|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LOS ANGELES UNIFIED SCHOOL DISTRICTTransportation Services DivisionAUTHORIZATION FOR PAYMENT OF STUDENT BODY AND/OR REIMBURSABLE TRIPS | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| School/Office | |  | | | | | | | | | | | | | | | Cost Center (7 digits) | | | | | |  | |
| Responsible Administrator | |  | | | | | | | | | | E-Mail Address | | | |  | | | | | | | | |
| Phone No. | |  | | | | | | | | | |  | | | | | | | | | | | | |
| TRIP DETAILS: | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Buses | | |  | | | | | | | | Date of Trip | |  | | | | |  |  | | | | | |
|  | | | | | | | | | | | | | (mm/dd/yy) | | | | |  | Day of Week | | | | | |
| Destination | | |  | | | | | | | | | | | | | | | | | | | | | |
| Please **CHECK ONE** for the appropriate funding: | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | This trip is to be **CHARGED** to **STUDENT BODY FUNDS**. Please send the bill to my attention. I have supplied the School Financial Manager with a copy of this form. I understand that the bill is payable upon receipt. | | | | | | | | | | | | | | | | | | | | | | | |
|  | Authorized By | | | | | | |  | | | | | | | E-Mail Address | | | | | |  | | | |
|  |  | | | | | | | Principal/Administrator Signature | | | | | | |  | | | | | | | | | |
|  | This trip is to be **PAID FOR BY** the following **INDIVIDUAL(S)** OR **NON-DISTRICT ORGANIZATION**: | | | | | | | | | | | | | | | | | | | | | | | |
|  | **PLEASE PRINT**  NAME (Individual or Organization) | | | | | | | | |  | | | | | | | | | | | | | | |
|  | Address | | | |  | | | | | | | | | | | | | | | | | | | |
| City | | | | |  | | | | | | | | | | | State | | |  | | Zip Code | |  |
|  | Bill To (Sponsor’s Name) | | | | | | | |  | | | | | | | | | | | | | | | |
|  | Telephone No. (with area code) | | | | | | | |  | | | | | | | | | | |  | | | | |
|  | **I/We are assuming responsibility for payment of charges for school bus transportation as stated above. I/We understand payment is to be made immediately upon receipt of the invoice from the Los Angeles Unified School District, Transportation Services Division.** | | | | | | | | | | | | | | | | | | | | | | | |
|  | Approved by: | | |  | | |  | | | | | | | E-Mail Address | | | | | |  | | | | |
|  |  | | |  | | | (Signature of Sponsor) | | | | | | |  | | | | | |  | | | | |
|  | Submit Signed Original to Transportation Services Division. Retain a Signed Copy at School.  **Trip requests will not be processed if the school or customer assuming responsibility for payment of bus costs has outstanding invoices.** | | | | | | | | | | | | | | | | | | | | | | | |