

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Accounting and Disbursements Division

LD OPERATIONS ADMINISTRATOR/DIVISION  
ADMINISTRATOR ASSURANCES

I hereby certify that:

I have received the Administrator Assurances form from each school within my LD or each office under my responsibility and that the appropriate supporting documentation as outlined in this bulletin has been obtained.

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LD or Division Name

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LD Operations Administrator/Division Administrator Name

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LD Operations Administrator/Division Administrator Signature

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Date

Please fax a copy of this signed assurance to the Accounting Controls and Oversight Branch at (213) 241-6829 and/or (213) 241-4810 by February 15th and August 15th of each fiscal year.