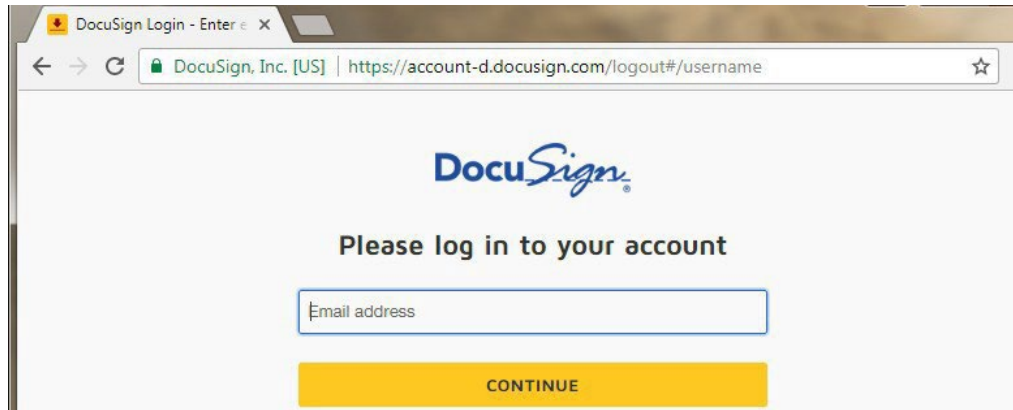


DOCUSIGN TRAVEL INSTRUCTIONS

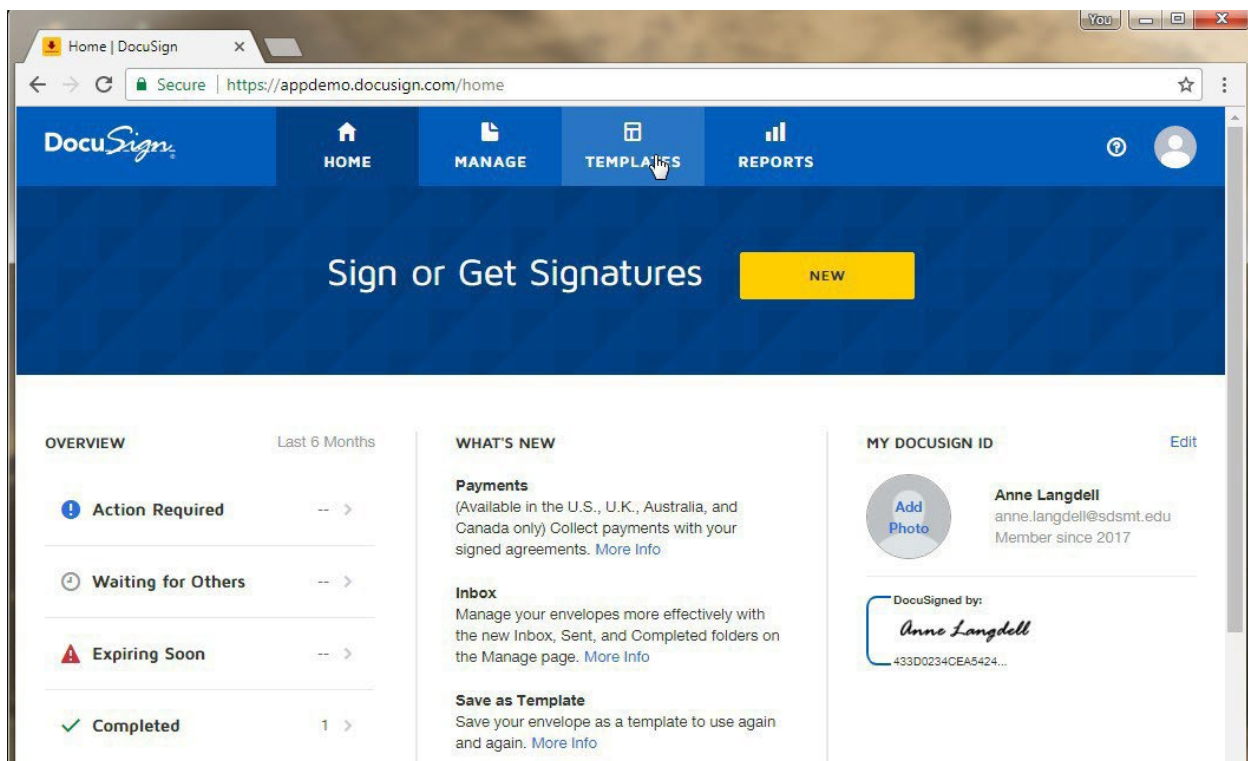
ENTERING TRAVEL REQUESTS

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

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

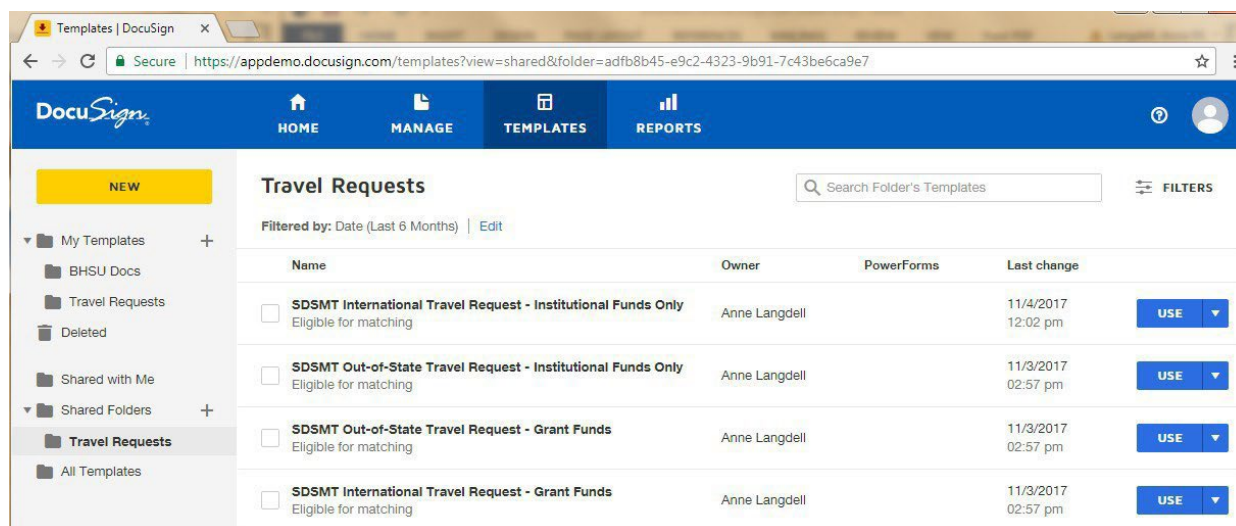


Click on the Templates Icon at the top of the page.



The following instructions were completed with the Out-of-State Travel Request – Institutional Funds Only template, but the information/instructions apply to all templates in DocuSign whether 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).



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's name/email**
- If the traveler is the President, Provost, or VP of Research Affairs they will sign as “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 Vice President.”**
- 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.**

DocuSign

NEW

My Templates

BHSU Docs

Travel Request

Deleted

Shared with Me

Shared Folders

All Templates

SOSMT Out-of-State Travel Request - Institutional Funds Only

Recipients

formOriginator

1

NAME

MM Langel III 3rd Lt. 131st Sig Bn 10th SFG (ASLT)

NEEDS TO SIGN

MORE

2

Requintin Party

Name

Email

NEEDS TO SIGN

MORE

3

Supervisor

Name

Email

NEEDS TO SIGN

MORE

4

President or Executive Council Member

Name

Email

NEEDS TO SIGN

MORE

David M. Attle

davidmattle@bhsu.edu

cc: rcr l vrs A COPY

MORE

Message to All Recipients

CU>tomemat anaianguage toteachrec,pl en l

Please

SOSMT Out-01-&ate Travel t

!!!

