

SECTION III--ACCOUNTING RECORDS

**ILLUSTRATION 4
VOUCHER FOR PAYMENT**

SCHOOL DISTRICT VOUCHER FOR PAYMENT FROM SCHOOL ACCOUNT
(Bill or claim against the school district)

Claim No. _____
Paid by Check No. _____
Vendor No. _____
EIN # for 1099 _____

Town: _____ County: _____ South Dakota
Operational

| Fund Code | Function Code | Object Code | Unit Code | Amount |
|--------------|---------------|-------------|-----------|--------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| Total | | | | _____ |

To: _____
Address: _____
(Give street number, town, and state)

NOTE: All vouchers for materials of 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 from such carrier must be attached to voucher.

| Date | Itemized description of materials and supplies or personal service and travel information | Purchase Order No. | Quantity | Unit Price | Total |
|------|---|--------------------|----------|------------|-------|
| | | | | | |

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 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: _____ 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 claims 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 _____ 20 ____.

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 _____