

VOUCHER FOR PAYMENT

(Bill or Claim Against)

Northeast Educational Services Cooperative

Box 327, Hayti, South Dakota 57241

by Check No. _____ Amount \$ _____

TO: _____

ADDRESS: _____
(Street Number) (Town) (State) (Zip)

NOTE: All vouchers for material or supplies furnished must be itemized as to type, quantity, unit price and total price and must be verified by the superintendent, clerk, or other authorized agent of the school district as indicated below. Claims for personal service other than regular payroll 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, meals and lodging expense. A receipt for lodging expenses 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.

| 1 CODE | 2 DESCRIPTION | 3 DATE | 4 INVOICE NO. | 5 PURCHASE ORDER NO. | 6 AMOUNT |
|-----------|------------------|-----------|------------------|----------------------------|-------------|
| | | | | | |

date _____ Approved for Payment By Director _____

CLAIMANT VERIFICATION IF VOUCHER IS FOR PERSONAL SERVICE OR EXPENDITURE 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 _____

VERIFICATION OF BUSINESS MANAGER OF COOPERATIVE

I declare and affirm under the penalties or 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 _____ 20 _____

SIGNED: _____ Business Manager

APPROVED BY THE SCHOOL DISTRICT BOARD FOR PAYMENT

Approved for payment by School Board action on _____ 20 _____

SIGNATURE OR INITIAL OF PRESIDING OFFICER OF THE SCHOOL BOARD _____