Form Originator

Please complete the form and click for 11 Sh.

Attachments can be added.

Following Party: Attachments may be added.

After the P1&a&e review and sign

ADVANCED EDIT

DISCARD

Recipients can sign on paper

Recipients can change gr. resp. & ability

Complete envelopes exp. <1fff#> ltrsenoate

Recipients are available(s) be Core req expires

5

Travel Accountant CC RECEIVES A COPY MORE ▾

David Mettler

david.mettler@sdsmt.edu

Message to All Recipients

☐ Custom email and language for each recipient

Travel Request-Anne Langdell Denver, CO 11/5/17

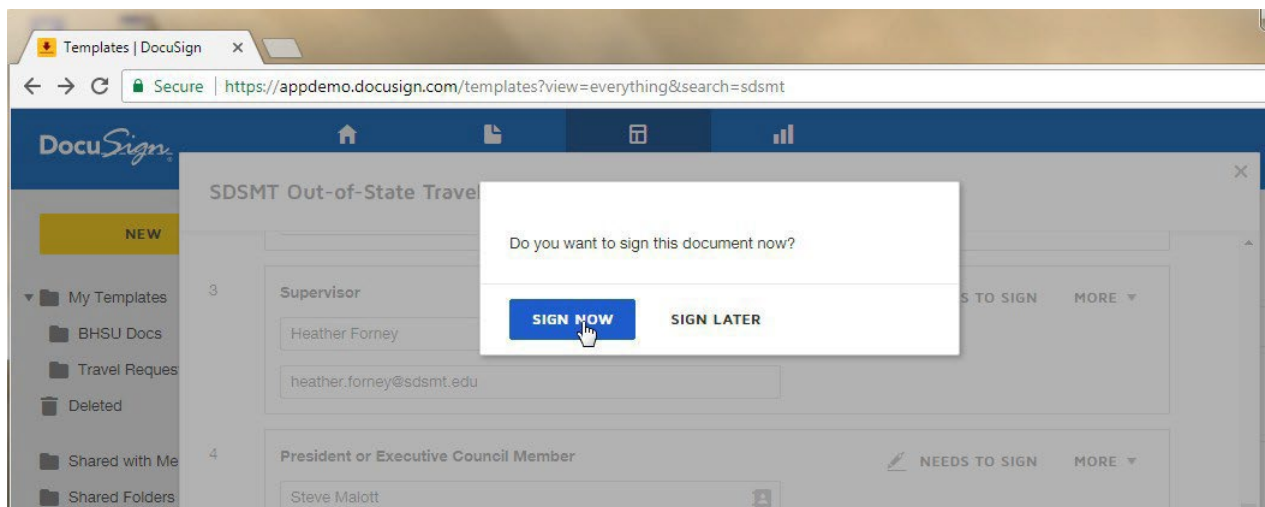
Form Originator - Please complete the form and click finish. Attachments can be added.
Requesting Party - Attachments may be added.
All Others - Please review and sign

