

**LOS ANGELES UNIFIED SCHOOL DISTRICT
REQUEST FOR TRAVEL AND ATTENDANCE AT CONFERENCE, CONVENTION OR MEETING**

Name (First) _____ (MI) _____ (Last) _____ District Employee District Parent
 Personnel Number:* _____ Employee Number: _____ Job Class Code: _____ Title: _____ Loc. Dist. Office: _____
 School/Office Name: _____ Cost Center _____ Certificated Classified Semi-Monthly
 Work Telephone No: _____ Fax Telephone No: _____ Email: _____

Point of contact (SAA for Schools/Travel Site Specialist for non-School based Offices): _____
Email: _____ **Telephone:** _____

TRAVEL & CONFERENCE ATTENDANCE INFORMATION

General Trip Data: Will your personal vehicle be used to get to the destination? Yes No
DEPARTURE Is mileage reimbursement being requested? Yes No
 Date: _____ Time _____ AM PM If yes, enter estimated round trip miles _____
RETURN If yes, please attach map showing distance from school/work to event location.
 Date: _____ Time _____ AM PM Start Location: _____ End Location: _____
 Conference Title: _____ **Trip Type:** Please select **TRIP TYPE** from the Drop-Down Menu
 Travel Location: _____ **Trip Activity:** Please select **TRIP ACTIVITY** from the Drop-Down Menu
 Name: _____
 Address: _____
 City: _____ Region/State: _____ Zip: _____

Encumber funds from Expense Budget Line: Funds must be available at the time of entry into SAP.

% Distribution	Cost Center	GL	Order/WBS Element	Fund	Grant	Functional Area
		520002		-		-
		520002		-		-

ESTIMATED EXPENSES:

Airfare: \$ _____ T-Card self-paid Airline: _____
 Baggage: \$ _____ T-Card self-paid
 Conf. Fee: \$ _____ P-Card T-Card self-paid Imprest PO/Shopping Cart
 Per Diem: \$ _____ # of Days _____ # of Full Days _____ # of Half Days _____
 Gasoline: \$ _____ self-paid District Paid **(For Rental Cars ONLY)**
 Hotel: \$ _____ T-Card self-paid # of Days _____ Hotel Name: _____
 Miscellaneous: \$ _____ T-Card self-paid Business Purpose _____
 Parking: \$ _____ self-paid
 Car Rental: \$ _____ T-Card District Paid self-paid # of Days _____ Rental Agency _____
 Substitute: \$ _____ District Paid # of Days _____ Outside Agency *** # of Days _____ Agency Name _____
 Taxi/Shuttles: \$ _____ T-Card self-paid
 Mileage: \$ _____
TOTAL ESTIMATED EXPENSES: \$ _____ **Comments:** _____
 Meals provided at conference? Yes No

*** Substitute - Outside Agency: Please indicate the expense budget line used for the substitute:

% Distribution	Cost Center	Order	WBS Element	Fund	Grant	Functional Area
				-		-

Affidavit: I have read and understand the guidelines of Bulletin 5525.3 and declare under penalty of perjury that the foregoing is true and correct.

Traveler: _____ (Signature) _____ (Date)
Approved by: _____ (Print Name and Title) _____ (Signature) _____ (Date)
Approved: Yes No
Approved by: _____ (Print Name and Title) _____ (Signature) _____ (Date)
 ** (If additional approval required)
Approved by: _____ (Print Name and Title) _____ (Signature) _____ (Date)
 ** (If additional approval required)

Local District Offices Legend:

C - Central E-East NE-Northeast NW-Northwest S-South
 O-Non-School Based Office (i.e. Beaudry) W-West

Trip# _____
 Pers# _____

**LOS ANGELES UNIFIED SCHOOL DISTRICT
 TRAVEL EXPENSE CLAIM**

REIMBURSEMENT FOR INCURRED EXPENSES: To expedite processing of Expense Claims, scan and email the completed Expense Claim Form(s) and supporting documents to **Accounts Payable**. **Faxes will no longer be accepted.** Send legible photocopies of receipts, cancelled checks, page(s) of the conference brochure that show the date, place, conference fees (do not include other pages of the brochure), and other documentation for itemized expenses. Please tape these receipts, stubs, cancelled checks, etc. to an 8-1/2 x 11" paper before photocopying/scanning. The original copies of the supporting documents must be kept at the requester's site and should be made available for future audits. This requirement for legible photocopies of supporting documentation is needed to enable Accounts Payable to process travel expense claim documents through SAP Travel Management Module (TMM).

