

SCHOOL VOUCHER FOR PAYMENT FROM DUPREE SCHOOL

TRUST AND CUSTODIAL FUND

DUPREE SCHOOL DISTRICT #64-2
PO BOX 10
DUPREE, SD 57623

PAID FROM _____ CHECK # _____ AMOUNT _____

PAY TO _____

ADDRESS _____

DATE	ITEMIZED DESCRIPTION	COST
------	----------------------	------

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