Advanced Options

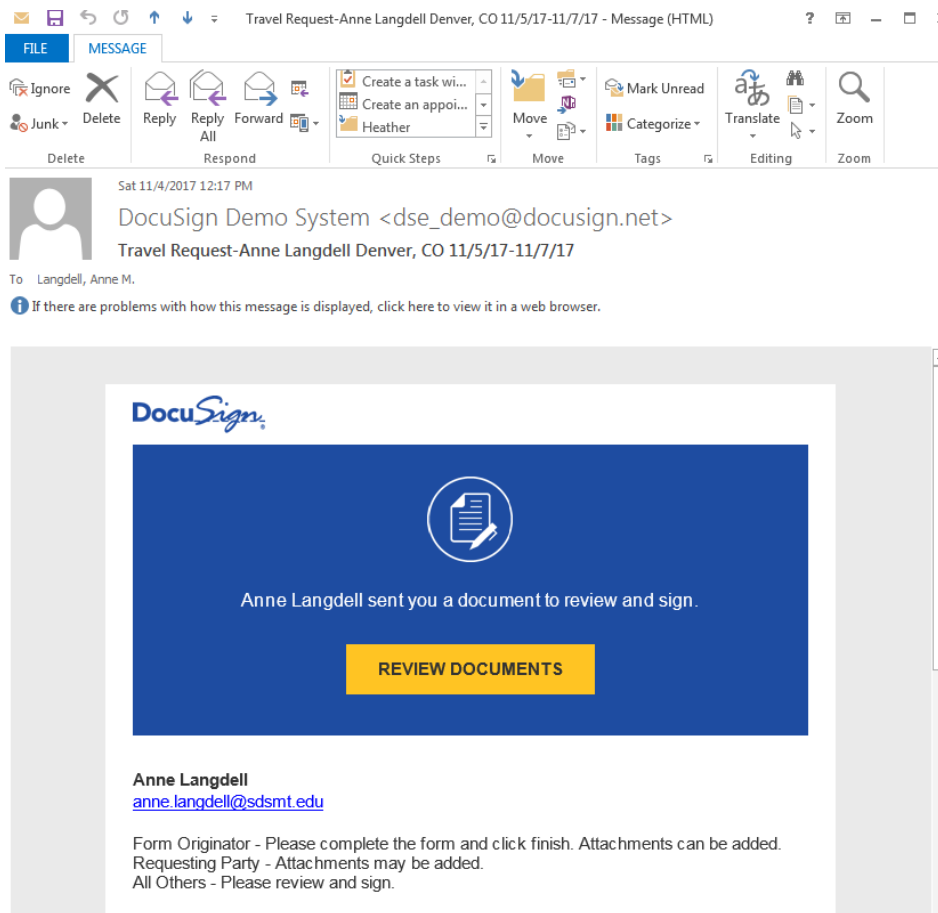
- Recipients can sign on paper
- Recipients can change signing responsibility
- Incomplete envelopes expire days after send date
- Recipients are warned day(s) before request expires

SEND ADVANCED EDIT DISCARD

Click the “SEND” icon at the bottom of the window.



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



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).

DocuSign

Please Review & Act on These Documents

Anne Langdell
SD Mines

Form Originator - Please complete the form and click finish. Attachments can be added.
Requesting Party - Attachments may be added.
[View More](#)

Please review the documents below. **CONTINUE** **OTHER ACTIONS**

Finish Later
Print & Sign
Assign to Someone Else
Help & Support
About DocuSign
View History
View Certificate (PDF)
Session Information

DocuSign Envelope ID: 050D31ED-DCF7-4FF7-8840-F5E508066636

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
999 4th Ave, Suite 1700 • Seattle • Washington 98104 • (206) 215-1234

Out-of-State Travel Request
—INSTITUTIONAL FUNDS ONLY—

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: _____

Business of Travel features of business and interest of the state to justify the cost incurred.

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

DocuSign Envelope ID: 050D31ED-DCF7-4FF7-8840-F5E508066636

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Out-of-State Travel Request
—INSTITUTIONAL FUNDS ONLY—

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 Cost for this Travel: (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." *

☐ Personal Vehicle
☐ State Vehicle
☐ 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

Accounts to Charge:

<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Other Attachments (e.g. Agenda, Registration Form, Flight Itinerary, etc.)

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

to add a document

FINISH

ATTACH

☐ 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." *

☒ Personal Vehicle
☐ State Vehicle
☒ 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: 2,100.00

Accounts to Charge:

4BDG01	\$ 1050
4BDG02	\$ 1050
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Other Attachments (e.g. Agenda, Registration Form, Flight Itinerary, etc.)

