

LOS ANGELES UNIFIED SCHOOL DISTRICT

(Name of Issuing Organization)

Authorization No. _____
(Site should consecutively
number authorizations
issued)

To Whom It May Concern:

This is to certify that _____,
(Name of Employee)
the following equipment in his/her possession for the performance of District functions.

This authorization is not to exceed six months and is for the period:

____ to _____ only.
Month Day Year Month Day Year

Description of Item

Serial No.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

APPROVED BY:

ABOVE ITEMS RECEIVED BY:

Administrator Signature

Employee Signature

Printed Name and Title

Printed Name and Title

Date

Date