## **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* If there is no expense, attach the conference flyer/brochure

Traveler Information					
Date:					
First Name:	MI:	Last Na	ame:		
Request Name (Name of event):					
Travel Start Date:	Travel End Date:				
Employee ID #:	Cost Center:				
Actual Expanse Information					
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: \$	e Fees: \$ □ Self-Paid □ District Prepaid				
Vendor Name (Airline):					
□ Hotel: \$	□Self-Paid □Distric	t Prepaid			
Location of the Hotel (City/State):					
Vendor Name (Hotel Name):					
Hotel Business Purpose:					
Is the hotel expense less than \$300? $\Box$ Yes $\Box$ No					
If NO, select why: $\Box$ 2 more employees in 1 room $\Box$ Event located on hotel site					
□ Health/Safety concerns	$\Box$ Hotel rate is higher f	for area 🛛 🗌	Limited Hotel Inventory		
$\Box$ Other (State your reason):					

□ Parking: \$	□Self-Paid □	District Prepaid			
Vendor Name:	I	_ocation (City/State):			
□ Taxi: \$	□Self-Paid □	District Prepaid			
Vendor Name (Uber, L	yft, etc):				
□ Train: \$	□Self-Paid □	District Prepaid			
Vendor Name:					
□ Car Rental: \$	□Self-Paid □	District Prepaid			
Vendor Name:					
$\Box$ Fuel expense for the Car Rental? \$ $\Box$ Self-Paid					
□ Personal Car Mileage (Travel Mileage) □Self Paid					
Start Address:					
End Address:					
How many days?:	How many days?:				
Do you need round trip mileage reimbursement?					
Business Purpose:	Business Purpose:				
Per Diem	□Self-Paid <mark>Half-da</mark>	y: departing after noon, returning before noon			
	Full-da	y: 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:					
$\Box$ If you know the expense budget line, please provide it here:					
Cost Center:	Fund:	Functional Area:			