APPROVAL OF TRAVEL

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

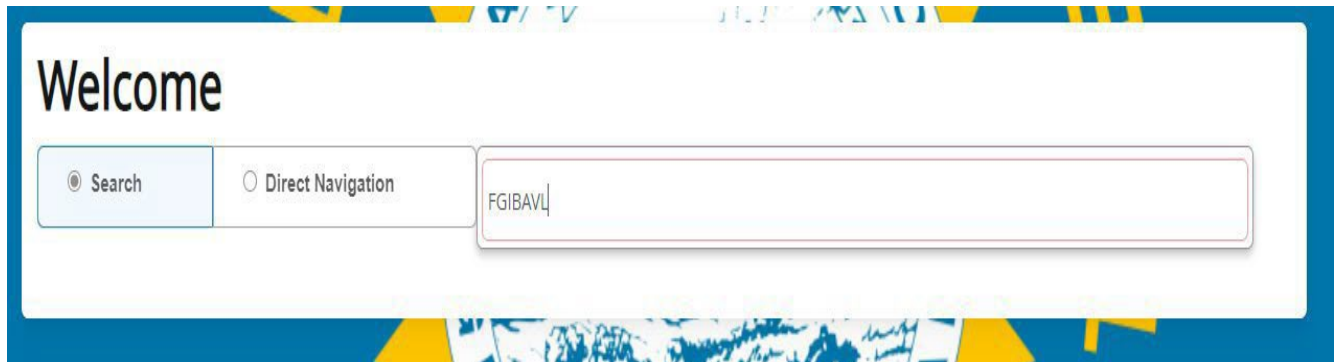
The screenshot shows a web form with a yellow 'ATTACH' button. A modal dialog titled 'Attachments' is open, asking 'How would you like to add your attachments?'. It has two radio buttons: 'Upload' (selected) and 'Fax'. At the bottom are 'CONTINUE' and 'CANCEL' buttons. The background form includes sections for 'Meal(s):', 'Lodging:', 'Registration(s):', and a 'Liability Statement/Missed Workshop Statement' checkbox.

The screenshot shows the 'Upload Attachment' dialog box. It displays the file 'RENTAL CAR JUSTIFICATION.pdf' with a '1 page' indicator and a close button. Below the file list is an 'UPLOAD A FILE' button. At the bottom left is a yellow 'DONE' button. The background form shows the 'Lodging' section with a checked 'Excess Lodging' option and the 'Registration(s)' section with a checked 'Check the box' option.

If processing a Grant funded travel request, you will need to attach the required Grant tracking spreadsheet and the Cognos Grant budget report. Click on the paper clip icon (they will NOT 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 Institutional funding 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



Welcome

☒ Search ☐ Direct Navigation

FGIBAVL

Then put in your index and “70” for account to get operating expenses. The rest will auto-populate.



X ellucian Budget Availability Status FGIBAVL 9.3.13 (PROD) (BOR)

Chart: * S Fiscal Year: * 22

Index: 4BUS27 Commit Type: Both

Fund: 437000 Organization: 452011

Account: 70 Program: 06

Keys --- >

Control Fund: Control Organization:

Control Account: Control Program:

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



X ellucian Budget Availability Status FGIBAVL 9.3.13 (PROD) (BOR) ADD

Chart: S Fiscal Year: 22 Index: 4BUS27 Commit Type: Both Fund: 437000 State Support (On-Campus) Tuition Organization: 452011 Accounts Payable Account: 70 Operating Expenses Program: 06 Institutional Support Keys --- >

