

SCHOOL DISTRICT VOUCHER FOR PAYMENT FROM SCHOOL

for bill or claim against

ARMOUR SCHOOL DISTRICT 21-1**Douglas County, Armour, South Dakota 57313**

Claim or PO # _____

Check # _____

TO: _____

ADDRESS: _____

NOTE: All vouchers for materials or supplies 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, and meals and lodging expense. A receipt for lodging expense must be attached to the voucher. If travel is by car, voucher must show miles traveled and rate of pay per mile. If by a commercial carrier, a signed receipt from such carrier must be attached to the voucher.

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

**CLAIMANT VERIFICATION IF VOUCHER IS FOR PERSONAL SERVICE, TRAVEL, REIMBURSEMENTS 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: _____

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 by me for payment.

on this _____ day of _____, _____ signed _____
(Superintendent, Business Manager, or other authorized agent)**APPROVAL BY THE SCHOOL DISTRICT BOARD FOR PAYMENT**

Approved for payment by school board action on _____, 20____ by _____

Signature of presiding officer of the school board