# **DOCUSIGN TRAVEL INSTRUCTIONS**

# **ENTERING TRAVEL REQUESTS**

Go to the DocuSign Website: <u>https://docusign.com</u>

Click "LOG IN" and enter the email address and password used when activating account.



Click on the Templates Icon at the top of the page.

→ C Secure http:	s://appdemo.docusigi	n.com/home				☆
Docu <i>Sign</i>	<b>↑</b> Номе	MANAGE	TEMPLANS	II REPORTS		0
	Sign	or Get Si	gnatures	NEV	N C	
VERVIEW	Last 6 Months	WHAT'S NEW			MY DOCUSIGN ID	Edit
VERVIEW  Action Required	Last 6 Months	Payments (Available in the Canada only) C	e U.S., U.K., Australia, collect payments with ents. More Info		MY DOCUSIGN ID Add Photo Anne Langdel Anne.langdel@ Member since	l Isdsmt.edu
		Payments (Available in thu Canada only) C signed agreem Inbox Manage your e	e U.S., U.K., Australia, Collect payments with	your vely with	Add Anne Langdel	l sdsmt.edu
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Thefollowinginstructionswerecompleted with the Out-of-State TravelRequest – Institutional Funds Only template, but the information/instructions applies all templates in DocuSignwhether the templates is in the Shared Folders or in the All Templates Folder On the left side of the screen, select Shared Folders, and then the Travel Requests subfolder. (The travel requests can also be found under the All Templates Folder).

DocuSign	î.	<b></b>	.8	al				0
	HOME	MANAGE	TEMPLATES	REPORTS				
NEW	Travel Re	equests			Q	Search Folder's Templa	tes	
My Templates +	Filtered by: Da	te (Last 6 Months)	Edit					
BHSU Docs	Name				Owner	PowerForms	Last change	
Travel Requests		nternational Travel F r matching	lequest - Institu <mark>tion</mark> a	l Funds Only	Anne Langdell		11/4/2017 12:02 pm	USE
Shared with Me		out-of-State Travel F r matching	lequest - Institutiona	Funds Only	Anne Langdell		11/3/2017 02:57 pm	USE
Shared Folders +		out-of-State Travel F r matching	lequest - Grant Fund	5	Anne Langdell		11/3/2017 02:57 pm	USE
All Templates		nternational Travel F	lequest - Grant Fund	5	Anne Langdell		11/3/2017 02:57 pm	USE

Select the correct Out-of-State/Country Travel Request

Click the "USE" icon to the right of the template.

Type in the name/email (or select the name from the directory icon) for each recipient.

If you are completing the travel request for someone else, enter your name/email in the "Form Originator" field and the name/email of the person traveling in the "Requesting Party" field. If you are completing the travel request for yourself, enter your name/email in both the "Form Originator" and the "Requesting Party" fields.

- If your Vice President (VP) is the VP of Academic Affairs/Provost, enter Gina Fiorello'sname/email
- If the traveler is the President, Provost, or VP of Research Affairs they will signas "Requestor" and the VP of Finance will sign as "President or Vice President."
- If the traveler is the VP of Finance, they will sign as "Requestor" and the President or Provost will sign as "President or VicePresident."
- If you are the traveler and are a direct report to the President or Vice President that will sign the last line of the OSA form ("President or Division Vice President Signature"), then you do NOT need to also add them to sign as the "Supervisor." When setting up signatures in the OSA, please just remove the Supervisor signature line and have them only sign the line where the President or Vice President signs.

Docu <i>Sign</i>	SOSMT Out-of-State Travel Request - Instit ution	nal Funds Only		
• My Templates	Recipients		÷	
<ul> <li>BHSU Docs</li> <li>Travel Reques</li> <li>Deleted</li> </ul>	formOriginator . t <sup>11</sup> ,,. MM Langeltll 3rlnt.l3tlgot10\$Cl\$mt tOV	e	L needs to sign	MOR E .,
Shared with Me	2 Requutin Party Name Email	В	L NU:DS to SI(; N	MORE •
	3 Supe,rvl or Name Email		L heeds jo sign	
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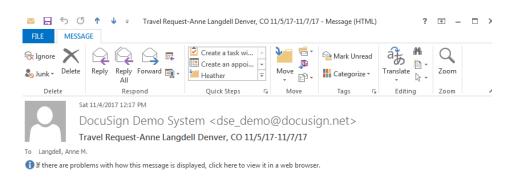
AOVANCEOEDIT DISCARD

