

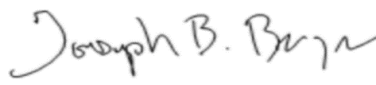


UNIVERSITY OF MASSACHUSETTS BOSTON
PROVOST AND VICE CHANCELLOR FOR ACADEMIC AFFAIRS

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October 20, 2021

MEMORANDUM FOR: Deans, Vice Provosts, Directors, Faculty and Staff

FROM: 
Joseph B. Berger, Provost and Vice Chancellor for Academic Affairs

SUBJECT: Mission-Essential Travel Approval Process (Continued COVID-19 Related Restrictions)

As we continue to work through the evolving COVID-19 pandemic, the university is continuing to limit university travel unless the travel is deemed to be essential. Subsequently, this document provides guidance for the request and approval of -essential travel. Essential travel is defined as travel that is time sensitive and critical to the mission of the department. Specific steps are listed below:

1. A travel pre-approval request form (Attachment 1) for -essential travel must be completed and routed for review and approval by the traveler's department head and Dean's Office (if applicable), and then routed to the Provost's Office for final review and adjudication.
 - a. The travel pre-approval should be routed from the Dean's or Director's Office to Tom Miller, Associate Vice Chancellor for Academic Administration and Finance;
 - b. Once a decision is made, the pre-approval form will be returned to the traveler via the respective Dean's Office or Director noting approval and/or denial. Denials will include specific reasons for not approving a given request; and
 - c. This pre-approval form, with appropriate approvals noted, must be included as an attachment to the traveler's expense report.
2. For all out-of-state, overnight domestic travel and international travel (consistent with pre-COVID 19 travel requirements), travelers need to complete the appropriate Terra-Dotta registration and receive confirmation (registration number) from the travel risk management team. Proof of Terra-Dotta registration must be included as an attachment to the traveler's expense report.

Your attention to these requirements is appreciated and will help assist with managing approval and subsequent travel reimbursements. If you have any questions, please contact Tom Miller at Thomas.miller@umb.edu.

Attachment(s): 1. Modified (CON-03) Pre-Travel Approval Form

CC: Kathleen Kirleis, Vice Chancellor for Administration and Finance
Chris Giuliani, Associate Vice Chancellor for Administration and Finance
Patty Overko, Controller
Justin Comeau, Director of Enterprise Risk and Emergency Management

UMass Boston
Temporary Pre-Authorization Form for Domestic and International Travel
(COVID-19 essential travel request - modified CON-03)

As of October 1, 2021, UMass Boston Travel Policy reads: "Currently, all upcoming university-related international and out-of-state travel is restricted due to COVID-19. We are now allowing proposals for essential travel. Essential travel is defined as "time sensitive and critical to the mission of the department." With this in mind, please answer the below questions:

Why is this travel "time sensitive"; why does it have to happen now?

Why is it "critical" to your research, scholarship, creative activity, or job performance within your department?

Name of person(s) traveling:
Department:

Destination: _____ **Start Date:** _____ **End Date:** _____

Business Purpose, with name of event:

Role/s: Attendee Presenter Discussant/Facilitator Session Chair Other Scholarship Role

Itemized Costs (estimate if necessary):

Airfare - \$ _____

Hotel/Lodging - \$ _____

Registration – Conference/Training - \$ _____

Membership Dues/Fees - \$ _____

Business Meeting - \$ _____

Meals per Diem - \$ _____

Auto Rental - \$ _____

Mileage - \$ _____

Parking/Tolls - \$ _____

Other Job-Related Expenses - \$ _____

TOTAL: \$ _____

Funding Source: FSU RES ENDOWMENT START-UP GRANT PMYR GOF OTHER
(Check Off Box/es)

SpeedType, Fund ID, Program ID, Grant #s:

Traveler Signature: _____ **Date:** _____

Traveler Name (PRINT): _____

Supervisor and/or Department Chair: _____ **PRE-APPROVALS:** **Signature:** _____ **Date:** _____

Account Signatory: _____ **Signature:** _____ **Date:** _____

Dean or AVC : _____ **Signature:** _____ **Date:** _____

ViceChancellor: _____ **Signature:** _____ **Date:** _____