

Concur Travel Checklist

Los Angeles Unified School District

Provide this information to your Site Travel Specialist

Attach/provide your STS with the following information:

- Freeze Form (**signed** by Site Administrator and Division Head)
- Transmittal Form for out-of-state travel (**signed** by Division Head)
- Conference flyer stating the date, location & conference fee
- 3 estimates for airfare, hotel and car rental (if the expenses are covered by District) - *Screenshot or printout of the estimates are acceptable*

Traveler Information

Today's Date:

First Name:

MI:

Last Name:

Request Name (Name of event):

Trip Activity Type:

☐ Conference – CLASSIFIED

☐ Conference – CERTIFICATED

☐ Contractor Audits

☐ Field Trip – Chaperones

☐ Legislative

☐ Peer Review

☐ Plant Inspection

☐ Recruitment

☐ Other Travel

☐ Training/Prof Dev – CLASSIFIED

☐ Training/Prof Dev – CERTIFICATED

Travel Start Date:

Travel End Date:

Travel Destination: ☐ Local (within 45 miles)

☐ In State

☐ International

☐ Out of State

Purpose (Reason for your attendance):

48 characters limit

Additional Comments:

Employee ID #:

Cost Center:

Travel Expense Information

☐ Conference Fee or ☐ Seminar/Course Fee \$

Vendor Name/Name of Conference:

Payment Method:

Self Paid or District Pre-Paid

☐ Air Ticket: \$

Payment Method:

Departure Location:

Return Location:

Airline:

Departure Time:

Return Time:

Airline:

☐ Baggage Fees: \$

Payment Method:

☐ Hotel: \$

Payment Method:

Check-In Date:

Check-Out Date:

Location of the Hotel (City/State):

Is the hotel expense less than \$300? ☐ Yes ☐ No **District has a limit of \$300/night policy including taxes & fees*

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: \$ Location (City/State): Vendor Name:
- ☐ Taxi: \$ Vendor Name:
Including Lyft and Uber
- ☐ Train: \$ Vendor Name Payment Method:

- ☐ Car Rental: \$ Payment Method: ** In most cases, the Car Rental company will require your ID to match the credit card on file.*

Vendor Name:

Pick-up City: Drop-off City:

Pick-Up Date: Drop-off Date:

Pick-Up Time: Drop-off Time:

- ☐ Gasoline expense for the Car Rental? ☐ No ☐ Yes: \$

- ☐ Personal Car Mileage (Travel Mileage): miles **Attach a map showing the mileage*

- ☐ Per Diem *Half-day: departing to trip after noon /returning from trip before noon*

Full-day: departing to trip before noon / returning from trip after noon

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

Total # of meals provided (lunch, dinner):

- ☐ Substitute: # of days: Dates: to

- ☐ Miscellaneous: \$ Specify/Explain:

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

Cost Center: Fund: Functional Area: Expense Total:

****Site Travel Specialists please make sure all forms are uploaded to Concur when submitting the travel requests***