

SCHOOL DISTRICT VOUCHER FOR PAYMENT FROM SCHOOL ACCOUNT

(Bill or Claim Against the School District)

Brookings School District No. 5-1

2130 Eighth Street South

Brookings County, Brookings, South Dakota 57006

(605) 696-4700

Tax Exempt 05-001-466000 834E-RS-001



CLAIMANT: _____

ADDRESS: _____

(Street Number)

(City)

(State)

(Zip)

NOTE: All vouchers for materials or supplies furnished must be itemized as to type, quantity, unit price and total price and must be verified by the superintendent, clerk, or other authorized agent of the school district as indicated below. Claims for personal service other than regular payroll under contract must also be verified by the claimant as indicated below. Such claims must indicate time devoted and rate of pay, and if for travel must show dates, time of leaving, time of return, points of travel, meals and lodging expense. A receipt for lodging expense must be attached to voucher. If travel is by car, voucher must show miles traveled and rate of pay per mile. If by commercial carrier, a signed receipt from such carrier must be attached to voucher.

Date	Itemized Description of Materials and Supplies or Personal Service and Travel Information	Quantity	Unit Price	Total	Account Number

CLAIMANT VERIFICATION IF VOUCHER IS FOR PERSONAL SERVICE OR EXPENDITURES OTHER THAN PAYROLL UNDER A CONTRACTED PRICE

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

DATE: _____ SIGNATURE OF CLAIMANT _____

CERTIFICATION OF SUPERINTENDENT, CLERK, OR OTHER AUTHORIZED AGENT OF DISTRICT

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further certify that the above services were rendered, or that the above listed materials were received in an acceptable condition, and that the above claim is hereby approved by me for payment this _____ day of _____, _____

SIGNED: _____

APPROVAL BY THE SCHOOL DISTRICT BOARD FOR PAYMENT

Approved for payment by the School Board action on _____

SIGNATURE OR INITIAL OF PRESIDING OFFICER OF THE SCHOOL BOARD: _____