

SCHOOL DISTRICT VOUCHER FOR PAYMENT FROM SCHOOL DISTRICT

(Bill or claim against the school district.)

PARKSTON SCHOOL DISTRICT NO. 33-3 Hutchinson County, Parkston, South Dakota 57366

PAYMENT TO: _____

ADDRESS: _____
(mailing address, town, and state)

Note: All vouchers for material or supplies furnished must be itemized as to type quantity, unit price and total price and must be verified by the superintendent, business manager, or other authorized agent of the school district as indicated below. Claims for personal service other than regular payrolls 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 Material and Supplies or Personal Service and Travel Information	Purchase Order No.	QTY	Unit Price	Total
				TOTAL	

CLAIMANT VERIFICATION IF VOUCHER IS FOR PERSONAL SERVICE, TRAVEL REIMBURSEMENT 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.

Signature of Claimant _____ **Date:** _____

VERIFICATION OF SUPERINTENDENT, BUSINESS MANAGER, 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 for payment on _____ **Signed:** _____
(Superintendent, Business Manager, or other authorized agent)

APPROVAL BY THE SCHOOL DISTRICT BOARD FOR PAYMENT

Approved for payment by school board action on _____
Signature or initial of presiding officer of the school board: _____
Audited by: _____