David Mettler	
david.mettler@sdsmt.edu	
ne to All Perinjents	Advanced Options
ge to All Recipients	Advanced options
stom email and language for each recipient	Recipients can sign on paper
	<ul> <li>Recipients can change signing responsibility</li> </ul>
Request-Anne Langdell Denver, CO 11/5/17-	Incomplete envelopes expire days after send date
	<ul> <li>Recipients are warned day(s) before request expires</li> </ul>
Originator - Please complete the form and inish. Attachments can be added.	
esting Party - Attachments may be added.	
	G
	david.mettler@sdsmt.edu  ge to All Recipients tom email and language for each recipient Request-Anne Langdell Denver, CO 11/5/17- Driginator - Please complete the form and hish. Attachments can be added. sting Party - Attachments may be added.

Click the "SEND" icon at the bottom of the window.

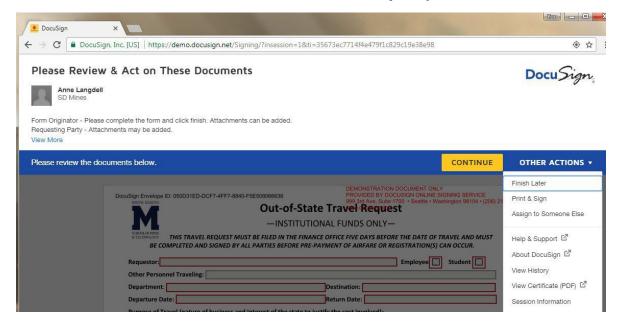
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Wy Templates		Supervisor Heather Forney	SIGN		LATER	S TO SIGN MORE =	
Deleted	4	heather forney@sdsr		~			
Shared with Me	7	Steve Malott	ve oouncil Membe	t		NEEDS TO SIGN MORE *	

The below email will be sent to the form originator; select "REVIEW DOCUMENTS" to begin entering the travel request information



Anne Lan	gdell sent you a document to review	and sign.
	REVIEW DOCUMENTS	

Select the "CONTINUE" icon at the top of the page to begin the request (if for any reason you need to leave the request and want to save the data already entered, go to the "OTHER ACTIONS" icon and select the "Finish Later" option).



Tab or click through the report and enter the required information (red boxes are required).

	DocuSign Envelope ID: 050D31ED-DCF7-4FF7-8840-F5E508066636 PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE SOUTH DAXOTA 999 3rd Ave, Suite 1700 - Seattle - Washington 98104 - (206) 2
	South DAXOTA Out-of-State Travel Request
START	-INSTITUTIONAL FUNDS ONLY-
	SCIECTOR MINIS & TECHNOLOGY THIS TRAVEL REQUEST MUST BE FILED IN THE FINANCE OFFICE FIVE DAYS BEFORE THE DATE OF TRAVEL AND MUST
	BE COMPLETED AND SIGNED BY ALL PARTIES BEFORE PRE-PAYMENT OF AIRFARE OR REGISTRATION(S) CAN OCCUR.
	Requestor: Employee 🔲 Student 🔲
	Other Personnel Traveling:
	Department: Destination:
	Departure Date:Return Date:
	Purpose of Travel (nature of business and interest of the state to justify the cost involved):
	Estimated Lost for this Iravei: (if actual costs exceed this authorized estimate, a revised authorization will need to be obtained per state rules.
	Please estimate a sufficient dollar amount.)
	Transportation:
	Airfare:     Commercial Air     Charter Air     Check the box if airfare will be pre-paid by PO     Liability Statement for Advance Airfare Purchase:     "I understand that if I do not travel for any reason other than through no fault of
	my own, that I am responsible for reimbursing SD School of Mines and Technology for any portion of this airline ticket which is non-
	refundable." •
	Rental Car (Written justification is required when this request is submitted)
	Other Transportation
	Meal(s):
	Lodging:
	Excess Lodging Requested (Over \$175 to a maximum of \$275); (Cost per night without tax)
	Excess Lodging Approved: (Executive Council Member's Initials)
	Registration(s):
	Check the box if registration will be pre-paid by PO or P-Card
	Liability Statement/Missed Workshop Statement: "I understand that if I do not attend the workshop for a reason other than
	through no fault of my own that I am responsible for reimbursing the state for any portions of this registration/workshop fee which is non-refundable. I also understand that in the event that I do not attend the meeting, it is my responsibility to secure a refund of
	the prepaid fees. I also agree to deduct any meals provided by the conference from the reimbursement for the given time period." *
	Other Expenses (Describe):
	Total Estimated Cost for this Travel: 0.00
	Total Estimated Cost for this Travel: 0.00 Accounts to Charge:

