
	Meals	44.00	3
	Rental Vehicles		
Justification for Rental Vehicle:			
Other Costs:	Other (specify):		Amount:
	Other 2 (specify):		Amount:
	Other 3 (specify):		Amount:
	Other 4 (specify):		Amount:
	Other 5 (specify):		Amount:

1. Name of Event: Enter specific event information
2. Location of Event: Enter event location
3. Date/Times of Event: Enter the dates and times of the event and your proposed departure and return dates
4. Mode of Travel: Select the appropriate mode(s) of travel
5. Itemized Costs: Enter the total amounts for travel items
6. Justification for Rental Vehicle: Enter justification if proposing to rent a vehicle
7. Other Costs: Enter other costs if applicable

Justification:*
Justification for trip (explain in detail):
 --why trip is in best interests of the state
 --what reports and/or workshops will be generated as a result of the trip

Annual GFOA Accounting Conference

Name(s) and Title(s) of Employee(s) Making Trip: (if more than 5 - add attachment with names of all traveling)

Employee 1 Name: * Sally Field
 Title: Accounting Mgr

Employee 2 Name:
 Title:

Employee 3 Name:
 Title:

Employee 4 Name:
 Title:

Employee 5 Name:
 Title:

Complete the following if travel expenses will be paid directly or reimbursed to the employee by an outside organization (third party):

Third Party: No Paid Directly by Third Party
 No Reimbursed to the employee by the third party

Name of Third Party:

List expenses paid directly by the third party:

List expenses reimbursed by the third party:

By submitting this request, I declare that I will not seek reimbursement beyond the limits established in the state's travel policy or my collective bargaining agreement. I will not seek reimbursement from the State of Minnesota for any expenses either reimbursed by or directly paid by a third party.

Total

Est. Unit Cost:* 0

Notes:

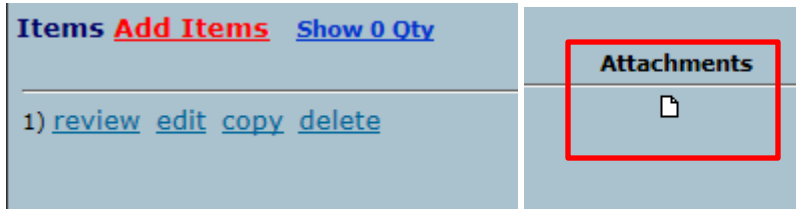
Submit Cancel

8. Justification: Enter the justification for the travel
9. Employee Name: Enter the employee name(s) traveling
10. Third Party: Select appropriate drop down option for whether expenses will be paid directly or reimbursed by a third party
11. Name of Third Party: Enter if applicable
12. List expenses paid directly by the third party: Enter if applicable
13. List expenses reimbursed by the third party: Enter if applicable
14. Est. Unit Cost: Enter 0.00
15. Notes: Enter notes if applicable

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

This type of travel requires an attachment of the agenda and any other applicable documentation.

On the main EIOR page in the Items – Add Items Section an attachment can be added.



To add an attachment: Click on the Attachments icon

Enter Filename:



Click on **Browse** to locate the documents.
Click **Submit** to load and save the document.



You will notice there is a new icon next to the attachment icon to view your attached document.

Buying Information	
Shipping/Freight Total:	<input type="text"/>
Tax Total:	<input type="text"/>
Credit Card/Purchasing Card Used:	No <input type="button" value="v"/>

Buying Information Section:

1. Shipping/Freight Total: Disregard
2. Tax Total: Disregard
3. Credit Card/Purchasing Card Used: Disregard

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 No
2. Targeted Vendor Selected: Select No
3. Suggested Vendors: Enter Various
4. HTML Link/Other: Enter website link or other data, if applicable
5. Contact Person: Disregard
6. Phone: Disregard
7. Fax: Disregard
8. Street Address: Disregard
9. City: Disregard
10. State: Disregard
11. Zip: Disregard

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: **St Paul** **State:** **MN** **Zip:** **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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EIOR
(Training)

EIOR ID	Title	Date Created	Type
7957	GFOA Conference	6/21/2016 5:44:36 PM	Authorization for Travel 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 5:44 PM Comments:
Supervisor Approver: Sub: Micah Intermill Actual: Date: Comments:
Special Approval Sub: OST Actual: Date: Comments:
Buyer Sub: FMR Actual: Date: Status: Comments: PO #: