

**Tea Area School District 41-5  
Voucher for Payment**

Stmnt/Inv # \_\_\_\_\_

Stmnt Date \_\_\_\_\_

Town: TEA \_\_\_\_\_

County: LINCOLN \_\_\_\_\_

South Dakota

Coding: Fund \_\_\_\_\_ Function \_\_\_\_\_ Unit \_\_\_\_\_ Object \_\_\_\_\_ Sub Object \_\_\_\_\_

Fund \_\_\_\_\_ Function \_\_\_\_\_ Unit \_\_\_\_\_ Object \_\_\_\_\_ Sub Object \_\_\_\_\_

Fund \_\_\_\_\_ Function \_\_\_\_\_ Unit \_\_\_\_\_ Object \_\_\_\_\_ Sub Object \_\_\_\_\_

Fund \_\_\_\_\_ Function \_\_\_\_\_ Unit \_\_\_\_\_ Object \_\_\_\_\_ Sub Object \_\_\_\_\_

Fund \_\_\_\_\_ Function \_\_\_\_\_ Unit \_\_\_\_\_ Object \_\_\_\_\_ Sub Object \_\_\_\_\_

Fund \_\_\_\_\_ Function \_\_\_\_\_ Unit \_\_\_\_\_ Object \_\_\_\_\_ Sub Object \_\_\_\_\_

To: \_\_\_\_\_

Address: \_\_\_\_\_

(give street number, town, state, zip)

Note: All vouchers for materials or supplies furnished must be itemized as to type, quantity, unit price and total price and the declaration must be signed 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 signed 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 for such carrier must be attached to voucher.

Date	Itemized description of materials, supplies Or personal service & travel information	PO #	Quantity	Unit Price	Total
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Date check needed or sent by:

Please pay out of Trust Acct:

**CLAIMANT DECLARATION 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 PURJURY 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 \_\_\_\_\_ 20 \_\_\_\_ . SIGNATURE OF CLAIMANT \_\_\_\_\_

**DECLARATION OF SUPERINTENDENT, BUSINESS MANAGER, OR OTHER AUTHORIZED AGENT OF THE 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 \_\_\_\_\_

(Business Manager or other authorized agent)

**APPROVAL BY THE DISTRICT FOR PAYMENT**

Approved for payment by school board action on \_\_\_\_\_ 20 \_\_\_\_

Signature or initial of presiding officer of the school board: \_\_\_\_\_

Audited by \_\_\_\_\_