

Electronic Wireless Statements Access Form

Date: _____

Please fill out this form to grant/remove access to LAUSD's Wireless Electronic Invoices.

E-mail the scanned form to: cellularunit@lausd.net

Name of Contact Person at the Requesting Site: _____

Contact person's Employee ID: _____

Contact Phone #: _____

Approved By (Print): _____
Administrator's Printed Name

Approver's Title: _____

Administrator's Signature: _____

No.	First Name	Last Name	Employee ID	Title	Cost Center(s)	Type of Request:	
						Add	Remove
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

You will receive a confirmation when your request has been completed.

Invoices can be viewed any time at <https://myapps.lausd.net/cellbill>