

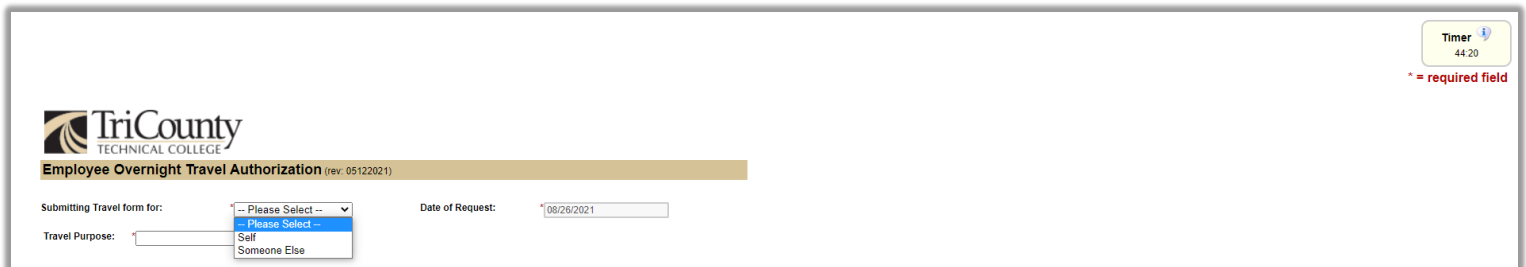
Overnight Travel Authorization

The overnight travel request process requires completing an electronic form, known as a Dynamic Form. The link to complete this form is located under the Employee Resources tile in MyTCTC. Once you click the "Overnight Travel Form" link in MyTCTC, click "Complete This Form." The form will display and is ready to be completed.



