

**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: _____ Region 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: _____ **Direct Telephone:** _____

TRAVEL & CONFERENCE ATTENDANCE INFORMATION

General Trip Data: Will your personal vehicle be used to get to the destination? Yes No
DEPARTURE Is mileage reimbursement being requested? Yes No
 Date: _____ Time _____ AM PM If yes, enter estimated round trip miles _____
RETURN If yes, please attach map showing distance from school/work to event location.
 Date: _____ Time _____ AM PM Start Location: _____ End Location: _____
 Conference Title: _____ **Trip Type:** Please select **TRIP TYPE** from the Drop-Down Menu
 Travel Location: _____ **Trip Activity:**
 Name: _____ **Conference will address needs of (select ALL that apply):**
 Address: _____ EL(English Learner) Foster Youth Homeless GATE
 City: _____ Region/State: _____ Zip: _____ SEL(Std.Eng.Learner) Low Income RFEPs
 Other: _____

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: \$ _____ T-Card self-paid Airline: _____
 Baggage: \$ _____ T-Card self-paid
 Conf. Fee: \$ _____ P-Card T-Card self-paid Imprest PO/Shopping Cart
 Per Diem: \$ _____ # of Days _____ # 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
 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: _____ (Print Name and Title) _____ (Signature) _____ (Date)
 ** (If additional approval required)
Approved by: _____ (Print Name and Title) _____ (Signature) _____ (Date)
 ** (If additional approval required)