



LOS ANGELES UNIFIED SCHOOL DISTRICT
MEMORANDUM

TITLE: Reimbursement Procedures for Officials for Athletic Contests

NUMBER: MEM-6561.0

ISSUER: Earl R. Perkins, Assistant Superintendent
 School Operations

Thelma Meléndez de Santa Ana, Chief Executive Officer
 Office of Educational Services

DATE: August 31, 2015

ROUTING
 High School Principals
 Assistant Principals
 Athletic Directors
 Senior Financial Managers

PURPOSE: The purpose of this Memorandum is to establish procedures for Student Body reimbursements for specific athletic expenses. This reimbursement only applies to high schools that offer interscholastic athletic programs under the direction of the Interscholastic Athletic Department. These schools will receive reimbursement for payments made to game officials in accordance with the guidelines provided. Due to reduced Student Body fundraising opportunities, the District is defraying a portion of schools' athletic expenses.

MAJOR CHANGES: This Memorandum replaces Memorandum MEM-4538.0, dated December 1, 2008, issued by Secondary Instruction.

GUIDELINES: The following guidelines apply:

The senior financial manager will fill out the reimbursement form three (3) times per year. Reimbursements will be submitted for:

SEASON	DUE DATE
Fall	December 7, 2015
Winter	March 7, 2016
Spring	May 31, 2016

All reimbursement requests should be made by the due dates. These funds do not carry over. If deadlines are not met, schools may not be reimbursed.

Invitational tournament contests for which participating schools pay an entry fee are not to be included on the reimbursement form.

Schools:



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The Senior Financial Manager must establish a vendor number for the Student Body prior to submitting a Student Body Athletic Reimbursement Form, if the school's Student Body does not already have one. To apply for a vendor number, send Attachment B to the Procurement Services Division.

To apply for reimbursement, the school must do the following:

- Fill out the Student Body Athletic Reimbursement Form (Attachment A)
- Attach a copy of the Student Body check register for the reimbursement period. Example: Fall Season will be from August 27, 2015, through December 2, 2015.
- Send forms to the Interscholastic Athletic Department, Attention: Trenton Cornelius, Coordinator, Beaudry Building, Room B-216.

Central Offices:

The requests will be reviewed and approved by the Interscholastic Athletic Department. The Office of Interscholastic Athletic Department will maintain control on the reimbursement amounts per school and forward the forms to the Accounts Payable Branch for processing. Payments will be processed and sent directly to the Student Body via school mail.

Please note that available reimbursement funds are based on the estimated total cost per school during the 2015-2016 school year. Schools will be reimbursed for up to seven (7) contests per level (Varsity & JV only) in the following sports: boys and girls water polo, boys and girls volleyball, boys and girls basketball, boys and girls soccer, softball and baseball. Six football home contests per level (Varsity & JV only) are eligible for reimbursement. All playoff games (excluding the championships) are eligible for reimbursement and these contests do not count toward the totals listed above.

RELATED RESOURCES:

Non-applicable

ASSISTANCE:

For assistance or further information, please contact Trenton Cornelius, Coordinator, Interscholastic Athletic Department at (213) 241-5847.

ATTACHMENTS:

Attachment A: Student Body Athletic Reimbursement Form
Attachment B: Vendor Number Request Form



LOS ANGELES UNIFIED SCHOOL DISTRICT
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ATTACHMENT A

Los Angeles Unified School District
Interscholastic Athletic Department

STUDENT BODY ATHLETIC REIMBURSEMENT
FORM

Name of School: _____ Cost Center: _____

Reimbursement form should be submitted three (3) times per year:

SEASON	DUE DATE
Fall	December 7, 2015
Winter	March 7, 2016
Spring	May 31, 2016

REIMBURSEMENT DATES: Season: _____ From: _____ To: _____

Only Home Games will be reimbursed

CONTEST DATE	SPORT	LEVEL (Var./JV Only)	QTY.	AMOUNT*	COMMENTS (note if playoff game)

*Attach a copy of the Student Body Check Register and highlight or circle the checks that have been issued to support your reimbursement request.

_____ Approved for Payment by Athletic Director or Designee

_____ Date



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ATTACHMENT B

Accounts Payable Branch

Los Angeles Unified School District

To: David Stampler (Procurement Services Division)

Phone: 562-654-9060

Date: _____

From:

Phone: _____

Subject: Vendor File Update

Vendor Group	Add	Block	Modify	Link to Vendor
Z001 Trade Vendors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Z002 Payment Remittance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Z003 Non Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Z004 Schools/Offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Z006 Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Z008 3PR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Vendor Name		Vendor #	
Address			
City		Zip	State
Telephone		Fax #	
Email			
Tax ID/SSN			

1099 Yes No

Comments: _____

