



Los Angeles Unified School District
Accounting and Disbursements Division

BUSINESS EXPENSE REIMBURSEMENT FORM

Submit completed form to BusinessExpense@lausd.net

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.

Table with 2 columns: Expense Item Description, Amount. Includes a Total row at the bottom right.

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:

Table with 4 columns: 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)