If the Rental Car checkbox is selected, a written justification must be attached using the paper clip icon next to the line.

Liability Statemen my own, that 1 am refundable." ◆ Personal Vehic State Vehicle	for Advance Airfare Purchase: "I understa esponsible for reimbursing SD School of Mi	and that if I do not travel fo	Transfer and the second		
ATTACH	for Advance Airfare Purchase: "I understa esponsible for reimbursing SD School of Mi e	and that if I do not travel fo	r any rea Required - Attachment of		
Excess Lodging Registration(s): Check the box Liability Statemen through no fault of is non-refundable.	tation	num of \$275) ancil Member's Initia O or P-Card and that if I do not attend I ing the state for any portion not attend the meeting, it	(Cost per night without tax) (s) he workshop for a reason other than ns of this registration/workshop fee which my responsibility to secure a refund of	550 150 550 800 50	
		т	otal Estimated Cost for this Travel	2,100.00	
Accounts to Charge: Other Attachments (e.a	4BDG01 \$105 4BDG02 \$105 	0	•	•	

To attach a document, click on the paper clip icon, select "Upload," then click "CONTINUE," find and select the required file, and select "DONE."

aud a document			
	Attachmen	ts	×
ATTACH	Personal Ve State Vehic Rental Car i Other Tran: Fax (s):	to add your attachments?	550 [550 [150
Regis	Excess Lodg     Excess Lodg     tration(s):     Check the b     Liability Statement/Missed Workshop Statem	CANCEL	hop for a reason other than
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Libility State my own, that i refundable." * Personal Ve State Vehic	RENTAL CAR JUSTIFICATIO	N.pdf	×
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Registration(s): Check the b <u>Liability State</u> through no faures		ng the state for any porsions of this registrati	
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my own, tha refundable." Personal V State Veh Rental Car Other Tra	U	PLOAD A FILE	n-
Meal(s): Lodging: Excess Loc Excess Lodgi	DONE ng Approved: (Executive Co	uncil Member's Initials)	
Registration(s):	ox if registration will be pre-paid by P tent/Missed Workshop Statement: "Funders		reason other than ion/workshop fee which

If processing a <u>Grant funded travel request</u>, you will need to attach the required Grant tracking spreadsheet and the Cognos Grant budget report. Click on the paper clip icon (they will <u>NOT</u> display "Optional" underneath), select "Upload," then click "CONTINUE,"

find and select the spreadsheet, and select "DONE." Follow the same steps when attaching the Cognos Grant budget report. If there is also <u>Institutional funding</u> in the same request, you MUST include the FGIBAVL for the institutional index(es).

To retrieve the **FGIBAVL** go to Banner and type in FGIBAVL

Velcom	ne			
Search	O Direct Navigation	FGIBAVL		
			Destation and	

Then put in your index and "70" for account to get operating expenses. The rest will autopopulate.

