(Bill or Claim against the school district)

DE SMET SCHOOL DISTRICT NO. 38-2

Kingsbury County, De Smet, South Dakota 57231

FUND	FUNCTION/OBJECT CODE	AMOUNT

TO:

ADDRESS:

PHONE:

EMAIL:

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, business manager, or other authorized agent of the school district as indicated below. Claims for personal services 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, pins 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	QUANTITY	UNIT PRICE	TOTAL

CLAIMANT VERIFICATION IF VOUCHER IS FOR PERSONAL SERVICE, TRAVEL REIMBURSEMENT OR EXPENDITURES OTHER THAN PAYROLL UNDER A CONTRACT PRICE

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

Date: _____ **SIGNED:** _____

I declare and affirm under the penalties of perjury that his claim has been examined by me, and to the best of my knowledge and belief iis 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 the above claim is hereby approved by me for payment.

Date: _____ **SIGNED:** _____

Supt., Business Manager, or other authorized agent

APPROVAL BY THE SCHOOL BOARD FOR PAYMENT

Date: _____ **SIGNED:** _____