

**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.