School-based travelers must submit the approved Form 10.12.1 with the approved Travel Expense Claim Form **by scanning and emailing** to Accounts Payable, Travel Desk, **accounts-payable@lausd.net**. **NO FAXES** and **NO HARD COPIES VIA SCHOOL MAIL**. Email subject heading should be as follows: *Travel, Trip Number (TR), Employee Number (EN)* (Example: Travel, TR0123456789, EN 987654). Accounts Payable will review, approve, and settle the claim to Payroll for reimbursement in the next regular, scheduled payroll run. Reimbursements will be sent to the traveler's address on record via payroll with paycheck or direct deposit.

Central Office travelers must submit Travel Expense Claim Form with the supporting documents to the Site Travel Specialist to be scanned and attached into TMM. Accounts Payable will review, approve, and settle the claim to Payroll for reimbursement in the next regular, scheduled payroll run. Reimbursements will be sent to the traveler's address on record via payroll with paycheck or direct deposit.

Please indicate the Trip# and Pers# above for reference. These numbers can be found on your Approve Travel Request Notification (ATRN). Invalid or blank Trip# or Pers# may delay your reimbursement.

Expenditures paid by the P-Card and Travel Credit Card are not reimbursable. Only District approved self-paid travel expenses are reimbursable. Attach copies of any special approvals (e.g., memos, side letters, etc.) provided for exceptions to travel policies.

EXPENSES:		PREPAID	REIMBURSABLE*
1 Airfare:	<input type="checkbox"/> T-Card <input type="checkbox"/> self-paid Airline: _____	\$ _____	\$ _____
2 Baggage:	<input type="checkbox"/> T-Card <input type="checkbox"/> self-paid	\$ _____	\$ _____
3 Conf. Fee:	<input type="checkbox"/> P-Card <input type="checkbox"/> T-Card <input type="checkbox"/> self-paid <input type="checkbox"/> Imprest <input type="checkbox"/> PO/Shopping Cart	\$ _____	\$ _____
5 Per Diem:	# of Days _____ # of Full Days _____ # of Half Days _____ <small>Per Diem is only allowable if travel is beyond 45 miles from workplace</small>	\$ _____	\$ _____
6 Gasoline:	<input type="checkbox"/> self-paid <input type="checkbox"/> District Paid (for Rental Cars ONLY)	\$ _____	\$ _____
7 Hotel:	<input type="checkbox"/> T-Card <input type="checkbox"/> self-paid # of Days _____ Hotel Name: _____	\$ _____	\$ _____
8 Miscellaneous:	<input type="checkbox"/> T-Card <input type="checkbox"/> self-paid	\$ _____	\$ _____
9 Parking:	<input type="checkbox"/> T-Card <input type="checkbox"/> self-paid	\$ _____	\$ _____
11 Car Rental:	<input type="checkbox"/> T-Card <input type="checkbox"/> self-paid <input type="checkbox"/> District Paid _____ # of Days	\$ _____	\$ _____
12 Substitute:	<input type="checkbox"/> District Paid <input type="checkbox"/> Outside Agency Agency Name _____ # of Days _____	\$ _____	\$ _____
13 Taxi/Shuttles:	<input type="checkbox"/> T-Card <input type="checkbox"/> self-paid	\$ _____	\$ _____
14 Tele/Fax/Internet:	<input type="checkbox"/> T-Card <input type="checkbox"/> self-paid	\$ _____	\$ _____
15 Mileage	# of Miles (Round Trip): _____	\$ _____	\$ _____

TOTAL TRAVEL CLAIM:	TOTAL(S): \$ _____ \$ _____
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Expense Budget Line						
_____ %	_____	_____	_____	_____	_____	_____
% Distribution	Cost Center	Order	WBS Element	Fund	Grant	Functional Area
_____ %	_____	_____	_____	_____	_____	_____
% Distribution	Cost Center	Order	WBS Element	Fund	Grant	Functional Area

AFFIDAVIT

Employee Name _____ Employee Number _____ Job Class Code _____ Title: _____

Loc. Dist. Office _____ School/Office Name _____ Work Phone No: _____ Fax _____

Email: _____ Executed this month of _____ Day of: _____, 20 _____ at: _____

Traveler: _____
 (Name) (Signature) (Date)

Approved by: _____
 (Print Name and Title) (Signature) (Date)

Approved by: _____
 (Print Name and Title) (Signature) (Date)

CANCEL REQUEST: Form Trip Cancelled Event Cancelled Traveler No-Show
 10.12.1 (rev 7/26/18)