

**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:** \_\_\_\_\_ **Direct 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:**  
 Name: \_\_\_\_\_ **Conference will address needs of (select ALL that apply):**  
 Address: \_\_\_\_\_ EL(English Learner) Foster Youth Homeless GATE  
 City: \_\_\_\_\_ Region/State: \_\_\_\_\_ Zip: \_\_\_\_\_ SEL(Std.Eng.Learner) Low Income RFEPs  
 Other: \_\_\_\_\_

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

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

**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