

**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
		<b>520002</b>		-		-
		<b>520002</b>		-		-

**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 <b>(for Rental Cars ONLY)</b>	\$ _____	\$ _____
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): _____	\$ _____	\$ _____

<b>TOTAL TRAVEL CLAIM:</b>	<b>TOTAL(S):</b> \$ _____ \$ _____
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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:** Trip Cancelled  Event Cancelled  Traveler No-Show   
 Form 10.12.1 (rev 02/17)