X @ ellucian	Budget Availability Status FGIBAVL 9.3.13 (PROD) (BOR)	
Cha	t:*[S	Fiscal Year: * 22
Inde	x: 4BUS27	Commit Type: Both
Fun	d: 437000	Organization: 452011
	it: [70]	Program: 06
eys >		
Control Fun	d:	Control Organization:
Control Accour	ıt:	Control Program:

#### Then select GO and take a screen shot of available balance and attach in required spot

X @ell	ucian Budget Availability Status FGIBAVL 9.3.13 (	PROD) (BOR)					add 🔒
	cal Year: 22 Index: 4BUS27 Commit Type: Both 437000 Control Organization: 452011 Control Ac			Account: 70 Operating Expenses	Program: 06 Institutional Support	Keys >	
BUDGET AVA	ILABILITY STATUS		(See				🗘 Sett
	ILABILITY STATUS Title	Adjusted Budget	YTD Activity	Commitments	Available Balance		<b>Q</b> Setti
<ul> <li>BUDGET AVA</li> <li>Account</li> <li>700000</li> </ul>		Adjusted Budget 1,485.00	YTD Activity 496.46		Available Balance		<b>©</b> Settir 988.54

After entering all of the required data, click the "FINISH" icon at the bottom or the top of the template.

	Log in to	DocuSign	<b>王</b>	<b>•</b> •	×		
Other Expenses (De:					50		
Accounts to Charge:	A copy of this log in to view it	document has been saved to yo t.	our DocuSign acco	unt. Please	, , ,	2,100.00	
Other Attachments	Email anne.langdell@	sdsmt.edu					
Requestor Signature							
Supervisor Signature	LOG IN	NO THANKS					
President or Executi		<")					

Select "NO THANKS" in the pop-up window.

If you are also the "Requestor," you will receive an email to sign the travel request. Click the "REVIEW DOCUMENTS" icon and then click "SIGN" icon and "FINISH" to send the document on to the next signatory.

d add your signa	ture.	FINIS
	0. 오 🛧 🖬 💿	
	Excess Lodging Approved: (Executive Council Member's Initials)	550
	Registration(s): X Check the box if registration will be pre-paid by PO or P-Card <u>Lability Statement/Missed Workshop Statement:</u> "I understand that if I do not attend the workshop for a reason other than through no fault of my own that I am responsible for reinbursing the state for any portions of this registration/workshop fee which is non-refundable. I also understand that in the event that I do not attend the meeting, it is my repossibility to secure a refund of the prepaid (esc). Jobs ounders to deduct any meabs provided by the conference from the reinbursement for the given time period. **	
	Other Expenses (Describe):	50
	Total Estimated Cost for this Trave	
	Accounts to Charge: <u>4BDG01</u> <u>4BDG02</u> <u>5</u> Other Attachments (e.g. Required - Sign Here - Click here to add signature and then select finish. <u>APPROVAL OF TRAVEL</u>	Ø
SIGN	Sign	2017   11:46:22 AM MDT
	Supervisor Signature: Date:	a construction of the second
	President or Executive Council Member Signature: Date:	
	In accordance with the provisions of SDCL 3-9-5.2, consent is hereby given for travel as requested in the foregoing application. *SDCL 3-9-1, 3-9-2, 4-1-4, BOR 5:12, Admin Rules 5:01:02, 5:01:03, 3:05:03	

The travel request will now flow through the specified recipient order for signatures and a final copy with all signatures and attachments will be sent to your email (and will also be available in DocuSign).

EXT	] Completed: Please DocuSign: SDSMT Out-of-S DocuSign Demo System <dse_demo@docusign.net> To Vock, Kharla B.</dse_demo@docusign.net>	tate Travel Request - Grant Funds	×
(i) If t	here are problems with how this message is displayed, click here to view it in a wel	b browser.	
PDF	SDSMT Out-of-State Travel Request - Grant Funds - Rev 7-16-18.docx.pdf $\sim$ 706 KB	GRANT TRACKING SPREADSHEET.pdf 136 KB	
PDF	COGNOS GRANT BUDGET REPORT.pdf 137 KB	RENTAL CAR JUSTIFICATION.pdf 136 KB	
	DocuSig	n Example 1 Your document has been completed. VIEW COMPLETED DOCUMENTS	l
	All signers co Funds	mpleted Please DocuSign: SDSMT Out-of-State Travel Request - Gra	nt

If there is a correction that needs to be made, DO NOT VOID the travel request. Contact OSP and they will work with the DocuSign Administrator (Angie Mattoon) to determine if a correction (with documentation) can/should be completed.