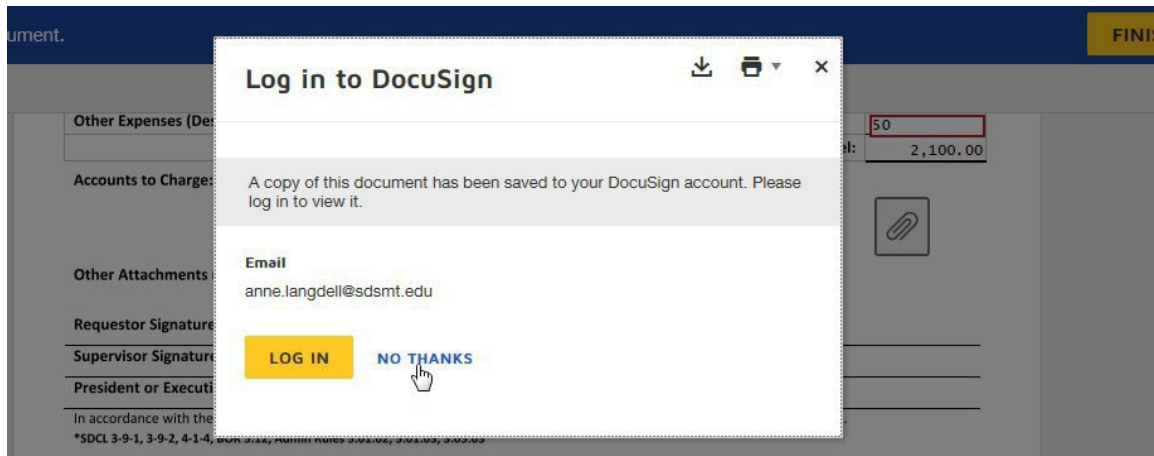
Control Fund: 437000 Control Organization: 452011 Control Account: 70 Control Program: Pending Documents: ☐

Account	Title	Adjusted Budget	YTD Activity	Commitments	Available Balance
700000	Operating Expenses Budget		1,485.00	496.46	0.00
	Total		1,485.00	496.46	0.00

Setting

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

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.

ate and add your signature. FINISH

Excess Lodging Approved: _____ (Executive Council Member's Initials)		550
Registration(s):		
<input checked="" type="checkbox"/> Check the box if registration will be pre-paid by PO or P-Card		
<i>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." *</i>		800
Other Expenses (Describe):		50
Total Estimated Cost for this Travel:		2,100.00

Accounts to Charge:

\$ 1050
 \$ 1050
 \$ _____

Required - Sign Here - Click here to add signature and then select finish

Other Attachments (e.g. _____ etc.)

APPROVAL OF TRAVEL

Requestor Signature:

Date: 11/4/2017 | 11:46:22 AM MDT

Supervisor Signature:

Date:

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-State Travel Request - Grant Funds



DocuSign Demo System <dse_demo@docusign.net>
To: Vock, Kharla B.



If there are problems with how this message is displayed, click here to view it in a web browser.

SDSMT Out-of-State Travel Request - Grant Funds - Rev 7-16-18.docx.pdf 706 KB	GRANT TRACKING SPREADSHEET.pdf 136 KB
COGNOS GRANT BUDGET REPORT.pdf 137 KB	RENTAL CAR JUSTIFICATION.pdf 136 KB

*** This email is from an EXTERNAL sender. Use CAUTION before opening attachments or clicking links. ***

DocuSign



Your document has been completed.

[VIEW COMPLETED DOCUMENTS](#)


All signers completed Please DocuSign: SDSMT Out-of-State Travel Request - Grant Funds

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.

DocuSign Envelope ID: 0D681C51-51E0-4C12-80D9-C99FC1F75D19

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Out-of-State Travel Request

— GRANT FUNDS —

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: Kharla Vock Employee ☒ Student ☐


Other Personnel Traveling: _____

Department: Business and Finance Destination: Denver, CO



Departure Date: 11/05/19 Return Date: 11/07/19

Purpose of Travel (nature of business and interest of the state to justify the cost involved):
training

Estimated Cost for this Travel: (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: <input type="checkbox"/> Airfare: <input type="checkbox"/> Commercial Air <input type="checkbox"/> Charter Air <input type="checkbox"/> Check the box if airfare will be pre-paid by PO <i>Liability Statement for Advance Airfare Purchase:</i> "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." *		
<input type="checkbox"/> Personal Vehicle <input type="checkbox"/> State Vehicle <input checked="" type="checkbox"/> Rental Car (Written justification is required when this request is submitted)  <input type="checkbox"/> Other Transportation _____		300
Meal(s):		200
Lodging: <input checked="" type="checkbox"/> Excess Lodging Requested (Over \$175 to a maximum of \$275): <u>200</u> (Cost per night without tax) Excess Lodging Approved: <u>EV</u> (Executive Council Member's Initials)		200
Registration(s): <input checked="" type="checkbox"/> Check the box if registration will be pre-paid by PO or P-Card <i>Liability Statement/Missed Workshop Statement:</i> "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." *		Registration fee changed to \$300
Other Expenses (Describe): _____		200
Total Estimated Cost for this Travel:		900.00

