

**INDEPENDENT SCHOOL DISTRICT #883  
 ROCKFORD AREA SCHOOLS  
 6051 Ash Street  
 ROCKFORD MN 55373  
 PAYMENT/PAYROLL VOUCHER**

*Instructions: This form is to be used for payroll or payment reimbursement. All receipts and documentation must be attached for full payment. Sales tax cannot be reimbursed. Administrative approval must be obtained before submitting this to the business office for payment.*

**TO:** Rockford Schools, Business Office  
6051 Ash Street  
Rockford MN 55373

**Payment to:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**\*Social Security #** \_\_\_\_\_  
 (\*if 1099 to be issued, not needed if already employed by the district)

Date	Description <small>(If this is for payroll hours, please detail dates of service as well as hours per day)</small>	Payment

*I declare under the penalties of law that this account, claim, or demand is just and correct and that no part of it has been paid.*

<b>Required Administrative Approval:</b>	
Approval:	

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<i>Office Use Only</i>			
	Payment Voucher	[ ]	Payroll Voucher
		[ ]	
Code:		Vendor #	