

Los Angeles Unified School District
 Student Body Finance Section
Request for Authorization – Other

Attachment C
 RFA-Other

The Student Body of:			Date:
1.	<input type="checkbox"/>	<i>Request for Expenditure This expenditure is in the Associated Student Body Budget:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vendor/Contractor/Employee*			Amount: \$.
Description: _____			
*If services are provided, a W9 must be completed. Risk Mgt approval may also be required for insurance purposes. If employee, W4 and I9 must be completed.			
2.	<input type="checkbox"/>	<i>Receive Cash or Non-monetary Donation</i>	
Donor:			Amount: \$.
Item/Check # and Date:		Make:	Model:
			Serial #:
Purpose:			
3.	<input type="checkbox"/>	<i>Transfer or Dispose of Student Body Owned Equipment/Inventory - Copy of completed Transportation Order Form is attached whether equipment is to be transferred to another school or to salvage.</i>	
Recipient:			Value: \$
Note: If approved, item(s) should be removed from Associated Student Body Inventory.			
4.	<input type="checkbox"/>	<i>Student Body Funded Projects Only - Copy of completed Attachment 2 Project Approval Tracking Sheet is attached. (Bul-5761.0 Modifications and Additions to District Property funded by or performed by a Third Party)</i>	
If services are provided, a W9 must be completed. Risk Management Office's approval may also be required for insurance purposes. If employee, W4 and I9 must be completed. Name of Vendor/Contractor/Employee: _____ Amount: \$			
Approved in Student Body Council Meeting (required for secondary school) Date _____ Minutes are attached to this Request.			
Signature of Principal (Required): _____ Date: _____			
Signature of ASB Treasurer (Required for Secondary): _____ Date: _____			
Signature of Financial Manager (Required if applicable): _____ Date: _____			
<i>After completion, please submit to your Coordinating Financial Manager with a copy of the check (via email)</i>			
Student Body Finance Support Approval: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Comments: _____			
Coordinating Financial Manager Signature: _____ Date: _____			
Other Approvals (if applicable): M&O: _____ Date: _____			
OEHS: _____ Date: _____			
Additional Approval for Donation only (All signatures are required):			
(\$5,001 to \$15,000) Accounting Manager Signature: _____ Date: _____			
(\$15,001 to \$24,999) Deputy Controller Signature: _____ Date: _____			
(\$25,000 and above) Controller Signature: _____ Date: _____			