

# Travel Expense Claim

The Travel Expense Claim form and documentation must be submitted to NCLB Private Schools Support **no later than 30 days after the completion of the conference.**

LOS ANGELES UNIFIED SCHOOL DISTRICT  
TRAVEL EXPENSE CLAIM  
Title II, Part A, NCLB Private Schools Support

<b>REIMBURSEMENT FOR INCURRED EXPENSES</b> <small>The Travel Expense Claim form must be submitted accompanied by receipts, cancelled checks, copy of credit card statement or other documentation in support of expenditure claims.</small>											
<b>PER DIEM - Receipts Required:</b> <small>The Per Diem amount includes meals up to \$100 per day maximum limit. Number of full days _____ \$100 off day maximum limit. Number of half days _____ \$50 off day maximum limit. Dates: _____</small>	<b>TOTALS</b> \$ _____										
<b>LODGING:</b> <small>Hotel / Motel / Parking \$ _____ (Which Documentation) _____</small>	\$ _____										
<b>CONFERENCE / REGISTRATION:</b> <small>Conference / Registration Fees paid by Traveler (Which Documentation) _____</small>	\$ _____										
<b>TRANSPORTATION:</b> <small>RECEIPTS SUPPORTING TRANSPORTATION PURCHASES MADE BY TRAVELER WILL FACILITATE PAYMENT OF THIS CLAIM. (Which Documentation) _____</small>	\$ _____										
<ul style="list-style-type: none"> <li>• AIR MILEAGE (at Coach rates) - Paid by Traveler</li> <li>• MILEAGE (Only if authorized)</li> <li>• AIRPORT TRANSIT (at _____, Federally approved rate of bargaining unit determined rate)</li> <li>• CONFERENCE PARKING _____ (Which Documentation) _____</li> <li>• TRAIN _____</li> <li>• BUS _____</li> <li>• SHUTTLE / TAXI (Receipt to hotel/airport to conference and/or back)</li> <li>• AIRPORT TRAIN STATION PARKING _____</li> <li>• CAR RENTAL (Must be pre-approved by NCLB Private Schools Support, See Appendix B for details)</li> </ul>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____										
<b>TOTAL TRAVEL CLAIM (If or LAUSD Official Use Only)</b> <small>Charge Expenditures to Expense Budget Line:</small>	\$ _____										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Fund</th> <th>Acct</th> <th>Organization</th> <th>Program</th> <th>Object</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Fund	Acct	Organization	Program	Object					
Fund	Acct	Organization	Program	Object							
<b>AFFIDAVIT (REQUIRED BY STATE RULE) Please Print:</b>											
Name: _____ Address: _____											
Home Telephone: _____ School/Office Name: _____ Work Telephone: _____ Fax: _____											
Enclosed this month of _____ 20____ of _____ 20____											
I declare under penalty of perjury that the foregoing is true and correct.											
Print Name: _____ Signature: _____											
<b>APPROVED FOR PAYMENT:</b> (If or LAUSD Official Use Only) Date: _____											
LAUSD RULE Please provide Support: _____ Signature: _____											

### PER DIEM & LODGING:

- Receipts required
- Must be pre-approved
- professional development for 2 consecutive days or longer
- Receipts required
- Clear documentation must indicate whether the conference provided meals or not. Typically this information is included on the daily conference agenda.

Not available for

- one day professional development
- conferences less than 45 miles from downtown LA

### Mileage

A copy of Mapquest, Google Maps, or similar must be provided

- Starting location (your school site)
- Ending location (conference location)

Parking for the conference only. Receipts required.

Home address (not school address)

Print name and sign (signature required)