

# REIMBURSEMENT VOUCHER

Langford Area School District 45-5

P.O. Box 127

Langford, South Dakota 57454

## Business Office Use Only

Paid From Account : \_\_\_\_\_ Check No. \_\_\_\_\_ Amount \_\_\_\_\_

Name: \_\_\_\_\_

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

(Give street number, town, state and zip code)

NOTE: All vouchers for materials or supplies furnished must be itemized 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 listed 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 expenses. 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.	Code No.	Quantity	Unit Price	Total

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

this date \_\_\_\_\_

Signed: \_\_\_\_\_  
(Superintendent, Business Manager, or other authorized agent)