

F2: TRAVEL AUTHORIZATION REQUEST & ENCUMBRANCE FOR EMPLOYEES

Effective Date: July 1, 2003

Prior Date: 11/3/00

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Purpose and Scope	Authority and Responsibility	References
Comments	Definitions	Form Acquisition
Submission Deadline	Approvals Required	Questions
	Form Instructions	Form Facsimile

Purpose and Scope

The *Travel Authorization Request & Encumbrance* (1036) form serves as the official authorization for faculty and staff traveling on University sponsored business and encumbers the funds to be utilized.

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[Controller's Office](#)

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Definitions

Appropriated Funds: Funds approved by the governor to provide for general revenue and education assistance for operating purposes.

TARE: The *Travel Authorization Request & Encumbrance* (1036) form.

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References

[F9: Employee Group Travel](#), Fiscal Agent Handbook

[M14: Travel Authorization Request & Encumbrance \(1036\) form](#), Fiscal Agent Handbook

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Authority and Responsibility

The traveler prepares the *Travel Authorization Request & Encumbrance* (1036) form, attaches supporting documentation, obtains the approval signatures and submits the approved form for processing.

The fiscal agent or alternate insures that requested monies meet budgetary requirements and proposed expenditures are reasonable and appear to be proper.

The traveler obtains override approval for travel expenses being charged to a grant account from the Controller's Office, E-212, and override approval for travel expenses being charged to all other accounts from the Office of University Budgets, C-423, when available funds are not adequate to cover anticipated expenses.

The Office of University Budgets and the Controller's Office tests forms for availability of funds and validity of fiscal agent's or alternate's signature. Failure to meet the above tests will result in the document being returned to the originator.

The Director of Financial Affairs/Controller advises the Procedure and Systems Analyst of all changes to this procedure.

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Form Acquisition

The form is a four part form set that can be ordered using the on-line *Forms Requisition* on the Controller's Office Resources web site at: www.neiu.edu/~finanaff.

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Submission Deadline

The traveler will, prior to the departure date, complete and deliver the approved travel authorization request to the Office of University Budgets located in C-423.

Foreign travel for University personnel must be authorized by the President thirty days prior to travel.

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Form Instructions

Instructions for preparing the *Travel Authorization Request & Encumbrance* are detailed in section [M14](#) of this handbook.

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Required Approvals

After preparing the form, the traveler routes the document for approval to the appropriate fiscal agent or alternate.

In the approval process the Office of University Budgets is bypassed if no University funds are requested.

The traveler should keep a copy of the form signed by the fiscal agent for his/her record.

In those instances where the fiscal agent or alternate and the unit head are one and the same, the individual need only approve the travel authorization on the fiscal agent line.

In those instances where the traveler is the unit head reporting to a Vice President, vice presidential approval is required.

In those instances where the traveler is a Vice President, area executive officer approval is required.

The President must approve all foreign travel requests.

When available funds are not adequate to cover anticipated expenses, override approval for grant accounts resides with the Controller's Office, E-212. Override approval for all other local funds and appropriated funds resides with the Office of University Budgets, C-423.

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Form Distribution

Once all required approvals have been obtained, the traveler keeps the fourth copy of the form set, forwards the third copy to the fiscal agent for reconciling purposes and the first two copies to the Office of University Budgets for processing.

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IMPORTANT
USE DIRECT PAYMENT VOUCHER FOR PAYMENT OF CONFERENCE FEE WHEN FEE MUST BE PAID IN ADVANCE OF TRIP

