

# INSTRUCTIONS FOR COMPLETING THE ONLINE FORM 10.12.1 & TRAVEL EXPENSE CLAIM FORM

**IMPORTANT:** In order for Form 10.12.1 to function properly you must download and save the form to your computer with a new name before completing the form.

To assist you with completing the travel packet, please use the *Travel Request Checklist*.

All fields with red outline are **REQUIRED** fields and must be completed. Although other fields are not red, information should still be provided, if applicable.

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

Name (First) <input style="border: 1px solid red;" type="text"/> (MI) <input type="text"/> (Last) <input style="border: 1px solid red;" type="text"/>		<input type="checkbox"/> District Employee	<input type="checkbox"/> District Parent	
Personnel Number: <input style="border: 1px solid red;" type="text"/>	Employee Number: <input style="border: 1px solid red;" type="text"/>	Job Class Code: <input style="border: 1px solid red;" type="text"/>	Title: <input style="border: 1px solid red;" type="text"/> Loc. Dist. Office: <b>NW</b>	
School/Office Name: <input style="border: 1px solid red;" type="text"/>	Cost Center: <input style="border: 1px solid red;" type="text"/>	<input type="checkbox"/> Certificated	<input type="checkbox"/> Classified	<input type="checkbox"/> Semi-Monthly
Work Telephone No: <input style="border: 1px solid red;" type="text"/>	Fax Telephone No: <input style="border: 1px solid red;" type="text"/>	Email: <input style="border: 1px solid red;" type="text"/>		
Point of contact (SAA for Schools/Travel Site Specialist for non-School based Offices): <input style="border: 1px solid red;" type="text"/>				
Email: <input style="border: 1px solid red;" type="text"/>		Telephone: <input style="border: 1px solid red;" type="text"/>		

**TRAVEL & CONFERENCE ATTENDANCE INFORMATION**

General Trip Data:		Will your personal vehicle be used to get to the destination?	
Departure	Date: <input style="border: 1px solid red;" type="text"/> Time: <input style="border: 1px solid red;" type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Yes Estimated Round Trip Miles <input type="text"/>	<input type="checkbox"/> No
Return	Date: <input style="border: 1px solid red;" type="text"/> Time: <input style="border: 1px solid red;" type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	Is mileage reimbursement being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Conference Title: <input style="border: 1px solid red;" type="text"/>	Start Location: <input style="border: 1px solid red;" type="text"/>	If yes, please attach map showing distance from school/work to event location.	
Travel Location:	End Location: <input style="border: 1px solid red;" type="text"/>	Trip Type: Please select TRIP TYPE from the Drop-Down Menu	
Name: <input style="border: 1px solid red;" type="text"/>	City: <input style="border: 1px solid red;" type="text"/> Region/State: <input style="border: 1px solid red;" type="text"/> Zip: <input style="border: 1px solid red;" type="text"/>	<input type="checkbox"/> Local (within 45 miles of work)	
Address: <input style="border: 1px solid red;" type="text"/>		Trip Activity: Please select TRIP ACTIVITY from the Drop-Down Menu	
		<input type="checkbox"/> Conference - Classified	

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
<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>	520002	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>

To populate the **LOCAL DISTRICT OFFICE** field, click in field to display scroll bar, then select the corresponding letter, i.e. NW for LD Northwest



Enter **DATE** and **TIME** as follow:

1/01/15      8:00

Use the same procedure as LD Office field to select **TRIP TYPE** and **TRIP ACTIVITY**

Trip Type: Please select TRIP TYPE from the Drop-Down Menu

Local (within 45 miles of work)

Trip Activity: Please select TRIP ACTIVITY from the Drop-Down Menu

Conference - Classified

Entries FOR PER DIEM, SUBSTITUTE AND MILEAGE will automatically populate the ESTIMATED EXPENSES column based on current rates (i.e. Full Day Per Diem \$49.00 per day; Half Day Per Diem \$24.50 per day; Substitute Rate \$333.87 per day and Mileage \$0.54 (54¢ per mile, based on IRS Guidelines as of 01/01/2016):

Will your personal vehicle be used to get to the destination?  Yes  No

Is mileage reimbursement being requested?  Yes  No

If Yes, enter estimated miles round trip  Enter here

If yes, please attach map showing distance from school/work to event location.

Start Location: \_\_\_\_\_ End Location: \_\_\_\_\_

**ESTIMATED EXPENSES:**

Airfare:	\$ 500.00	<input checked="" type="checkbox"/> T-Card	<input type="checkbox"/> self-paid	Airline:	_____
Baggage:	\$ 50.00	<input type="checkbox"/> T-Card	<input checked="" type="checkbox"/> self-paid		
Conf. Fee:	\$ 750.00	<input type="checkbox"/> P-Card	<input type="checkbox"/> T-Card	<input type="checkbox"/> self-paid	<input type="checkbox"/> Imprest
Conf. Rm:	\$ _____	<input type="checkbox"/> self-paid	# of Rooms/Booths	_____	<input checked="" type="checkbox"/> PO/Shopping Cart
Per Diem:	\$ 98.00		# of Full Days	1	# of Half Days
Gasoline:	\$ _____	<input type="checkbox"/> self-paid	<input type="checkbox"/> District Paid	(For Rental Cars ONLY)	
Hotel:	\$ 450.00	<input checked="" type="checkbox"/> T-Card	<input type="checkbox"/> self-paid	# of Days	3
Miscellaneous:	\$ _____	<input type="checkbox"/> T-Card	<input type="checkbox"/> self-paid	Business Purpose	Academic Decathlon
Parking:	\$ 50.00	<input checked="" type="checkbox"/> self-paid		Business Purpose	_____
Postage/Shipping:	\$ _____	<input type="checkbox"/> self-paid		<input type="checkbox"/> District Paid	<input type="checkbox"/> self-paid
Car Rental:	\$ _____	<input type="checkbox"/> T-Card	<input type="checkbox"/> District Paid	# of Days	2
Substitute:	\$ 667.74	<input checked="" type="checkbox"/> District Paid	<input type="checkbox"/> self-paid	<input type="checkbox"/> Outside Agency ***	# of Days _____
Taxi/Shuttles:	\$ _____	<input type="checkbox"/> T-Card	<input type="checkbox"/> self-paid	Rental Agency	_____
Mileage:	\$ 10.80			Agency Name	_____
<b>TOTAL ESTIMATED EXPENSES:</b>	<b>\$ 2,576.54</b>			Comments:	_____

