AVON SCHOOL DISTRICT 4-1,
210 PINE ST, AVON, SOUTH DAKOTA, 57315

SCHOOL DISTRICT VOUCHER FOR PAYMENT FROM SCHOOL ACCOUNT
(Bill or Claim against School District)

Paid by check #_____

To: _____

Address: _____
Street Number or P.O. Box City State Zip Code

Note: All vouchers for material or supplies furnished must be itemized as to type and unit price and must be verified by the Business Manager 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, times of leaving, time of return, points of travel, meals and lodging expense. A receipt for lodging expenses must be attached to voucher**. If claimant is seeking reimbursement for expenditures, a receipt must be attached**. 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	Trust & Agency Check #	Total

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

I declare 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.

Dated: _____ Signature of Claimant: _____

VERIFICATION OF BUSINESS MANAGER 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 a acceptable condition, and that the above claim is hereby approved by me for payment this_____ day of_____, 20__.

Signed: _____
(Superintendent or Business Manager)

APPROVED BY THE SCHOOL DISTRICT BOARD FOR PAYMENT

Approved for payment by School Board action on_____, 20__.

Signed: _____
(President of School Board)