Submitting a Travel Request (previously known as a pre-trip authorization)

- Go to Concur Homepage through EBS
  Note: your Concur Profile **must** be completely set up prior to creating Request, or booking Travel.

- COVID-19 Travel Waiver Procedure

According to Administration’s revised Travel Policy for COVID-19, the NatSci dean issues the following procedure for all essential out-of-state university travel:

**NOTE:** This pertains to university travel only; not personal travel.

- 1. Complete the Travel Waiver request form (attached at the bottom of this document)
- 2. Forward by email to unit chair/director
- 3. Unit chair/director will forward to NatSci.dean@msu.edu indicating approval
- 4. NatSci Dean will obtain the Provost’s signature and return the form to the unit by email
- 5. Unit will return form to the traveler
- 6. Traveler attaches the form to the Travel Request in Concur and submits for approval following normal procedures

- Please see the screenshot below with instruction for attaching the form in Concur.

  - 1. In-state travel is permitted to perform one’s essential job duties and does not require a waiver, but nonessential in-state travel to things such as state conferences should not occur. University-sponsored domestic travel out-of-state will be limited to business essential travel. Even for business essential travel, a waiver is required and can only be granted by a vice president or the president through the following form.

    **Note** that this is an update to prior communications on who has authority to grant waivers.

  - 2. If the Travel Request has already been submitted and approved, the Travel Waiver request form can be added by the traveler and the form will route for approval again.

  - 3. Please open the applicable Request and use the Attachments feature to add the Waiver.
• **Create a Travel Request**
  o Click **Requests, Create New, New Requests.**
  o In the **Request Header**, complete all required fields (red bar). Travel dates should encompass the entire trip – including any personal days.
  o Note: In the Request/Trip Name – format as **DestinationCityOrStateOrCountry_FirstDateOfTravel**
    ▪ Example **Rome_9-19-19**
  o Click **Save**. A request number is generated.
  o Enter **Segments** (airfare, car rental, hotel). Other anticipated **Expenses** can be added. If exact costs are not known, enter estimated amounts. If there are not expected costs you will need to enter 0.
  o Click **Save**
  o When finished click **Submit Request**
  o Click **Accept & Submit**

• **View/Edit Requests**
  o To view a request, either:
    ▪ Click the Open Requests tile in the My Tasks area on the home page.
    ▪ On the menu, click Requests. The Manage Requests page appears.
      ▪ The request list appears
      ▪ Click a request to view and edit.

• **Copy a Request**
  o On the Manage Requests page, select the desired request.
  o Click Copy Request. The Copy Request page appears.
  o On this page:
    ▪ By default, the system provides a name for the copy. Change it, if desired.
    ▪ By default, the system sets the start date of the resulting request to be the source request end date plus one day. You can set the start date, if desired.
    ▪ Indicate whether or not to copy expected expenses, segments, and cash advances.

• **Recall a Request** – You cannot change, cancel, or delete a Request that has been submitted unless you Recall it first
  o Click **Requests, Manage Requests.** Click the **Request Name.**
  o Click **Recall,** then **Yes** to confirm the recall.
  o **Cancel Request,** or make necessary changes, **Save,** and **Submit.**

• **Delete a Request**
  o To delete an unsubmitted request click either:
    ▪ Open the Requests tile in the Quick Task Bar on the home page
    ▪ On the menu, click Requests. The Manage Requests page appears
  o Select the check box to the left of the desired request.
  o Click **Delete Request**
For Further Assistance

Questions or concerns can be emailed to Travel@math.msu.edu

OR

Contact the MSU Travel & Accounting Offices:

- Phone – 517-355-5000
- Email – travel@ctlr.msu.edu
- Web Inquiry – go.msu.edu/travel-change

Additional Training Resources

- Concur Reference Library
  - [http://ctlr.msu.edu/COTravelNew/default.aspx](http://ctlr.msu.edu/COTravelNew/default.aspx) > Education > Reference Guides
- Concur Assistance
  - Email ITHelp@msu.edu or call 517.432.6200
- Concur Booking Online Class
  - To register, visit the EBS Finance System, click on My Career and Training > Courses for Employees at MSU
NatSci COVID-19 International Travel Waiver Application

NatSci COVID-19 International Travel Waiver Application Michigan State University has suspended non-essential international travel indefinitely. Waivers for this suspension will be considered for essential international travel only. Determination of proposed travel as essential, in the context of both programming priority and financial considerations, is the responsibility of the relevant MAU administrator. The purpose of this international waiver application is for the traveler to explain why the travel is essential and to allow the MAU to review the proposed travel according to MSU health and safety guidelines. Please complete this application and submit to your Chair for consideration of a waiver to travel internationally on university business at least four weeks prior to your intended travel. If the Chair approves of the travel, he/ she should forward the completed form to the NatSci Associated Dean for Research at EricHegg@msu.edu.

Name: ______________________________________       Department: ___________________________
MAU: ____________________________________   Email: _____________________________________
Phone: ______________________  Proposed Travel Dates: _____________________________________
Travel Destinations: _______________________________
Anticipated Stop-over Locations and Durations:_____________________________________________________________________________________
_____________________________________________________________________________________

Describe purpose of travel and why travel is essential.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

________________________________________________________  ____________________________
Signature of Traveler                     Date

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REQUIRED APPROVAL

_____________________________________________  ________________________________
Signature & Print Name: Unit Administrator or Delegate  Date

_____________________________________________  ________________________________
Signature & Print Name: MAU Administrator or Delegate  Date
NatSci COVID-19 Domestic Travel Waiver Application

Michigan State University has suspended non-essential domestic travel indefinitely. Waivers for this suspension will be considered for essential domestic travel only. Determination of proposed domestic travel as essential, in the context of both programming priority and financial considerations, is the responsibility of the relevant MAU administrator. The purpose of this domestic waiver application is for the traveler to explain why the travel is essential and to allow the MAU to review the proposed travel according to MSU health and safety guidelines. Please complete this application and submit to your Chair for consideration of a waiver to travel domestically on university business at least three weeks prior to your intended travel. If the Chair approves of the travel, he/she should forward the completed form to the NatSci Associate Dean of Research at ErichHegg@msu.edu. Applications may be submitted for single trips or recurring travel (e.g., ongoing research requiring multiple day-trips, teaching appointments outside at MSU-affiliated locations outside of East Lansing).

Name: ___________________________________________ Department: ___________________________

MAU: _______________________________________ Email: ___________________________

Phone: ___________________________ Proposed Travel Dates: ___________________________

Travel Destinations: _______________________________ Single Trip or Recurring Travel? ______________

Anticipated Stop-over Locations and Durations: _________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

If Recurring Travel, describe frequency: ______________________________________________________

Describe purpose of travel and why travel is essential. _________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
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________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

________________________________________________________ _________________________________
Signature of Traveler          Date

REQUIRED APPROVAL

_____________________________________________  __________________________________
Signature & Print Name: Unit Administrator or Delegate   Date

_____________________________________________  __________________________________
Signature & Print Name: MAU Administrator or Delegate   Date