



**LOS ANGELES UNIFIED SCHOOL DISTRICT
ACCOUNTING & DISBURSEMENT DIVISION
ACCOUNTS PAYABLE BRANCH**

333 SOUTH BEAUDRY AVENUE, 27TH FLOOR
LOS ANGELES, CA 90017
TEL # (213) 241-4800 / FAX # (213) 241-8913

(For Job Cost Only)

Date & Time of call: _____

Date & Time of pick-up: _____

ENCLOSURE PICK-UP

☐ FED-EX

☐ UPS

Acct. #: _____

Shipping Information:

FROM: _____

Requestor's Signature

Requestor's Name, Title & Company

Requestor's Phone Number

TO: **LAUSD Job Cost Accounting - Warrant Unit**

WARRANT #: _____

(For Job Cost Only)

DELIVER WARRANT PAYABLE TO:

VENDOR / BUSINESS NAME (PAYEE)

*Authorized person(s) to pick-up warrant

Authorized person's contact phone number

AMOUNT: _____

VENDOR# _____

INVOICE# _____

SAP DOC# _____

PAYMENT DUE DATE _____

(For Accounts Payable Only)

**A valid California's identification is required at the time of pick-up.*

Please note: Do not call Job Cost Accounting Section.

You will be contacted when the warrant is ready for pick-up.

Please attach this form with each invoice/payment application for each warrant requested for pick-up.