Accounts to Charge:	XXXXXX	Amount	New total
		\$ 900	estimated
		changed to	cost is
		\$ 1,000	\$1,000
		\$	
		\$	

Other Attachments (e.g. Agenda, Registration Form, Flight Itinerary, etc.)  

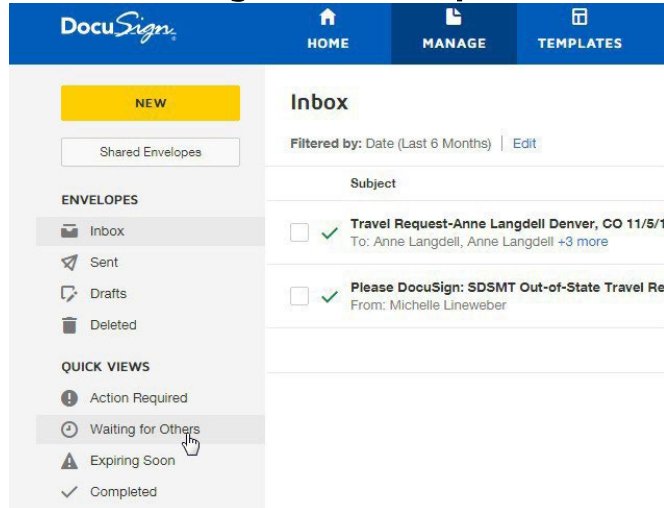
APPROVAL OF TRAVEL

Requestor Signature: <u>Kharla Vock</u> <small>DocuSigned by: 7827231BA3114C6</small>	Date: 10/25/2019 1:26:44 PM MDT
Supervisor Signature: <u>Kharla Vock</u> <small>DocuSigned by: 18328267A80B4AD</small>	Date: 10/25/2019 1:39:05 PM MDT
Grant PI Signature: <u>Kharla Vock</u> <small>DocuSigned by: 2A872D42A3F3432</small>	Date: 10/25/2019 1:41:50 PM MDT
Sponsored Programs Signature: <u>Kharla Vock</u> <small>DocuSigned by: 2A872D42A3F3432</small>	Date: 10/25/2019 1:43:01 PM MDT
VP of Research Signature: <u>Kharla Vock</u> <small>DocuSigned by: 2A872D42A3F3432</small>	Date: 10/25/2019 1:43:16 PM MDT
President or Executive Council Member Signature: <u>Kharla Vock</u> <small>DocuSigned by: 2A872D42A3F3432</small>	Date: 10/25/2019 1:43:33 PM MDT