# Below is an example of a completed document with signatures, dates and requested changes.

SOUTH BARDER	51-51E0-4C12-86D9-C99FC1	Out-of-State T	999 3rd Ave, Suite 1	700 - Seattle - Wash	hington 98104 - (206) 21
	, i	Jul-01-State I	averneque	st	
		-GRANT	FUNDS—		
	VEL REQUEST MUST BE F AND SIGNED BY ALL PAR				
Requestor: Kharla Vo	ck			Employee 🔀	Student
Other Personnel Traveli	ing:				
Department: Business	s and Finance	De	stination: <u>Denver</u> , o	0	
Departure Date: <u>11/05</u>	/19	Re	turn Date: <u>11/07/19</u>	)	
Purpose of Travel (natu training	re of business and intere	st of the state to justify t	he cost involved):		
Estimated Cost for this T Please estimate a sufficient Transportation:	<b>Travel</b> : (If actual costs excent t dollar amount.)	ed this authorized estimate,	a revised authorization v	vill need to be obtain	ed per State rules.
Liability Statemen my own, that ( an refundable." * Personal Vehi State Vehicle X Rental Car (W	ritten justification is req	g: "l understand that if i do not ) School of Mines and Technolog	y for any portion of this air	than through no fault o	
Other Transpo	ortation				300
Meal(s):					200
Lodging: Excess Lodgin Excess Lodgin	g Requested (Over \$175 g Approved: (Exc	to a maximum of \$275): ecutive Council Member'	200 (Cost per ni s Initials)	ght without tax)	200
Registration(s):					Commence or a surgery of
Liability Stateme through no fault o is non-refundable	c if registration will be pre- nt/Missed Workshop Statemer of my own that I am responsible I also understand that In the I also agree to deduct any meal	It: "I understand that if I do not for reimbursing the state for an vent that I do not attend the me	ny portions of this registration reting, it is my responsibility	on/workshop fee which to secure a refund of	5 100005
Other Expenses (Descr	ibe):				
	102		Total Estimated	Cost for this Trave	4: 900.00
Accounts to Charge:	<u>xxxxxx</u>	Amount <u>\$ 900 changed</u> <u>\$ \$1,000</u> <u>\$</u> <u>\$</u>	to		New total estimated cost is \$1,000
	Agenda, Registration Fo	orm, Flight Itinerary, etc., APPROVAL OF TRA		Date: 10/25/2	019   1:26:44 PM
Requestor Signature:	-DocuSigned by:				
Requestor Signature:	charla Voch - amount	d by:		Date: 10/25/2	019   1:39:05 PM 1
Requestor Signature:	-7827231BAS114C6 Eliarla	Vack DecuSigned by:			019   1:39:05 PM   019   1:41:50 PM
Requestor Signature:	-78272318A3114C6 Huarta 18328287	Heada Vock	DocuSigned by:	Date: 10/25/2	
Requestor Signature:	-1827231BA3114C6 HLANA 18328287/		Dasu Signed by Larla Vock	Date: 10/25/2	019   1:41:50 PM

# **CHECK THE STATUS OF A TRAVEL REQUEST**

Docu <i>Sign</i>	<b>А</b> НОМЕ		TEMPLATES
NEW	Inbox		
Shared Envelopes	Filtered by: Da	te (Last 6 Months)	Edit
ENVELOPES	Subje	oct	
		el Request-Anne Lar nne Langdell, Anne L	ngdell Denver, CO 11/5/1
🛛 Sent	10.5	The Langues, Anne L	anguen +o more
C Drafts		e DocuSign: SDSM	T Out-of-State Travel Red
Deleted			
QUICK VIEWS			
Action Required			
Waiting for Others			
A Expiring Soon			
Completed			

#### Select the Manage Icon at the top of the screen

Select one of the "Quick Views" options:

#### Action Required—Displays documents you need to complete

Docu <i>Sign</i>	<b>А</b> Номе		TEMPLATES	II REPORTS			0 🙁
NEW	Action R	equired			Q	Search Quick Views	₩ FILTERS
Shared Envelopes	Filtered by: Da	ite (Last 6 Months)	Edit				
ENVELOPES	Subje	ect			Status	Last change Folder	
		e Langdell Out-of-Sta nne Langdell, Anne L	ate Travel to Denver angdell +3 more	11/4/17-11/7/17	Need to Sign	11/4/2017 11:46 am	SIGN 🔻

