

INTER-OFFICE CORRESPONDENCE
Los Angeles Unified School District

TO: Accounts Payable Branch **Date:** _____
 Accounting & Disbursements Division

FROM: _____

SUBJECT: REQUEST FOR PAYMENT OF MISCELLANEOUS BILLS

1. Please pay the following bills and charge the budget line as indicated below:

	Issue Warrant			
Date	To	Services Rendered	AMOUNT	
_____	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	

<i>Budget Line:</i>	Fund	Area	Orgn	Program	Object Code
	_____	_____	_____	_____	_____

2. Circumstance which require this method of payment are as follows:

Prepared by: _____ Tel No: _____ Fax No: _____

Approved by: _____ Title: _____ Date: _____
 (Site Administrator)

Documents Required:

- 1) Receipts or invoices
- 2) Other proof of payment:
 - a. Copy of canceled check (front & back)
 - b. Credit card statement