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

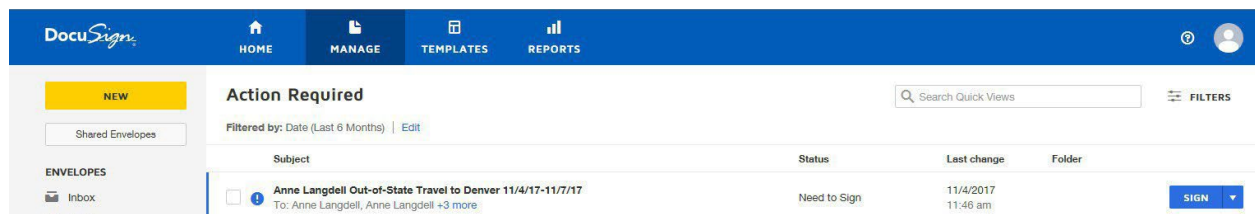
CHECK THE STATUS OF A TRAVEL REQUEST

Select the Manage Icon at the top of the screen

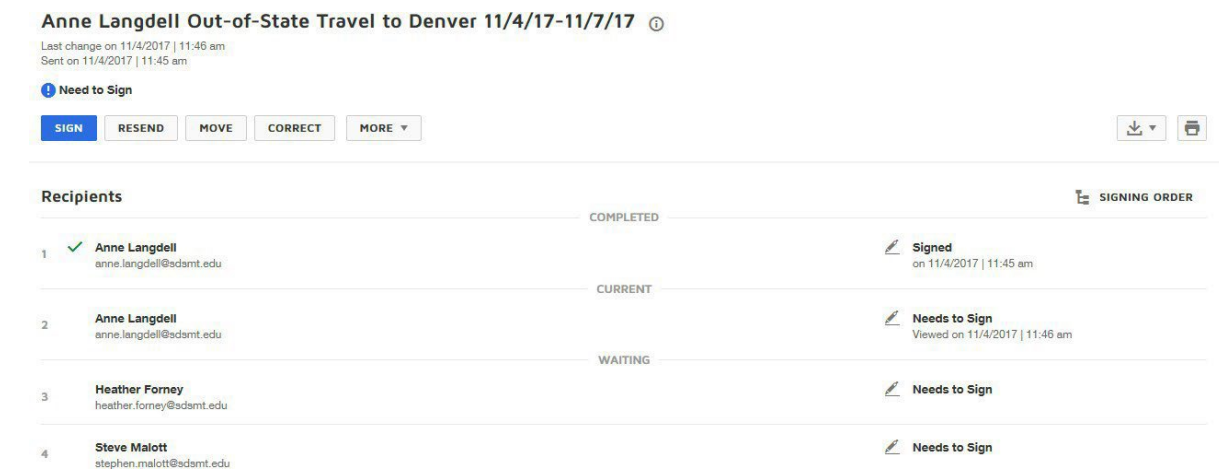


Select one of the “Quick Views” options:

Action Required—Displays documents you need to complete



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



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



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.

ts?view=shared&folder=adfb8b45-e9c2-4323-9b91-7c43be6ca9e7

HOME MANAGE TEMPLATES REPORTS

Travel Requests

Filtered by: Date (Last 6 Months) | Edit

Name	Owner	PowerForms	Last change	Folders	USE
<input type="checkbox"/> SDSMT International Travel Request - Institutional Funds Only Eligible for matching	Anne Langdell				
<input type="checkbox"/> SDSMT Out-of-State Travel Request - Institutional Funds Only Eligible for matching	Anne Langdell				
<input type="checkbox"/> SDSMT Out-of-State Travel Request - Grant Funds Eligible for matching	Anne Langdell		02:57 pm		USE
<input type="checkbox"/> SDSMT International Travel Request - Grant Funds Eligible for matching	Anne Langdell		11/3/2017 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.

tps://appdemo.docusign.com/templates?view=everything

DocuSign HOME MANAGE TEMPLATES REPORTS

NEW

My Templates +
BHSU Docs
Travel Requests
Deleted

Shared with Me

Shared Folders +
Travel Requests

All Templates

All Templates

Filtered by: Date (Last 6 Months) | Edit

Name	Owner	PowerForms	Last change	Folders	USE
<input type="checkbox"/> SDSMT International Travel Request - Institutional Funds Only Eligible for matching	Anne Langdell		11/4/2017 12:02 pm	Travel Requests Travel Requests	USE
<input type="checkbox"/> SDSMT Out-of-State Travel Request - Institutional Funds Only Eligible for matching	Anne Langdell		11/3/2017 02:57 pm	Travel Requests Travel Requests	USE
<input type="checkbox"/> SDSMT Out-of-State Travel Request - Grant Funds Eligible for matching	Anne Langdell		11/3/2017 02:57 pm	Travel Requests Travel Requests	USE
<input type="checkbox"/> SDSMT International Travel Request - Grant Funds Eligible for matching	Anne Langdell		11/3/2017 02:57 pm	Travel Requests Travel Requests	USE
<input type="checkbox"/> Shared Employee Agreement Eligible for matching	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