

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Accounting and Disbursements Division

REGION ADMINISTRATOR OF OPERATIONS /  
DIVISION ADMINISTRATOR ASSURANCES

I hereby certify that:

I have received the Administrator Assurances form from each school within my Region or each office under my responsibility and that the appropriate supporting documentation as outlined in this bulletin has been obtained.

\_\_\_\_\_  
Region or Division Name

\_\_\_\_\_  
Region Administrator of Operations /  
Division Administrator Name

\_\_\_\_\_  
Region Administrator or Operations /  
Division Administrator Signature

\_\_\_\_\_  
Date

Please email a copy to [Acctg-Controls@lausd.net](mailto:Acctg-Controls@lausd.net) or you may fax a copy of this signed assurance to the Accounting Controls and Oversight Branch at (213) 241-6829 and/or (213) 241-4810 by February 15th and August 15th of each fiscal year.