If the Total Estimated Expenses is not correct, delete the amount shown and hit enter to re-populate the field.

Once completed, the Travel/Conference Attendance form can be saved. Form will still need to be printed and approved prior to submitting to the Travel Desk.

# TRAVEL EXPENSE CLAIM FORM

The steps for complete the Travel Expense Claim Form are the same as the Travel Form.

The **Trip Number** will be on the Approved Travel Request Notification (ATRN) which will be emailed to the traveler once the trip is entered into SAP.

Trip #   
 Pers#

↑

Enter Employee  
Number here

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

Enter Pre-paid and Reimbursable expenses listed on the 10.12.2 Form.

EXPENSES:		*Receipts required. Complete the applicable reimbursable amounts below; all expenses related to this travel must be entered.				PREPAID	REIMBURSABLE
1. Airfare:	<input checked="" type="checkbox"/> T-Card <input type="checkbox"/> self-paid	Airline <u>JetBlue</u>			\$ 500.00	\$	
2. Baggage:	<input type="checkbox"/> T-Card <input checked="" type="checkbox"/> self-paid				\$	\$ 50.00	
3. Conf. Fee:	<input type="checkbox"/> P-Card <input type="checkbox"/> self-paid <input type="checkbox"/> Imprest <input checked="" type="checkbox"/> PO/Shopping Cart				\$ 750.00	\$	
4. Conf. Room:	<input type="checkbox"/> self-paid				\$	\$	
5. Per Diem:	# of Full Days <u>1</u> # of Half Days <u>2</u> <small>Per Diem is only allowable if travel is beyond 45 miles from workplace</small>				\$	\$ 98.00	
6. Gas:	<input type="checkbox"/> self-paid (For Rental Cars ONLY)				\$	\$	
7. Hotel:	<input checked="" type="checkbox"/> T-Card <input type="checkbox"/> self-paid    # of Days <u>3</u> Hotel Name: <u>Hyatt Regency</u>				\$ 450.00	\$	
8. Miscellaneous:	<input type="checkbox"/> T-Card <input type="checkbox"/> self-paid				\$	\$	
9. Parking:	<input type="checkbox"/> T-Card <input checked="" type="checkbox"/> self-paid				\$	\$ 50.00	
10. Postage/Shipping	<input type="checkbox"/> T-Card <input type="checkbox"/> self-paid				\$	\$	
11. Car Rental:	<input checked="" type="checkbox"/> T-Card <input type="checkbox"/> self-paid    # of Days <u>   </u> <input type="checkbox"/> District Paid <u>   </u>				\$	\$	
12. Substitute:	<input checked="" type="checkbox"/> District Paid <input type="checkbox"/> Outside Agency    Agency Name <u>   </u> # of Days <u>2</u>				\$ 667.74	\$	
13. Taxi/Shuttle:	<input type="checkbox"/> T-Card <input type="checkbox"/> self-paid				\$	\$	
15. Mileage	# of Miles (Round Trip): <u>20</u>				\$	\$ 10.80	
<b>TOTAL TRAVEL CLAIM:</b>					<b>TOTAL(S):</b>		
					\$ 2,367.74	\$ 208.80	
<b>Expense Budget Line:</b>							
100	1050901			010-000		1110-1000-7D312	
%Distribution	Cost Center	Order	WBS Elem	Fund	Grant	Functional Area	
%Distribution	Cost Center	Order	WBS Elem	Fund	Grant	Functional Area	

If the funding is split, please include percentage to be charged to each funding line, i.e. 50%.

Complete the Affidavit, print, sign, and give to principal/administrator for approval; then submit to Accounts Payable for processing. Even if there are no reimbursable expenses, the Travel Expense Claim Form needs to be completed and submitted to Accounts Payable in order to close the trip in SAP. An automatic email will be sent to the traveler if the trip is not closed within 45 days of the event date.

**AFFIDAVIT:**

Employee Name: **Dretha Washington** Employee Number: **782847** Job Class Code: **2531** Title: **Contract Assistant**

LD Office: **O** School/Office Name: **Procurement Services Division** Work Telephone No: **562.654.9435** Fax **562.654.9048**

Email **dretha.washington@lausd.net** Executed this month of: **February** Day of: **17**, 20**16** at: **Los Angeles, CA**

I declare under penalty of perjury that the foregoing is true and correct.

Traveler: **Dretha Washington** \_\_\_\_\_ **02/17/16**  
(Name) (Signature) (Date)

Approved by: **Tiffanie Ledford-Yang/Manager** \_\_\_\_\_ **02/17/16**  
(Print Name/Title) (Signature) (Date)

Approved by: \_\_\_\_\_ \_\_\_\_\_  
(Print Name/Title) (Signature) (Date)

**CANCEL REQUEST:** Trip Cancelled  Event Cancelled  Traveler No-Show

Form 10.12.2 (REV) 01/16)

When printing the Conference Attendance and Travel Expense Claim Forms, change the paper size from Letter to Legal.

