

**LOS ANGELES UNIFIED SCHOOL DISTRICT
BUSINESS SERVICES DIVISION – TRANSPORTATION BRANCH**

AUTHORIZATION FOR PAYMENT OF STUDENT BODY AND/OR REIMBURSABLE TRIPS

School _____ Location Code _____

Principal _____ 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.

Signature _____ E-Mail Address _____
Principal/Administrator

- * This trip is to be **PAID FOR BY** the following **INDIVIDUAL(S)** OR **NON-DISTRICT ORGANIZATION:**


NAME (Individual or Organization) _____

Address _____

Contact Person _____ E-Mail Address _____

Telephone No. _____

**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 Branch.**

Approved by:  _____ E-Mail Address _____
(Signature of Sponsor)

Submit Signed Original to Transportation Branch. Retain a Signed Copy at School.