

DUPREE SCHOOL DISTRICT #64-2
127 "B" STREET - P.O. BOX 10
DUPREE, SOUTH DAKOTA 57623

PAY TO: _____

 Street or Box Number City State Zip Code

Note: This claim covered by Dupree School District #64-2
 Note: Attach invoice to the voucher.
 Note: Purchase Order Number _____

Date	Description (Must be itemized)	Quantity	Unit Price	Total
Total Amount of Claim				\$

VERIFICATION

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

Approved & Audited for payment by Bus. Mgr. _____
 Approved for payment by President of Board of Education _____