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

Is mileage reimbursement being requested? Yes No

If Yes, enter estimated miles round trip

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

Date: _____ Time _____ ☐ AM ☐ PM Start Location: _____ End Location: _____

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

Date: _____ Time _____ ☐ AM ☐ PM ☐

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

Conference Title: _____ ☐

Travel Location:

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 520002	Order/WBS Element	Fund	Grant	Functional Area
_____	_____	**520002**	_____	- _____	_____	- _____ - _____
_____	_____	**520002**	_____	- _____	_____	- _____ - _____

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

Conf. Rm.: $ _____ ☐ self-paid # of Rooms/Booths _____ Business Purpose _____

Per Diem: $ _____ # 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

Postage/Shipping: $ _____ ☐ self-paid Business Purpose _____

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: _____ _____ _____
** (If additional approval required) (Print Name and Title) (Signature) (Date)

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

Form 10.12.2 (rev 01/16) **Local District Offices Legend:** C - Central E-East NE-Northeast NW-Northwest S-South
O-Non-School Based Office (i.e. Beaudry)