TRAVEL AUTHORIZATION REQUEST AND ENCUMBRANCE

DOCUMENT NUMBER
T_ 11502

A_

DOCUMENT DATE

TRIP DATA

TRIP DATA	DEPARTMENT	STATUS (FACULTY/STAFF)
TRAVELER'S NAME		
NAME OF CONFERENCE		
CITY	STATE	MEETING DATES (INCLUSIVE)
		FROM _____ TO: _____
REASON FOR ATTENDING		
METHOD OF TRAVEL (CHECK ONE) <input type="checkbox"/> PRIVATE VEHICLE <input type="checkbox"/> MOTOR POOL <input type="checkbox"/> AIR <input type="checkbox"/> TRAIN <input type="checkbox"/> OTHER (SPECIFY) _____		
HOW WILL YOUR TEACHING OBLIGATIONS BE MET DURING YOUR ABSENCE		
UNIVERSITY TRAVEL FUNDS REQUIRED <input type="checkbox"/> NO IF NO, DO NOT FORWARD TO THE OFFICE OF UNIVERSITY BUDGETS OR CONTROLLER'S OFFICE. KEEP TARE FOR YOUR RECORDS. <input type="checkbox"/> YES IF YES COMPLETE ENCUMBRANCE DATA SECTION		

ENCUMBRANCE DATA

TRANSACTION	AMOUNT								
T TRAVELER REIMBURSEMENT <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-bottom: 1px solid black;">VENDOR ID NUMBER</td> <td style="width: 20%; border-bottom: 1px solid black;">EMP ID / FUND ID / FSR</td> <td style="width: 20%; border-bottom: 1px solid black;">ACCOUNT NUMBER TO BE CHARGED</td> <td style="width: 40%; border-bottom: 1px solid black;">ESTIMATED TRAVELER EXPENSE</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">1 2 9</td> <td style="text-align: center;">T</td> </tr> </table>	VENDOR ID NUMBER	EMP ID / FUND ID / FSR	ACCOUNT NUMBER TO BE CHARGED	ESTIMATED TRAVELER EXPENSE			1 2 9	T	
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A AGENCY DOCUMENT NUMBER <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-bottom: 1px solid black;">AGENCY ID NUMBER</td> <td style="width: 20%; border-bottom: 1px solid black;">FEE NUMBER</td> <td style="width: 20%; border-bottom: 1px solid black;">ACCOUNT NUMBER TO BE CHARGED</td> <td style="width: 40%; border-bottom: 1px solid black;">UNIVERSITY TRAVEL AGENCY EXPENSE</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">1 2 9</td> <td style="text-align: center;">A</td> </tr> </table>	AGENCY ID NUMBER	FEE NUMBER	ACCOUNT NUMBER TO BE CHARGED	UNIVERSITY TRAVEL AGENCY EXPENSE			1 2 9	A	
AGENCY ID NUMBER	FEE NUMBER	ACCOUNT NUMBER TO BE CHARGED	UNIVERSITY TRAVEL AGENCY EXPENSE						
		1 2 9	A						
TOTAL T&A TO BE ENCUMBERED									

CERTIFICATION & APPROVALS

I CERTIFY THAT IN ACCORDANCE WITH ILLINOIS COMPILLED STATUTES, 1925 ILCS 5/7-203, I HAVE MET THE MINIMUM AUTO INSURANCE LIABILITY REQUIREMENTS IN AMOUNTS NOT LESS THAN IS CURRENTLY MANDATED BY THE STATE (CURRENTLY \$25,000 PER PERSON, \$40,000 PER ACCIDENT FOR PERSONAL INJURY AND NOT LESS THAN \$15,000 PROPERTY DAMAGE PER ACCIDENT.) I ALSO CERTIFY THAT I HOLD A VALID DRIVERS LICENSE.

TRAVELER	DATE
UNIT HEAD	DATE
FISCAL AGENT	DATE
DIVISION HEAD (if applicable)	DATE
AREA EXECUTIVE OFFICER	DATE

FOR OFFICE USE ONLY

ACTION	STATE EC	LOCAL EC	AUTHORIZED SIGNATURE & DATE
BUDGET CHECK	<input type="checkbox"/>	<input type="checkbox"/>	
OVER-RIDE	<input type="checkbox"/>	<input type="checkbox"/>	

SOURCE OF FUNDS
BGT

DISTRIBUTION: White - Controller's Office
Yellow - Fiscal Agent
Pink - Traveler

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Comments

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