

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 _____	Per Diem is only allowable if travel is beyond 45 miles from workplace		\$ _____	\$ _____
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):
	\$ _____ \$ _____

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: Trip Cancelled Event Cancelled Traveler No-Show