#### Waiting for Others—Shows where a request is in the signing order

st change on 11/4/2017   11:46 am nt on 11/4/2017   11:45 am		
Need to Sign		
SIGN RESEND MOVE CORRECT MORE V		<b>不</b> 4
ecipients		SIGNING ORDE
	COMPLETED	
Anne Langdell anne.langdell@sdamt.edu	Signed on 11/4/2017   11:45 am	
	CURRENT	
Anne Langdell anne.langdell@sdsmt.edu	<u>ℓ</u> Needs to Sign Viewed on 11/4/2017   11:46 am	
	WAITING	
Heather Forney heather.forney@sdsmt.edu	🥖 Needs to Sign	
Steve Malott stephen.malott@sdsmt.edu	Needs to Sign	

#### Completed—Lists finalized documents with a copy of the completed document

NEW	Completed		Q Search Quick Views		JE FILTERS
Shared Envelopes	Filtered by: Date (Last 6 Months)   Edit				
ENVELOPES	Subject	Status	Last change	Folder	
	Please DocuSign: SDSMT Out-of-State Travel Request - Institutional Funds Only From: Michaele Lineweber	Completed	11/3/2017 03:18 pm		MOVE

# **HOW TO FIND A TEMPLATE**

Docusign "hides" templates that were created 6 months ago or prior to that time.

There are two ways to find/search for a template:

1. Click on the Shared Folder that you wish to search. If you do not see the template you require, click the Filters option at the top right of the page and in the Date filter select "All," and then click "APPLY." The template should appear and can be selected for use. If unsuccessful, see #2 below.

A L II HOME MANAGE TEMPLATES REPORTS		0
avel Requests	Q Search Folder's Templates	
ered by: Date (Last 6 Months)   Edit	Date	
Name	Owner	
SDSMT International Travel Request - Institutional Funds Only Eligible for matching	All Anne La Last 12 Months	
SDSMT Out-of-State Travel Request - Institutional Funds Only Eligible for matching	Anne Langde Last 30 Days	
SDSMT Out-of-State Travel Request - Grant Funds Eligible for matching	Custom Anne Langdeir 02:57 pm	USE

2. Click on the All Templates Folder. If you do not see the template you require, click the Filters option at the top right of the page and in the Date filter select "All," and then click "APPLY." All templates that have been created will be displayed and can be selected for use.

pdemo.docusign.com/templ	ates:view=everythin	3							
Docu <i>Sign</i>	<b>п</b> номе	L MANAGE	TEMPLATES	il <b>i</b> Reports					0
NEW	All Temp	lates	Edit			Q	Search All Templates		후 FILTER
My Templates +	Name				Owner	PowerForms	Last change	Folders	
<ul> <li>Travel Requests</li> <li>Deleted</li> </ul>	SDSMT In Eligible for		equest - Institutiona	I Funds Only	Anne Langdell		11/4/2017 12:02 pm	Travel Requests	USE
Shared with Me Shared Folders + Travel Requests	Eligible for		equest - Institutiona	I Funds Only	Anne Langdell		11/3/2017 02:57 pm	Travel Requests Travel Requests	USE
All Templates	SDSMT O Eligible for		equest - Grant Fund	s	Anne Langdell		11/3/2017 02:57 pm	Travel Requests	USE
<i>⊊</i>	Eligible for		equest - Grant Fund	s	Anne Langdell		11/3/2017 02:57 pm	Travel Requests	USE
	Shared Er	nployee Agreement			Heather Forney		10/25/2017 01:35 pm		USE

### **TRAVEL REQUEST REVISIONS**

If a travel request needs to be revised after it has been completed, you will need to print off the approved travel request and write "REVISED" at the top. Make whatever changes are needed and attach a new/current FGIBAVL or Cognos Grant Budget Report for trip funding. The authorizing signatures will then need to initial and date by their original signature. After the authorizing signatures have reviewed and initialed, please submit to Accounts Payable for support for the travel reimbursement.

#### **QUESTIONS**

Questions on DocuSign, please contact Angie Mattoon at 394-6872, or angela.mattoon@sdsmt.edu