



LOS ANGELES UNIFIED SCHOOL DISTRICT
ACCOUNTING AND REIMBURSEMENTS DIVISION

BUSINESS EXPENSE REIMBURSEMENT FORM

TO BE COMPLETED BY EMPLOYEE

DATE: _____

EMPLOYEE NAME: _____ EMPLOYEE NO.: _____

SCHOOL/OFFICE: _____

PHONE: _____ EXTENSION: _____ EMAIL: _____

BUSINESS EXPENSES:

Note: It is required to attach supporting documents (i.e. receipts, bills, etc.) for each expense item listed below.

Expense Item Description	Amount
Total _____	

I, the undersigned, do hereby certify under penalty of perjury, that the expense reimbursement claims described above are just, due, and unpaid to me by LAUSD. I agree and authorize that any over-payments or ineligible reimbursement paid will be collected from my next paycheck to the extent allowed by law.

Employee Signature

Date

TO BE COMPLETED BY SITE ADMINISTRATOR

I authorize to have the total reimbursement expense amount above charged to the following account assignment:

G/L Account	Fund	Functional Area	Cost Center/WBS/Order

Administrator Signature

Date

Print Name

Title

OFFICE USE ONLY (DO NOT COMPLETE)

ACCOUNTS PAYABLE (PA30: Infotype='15'; Wage Type= '0113')

Approved by: _____ Date: _____ Processed by: _____ Date: _____

GENERAL ACCOUNTING (JV entry: CR 950078 (AP-Business Reimbursement/DR Expense))

Approved by: _____ Date: _____ Processed by: _____ Date: _____