

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
TRANSPORTATION SERVICES DIVISION**

**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 Berth 85, Port of Los Angeles, San Pedro, CA 90731  
(foot of 6th Street, just north of the Los Angeles Maritime Museum)

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**

**\*\* THE CITY OF LA, HARBOR DEPARTMENT WILL PAY UP TO \$300 ONLY. ALL OTHER CHARGES ARE THE RESPONSIBILITY OF THE SCHOOL.\*\***

NAME (Individual or Organization) \*\*City of Los Angeles, Harbor Department\*\*


Address 425 S. Palos Verdes Street

City San Pedro State CA Zip Code 90731

Bill To (Sponsor's Name) Attn: Christine Piña, Community Relations

Telephone No. (with area code) 310-732-0463

**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.