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| 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.** |