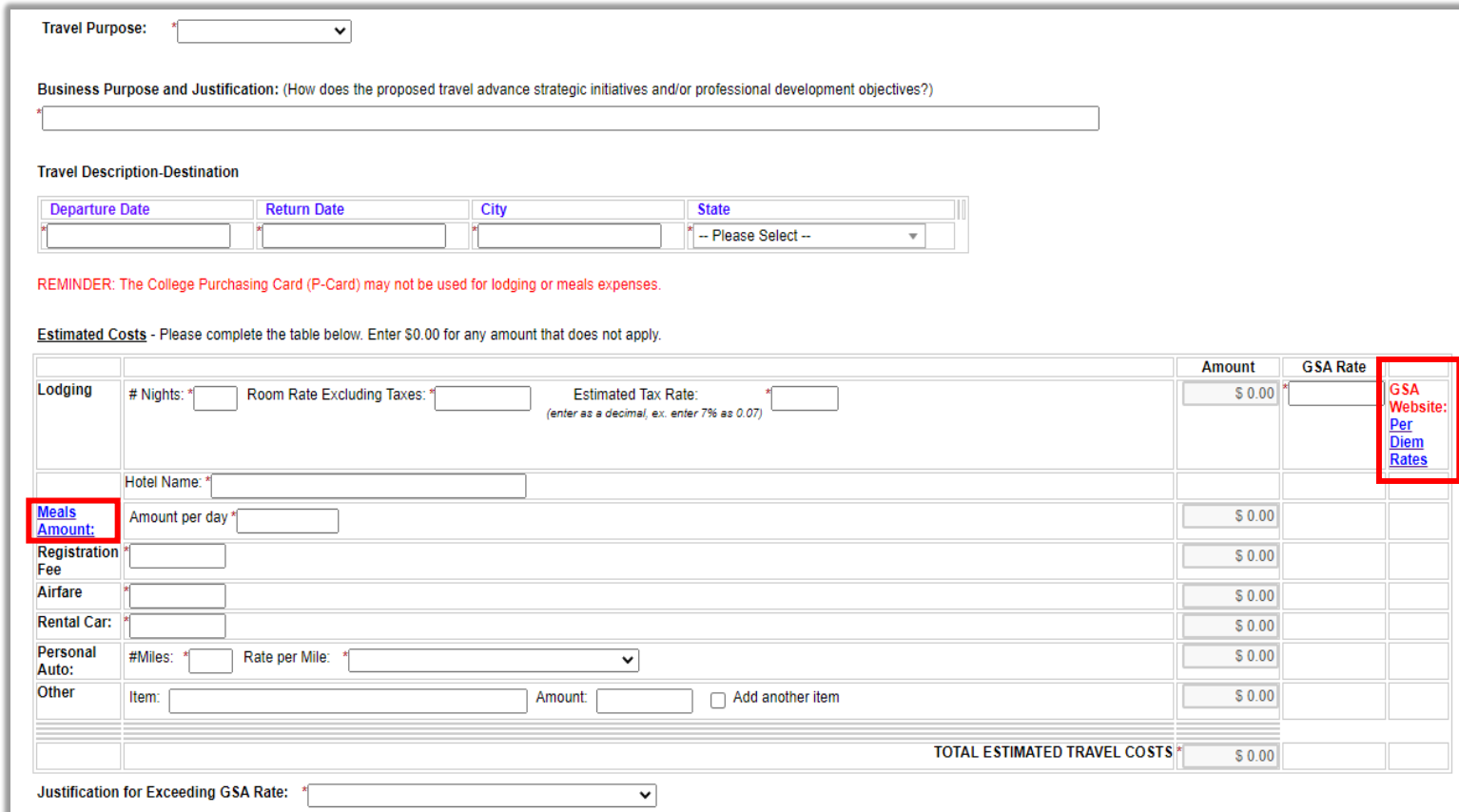
Try It Out

You can submit a form for yourself or on behalf of someone else. Selecting "Self" will auto-populate key fields. When completing on behalf of someone else, type (or copy and paste) their T number or name into the form.



Note: There is a timer that appears in the top right corner. You have 45 minutes to complete the form before the session times out. You are able to save your progress. If you save your progress to complete at a later time, you can return to the form by clicking the Overnight Travel Form link in MyTCTC, then selecting "My Forms" in the right corner.

Next, address each field in the form. A red asterisk indicates a required field. Links to GSA rates and meal amounts are provided in underlined blue text.



		Amount	GSA Rate
Lodging	# Nights: * <input type="text"/> Room Rate Excluding Taxes: * <input type="text"/> Estimated Tax Rate: * <input type="text"/> <small>(enter as a decimal, ex. enter 7% as 0.07)</small>	\$ 0.00	*
	Hotel Name: * <input type="text"/>		
Meals Amount:	Amount per day * <input type="text"/>	\$ 0.00	
Registration Fee	* <input type="text"/>	\$ 0.00	
Airfare	* <input type="text"/>	\$ 0.00	
Rental Car:	* <input type="text"/>	\$ 0.00	
Personal Auto:	#Miles: * <input type="text"/> Rate per Mile: * <input type="text"/>	\$ 0.00	
Other	Item: <input type="text"/> Amount: <input type="text"/> <input type="checkbox"/> Add another item	\$ 0.00	
TOTAL ESTIMATED TRAVEL COSTS		\$ 0.00	

Technology Tip Sheet

After entering the details of your travel plans, be sure to address any billing specifics regarding funds allocation.

Fund (Must be 5 digits)	Org (Must be 5 digits)	Estimated Amount	
*10000	*16501	*\$ 0.00	Estimated Amount can not be less than "0". Please correct your amounts.
10000	16501		Only use this line if allocating other than home org or mini grant - if not enter "0"

Your Supervisor is required to review and add their electronic signature to this document. Please enter their contact information below.

Supervisor First Name: *Luke Supervisor Last Name: *VanWingerden Supervisor Email: *ivanwing@tctc.edu

* (click to sign)

Employee Signature _____ Date _____

Save Progress Next

When you are ready to sign the form, click in the yellow box above Employee Signature. A box will appear in which you will type your name and click Sign Electronically.

Your electronic signature will appear on the Employee Signature line. Click Next to advance to the submission page.

Your Supervisor is required to review and add their electronic signature to this document. Please enter their contact information below.

Supervisor First Name: *Luke Supervisor Last Name: *VanWingerden Supervisor Email: *ivanwing@tctc.edu

* ...3138303731

Kate Baggett 08/26/2021

Employee Signature _____ Date _____

Save Progress Next

Sign electronically [X]

Please read the [Disclosure / Consent](#) before you sign your form electronically.

Typing your name exactly as it appears below signifies you are completing this form using an electronic signature. By signing electronically, you are certifying that you have read and understand the Disclosure/Consent and agree to electronically sign. You also agree to receive required disclosures or other communications related to this transaction electronically.

To continue with the electronic signature process, please enter your name and click the "Sign Electronically" button to save your information and submit your electronic signature.

Kate
Kate
Baggett
Baggett

Sign Electronically

If you would like to opt out of electronic signature, please click the "Opt out and print" link below to save your information and print a local copy for your signature.

[Opt out and print](#)

The list of required approvals will appear. The approval process remains the same: Supervisor, Division Head/VP, then Accounts Payable.


Approvals

Employee, please hit **Submit Form** button to proceed.

The Submit Form button is at the bottom of the approvals page. You also have the option to Save Progress or return to the Previous page to make edits to the form prior to submission.

Previous
Save Progress
Submit Form

After clicking Submit Form, you will receive a confirmation message. Your completed form will be electronically routed to the appropriate approvers.



Thank you for completing the Employee Overnight Travel Authorization (ONTA) form.

[View Form PDF](#)

If you have questions or need assistance completing this form, contact Ruth Masters x1803