

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

Name (First) _____ (MI) _____ (Last) _____		<input type="checkbox"/> District Employee	<input type="checkbox"/> District Parent
Personnel Number:* _____	Employee Number: _____	Job Class Code: _____	Title: _____ Loc. Dist. Office: _____
School/Office Name: _____	Cost Center _____	<input type="checkbox"/> Certificated	<input type="checkbox"/> Classified <input type="checkbox"/> 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: DEPARTURE Date: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM RETURN Date: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Conference Title: _____ Travel Location: Name: _____ Address: _____ City: _____ Region/State: _____ Zip: _____	Will your personal vehicle be used to get to the destination? <input type="checkbox"/> Yes <input type="checkbox"/> No Is mileage reimbursement being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter estimated round trip miles _____ If yes, please attach map showing distance from school/work to event location. Start Location: _____ End Location: _____ <input type="checkbox"/> Trip Type: Please select TRIP TYPE from the Drop-Down Menu <input type="checkbox"/> Trip Activity: Conference will address needs of (select ALL that apply): EL(English Learner) Foster Youth Homeless GATE SEL(Std.Eng.Learner) Low Income RFEPs Other: _____
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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: \$ _____	<input type="checkbox"/> T-Card	<input type="checkbox"/> self-paid	Airline: _____
Baggage: \$ _____	<input type="checkbox"/> T-Card	<input type="checkbox"/> self-paid	
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
Per Diem: \$ _____	# of Days _____	# of Full Days _____ # of Half Days _____	
Gasoline: \$ _____	<input type="checkbox"/> self-paid	<input type="checkbox"/> District Paid	(For Rental Cars ONLY)
Hotel: \$ _____	<input type="checkbox"/> T-Card	<input type="checkbox"/> self-paid	# of Days _____ Hotel Name: _____
Miscellaneous: \$ _____	<input type="checkbox"/> T-Card	<input type="checkbox"/> self-paid	Business Purpose _____
Parking: \$ _____	<input type="checkbox"/> self-paid		
Car Rental: \$ _____	<input type="checkbox"/> T-Card	<input type="checkbox"/> District Paid <input type="checkbox"/> self-paid	# of Days _____ Rental Agency _____
Substitute: \$ _____	<input type="checkbox"/> District Paid	# of Days _____ <input type="checkbox"/> Outside Agency ***	# of Days _____ Agency Name _____
Taxi/Shuttles: \$ _____	<input type="checkbox"/> T-Card	<input type="checkbox"/> 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: _____
 ** (If additional approval required) (Print Name and Title)

(Signature)

(Date)

Approved by: _____
 ** (If additional approval required) (Print Name and Title)

(Signature)

(Date)

Local District Offices Legend:

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