

Concur Expense Report Checklist

Los Angeles Unified School District

This form will be helpful to provide actual expenses to the STS to submit the required expense report after conference attendance/travel had been attended.

Receipt/Invoice must be attached to each expense type

Traveler Information

Date:

First Name:

MI:

Last Name:

Request Name (Name of event):

Travel Start Date:

Travel End Date:

Employee ID #:

Cost Center:

Actual Expense Information

Conference Fee or Seminar/Course Fee: \$

Self-Paid District Prepaid

Vendor Name/Name of Conference:

Air Ticket: \$

Self-Paid District Prepaid

Vendor Name (Airline):

Baggage Fees: \$

Self-Paid District Prepaid

Vendor Name (Airline):

Hotel: \$

Self-Paid District Prepaid

Location of the Hotel (City/State):

Vendor Name (Hotel Name):

Hotel Business Purpose:

Is the hotel expense less than \$300? Yes No

If NO, select why: 2 more employees in 1 room Event located on hotel site

Health/Safety concerns

Hotel rate is higher for area

Limited Hotel Inventory

Other (State your reason):

Parking: \$ Self-Paid District Prepaid

Vendor Name: Location (City/State):

Taxi: \$ Self-Paid District Prepaid

Vendor Name (Uber, Lyft, etc):

Train: \$ Self-Paid District Prepaid

Vendor Name:

Car Rental: \$ Self-Paid District Prepaid

Vendor Name:

Fuel expense for the Car Rental? \$ Self-Paid

Personal Car Mileage (Travel Mileage) Self Paid

Start Address:

End Address:

How many days?:

Do you need round trip mileage reimbursement?

Business Purpose:

Per Diem Self-Paid **Half-day: departing after noon, returning before noon**

Full-day: departing before noon, returning after noon

Total # day of trip: Total # of full days: Total # of half days:

Total # of meals provided (lunch, dinner):

Sub Teacher Costs: District Prepaid

Total # of days: Dates: to

Miscellaneous: \$ Specify/Explain:

If you know the expense budget line, please provide it here:

Cost Center: Fund: Functional Area: