CHECK ONE: **TRUST & AGENCY FUND ____ SCHOOL BOARD APPROVAL ____ Paid by Check No. _____**

SCHOOL DISTRICT VOUCHER FOR PAYMENT FROM SCHOOL ACCOUNT

(Bill or Claim Against the School District)

BON HOMME SCHOOL DISTRICT #04-2--1404 FIR STREET - PO BOX 28-- TYNDALL, SD 57066-0028

Paid from 10 - General Fund.....Amount $ _____
Paid from 21 - Capital Outlay Fund.....Amount $ _____
Paid from 22 - Special Education Fund.....Amount $ _____
Paid from 25 - Auditorium Building Fund.....Amount $ _____
Paid from 27 - Impact Aid Fund.....Amount $ _____
Paid from 51 - Food Service Fund.....Amount $ _____
Paid from 53 – Enterprise Fund……..Amount $ _____
Paid from 71 - Agency (Class) Funds.....Amount $ _____
Paid from 76 - Non Expendable (Scholarships) Trust Fund.....Amount $ _____

TOTAL $ _____

TO: _____
(Claimant Name)
ADDRESS: _____
(Mailing Address) (City) (State) (ZIP)

Date	Itemized Description of Material and Supplies or Personal Service and Travel Information	Quantity	Unit Price	Total
	(ATTACH SLIPS TO BACK)			
			TOTAL	

VERIFICATION IF VOUCHER IS FOR PERSONAL SERVICE OR EXPENDITURE OTHER THAN PAYROLL UNDER A CONTRACT.

I declare and affirm under penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief is in all things correct and true.

DATE _____, 2023-24 **1ST** SIGNATURE OF **X**_____
CLAIMANT SIGNATURE ***NEXT ↓***

I declare and affirm under penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief is in all things correct and true.

DATE _____, 2023-24 **2ND** SIGNATURE OF **X**_____
PROGRAM SUPERVISOR SIGNATURE ***NEXT ↓***

I declare and affirm under penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief is in all things correct and true.

DATE _____, 2023-24 **3RD** SIGNATURE OF **X**_____
PRINCIPAL OR ACTIVITY DIRECTOR SIGNATURE

FOR TRUST AND AGENCY FUNDS ONLY

ACCOUNT TO BE CHARGED	**FUND**	**FUNCTION**	**OBJECT**	**ACCOUNT**	**TOTAL**
_____	_____	_____	_____	_____	_____
Account Name					
_____	_____	_____	_____	_____	_____

VERIFICATION OF BUSINESS MANAGER **ACCOUNT NUMBER TO BE CHARGED** **CLAIMANT PLEASE COMPLETE**

FUND	FUNCTION	UNIT	OBJECT	SUB-OBJECT	FACILITY	AMOUNT
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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.

DATE _____, 2023-24 SIGNATURE **X**_____***BUSINESS MANAGER***

07/17/23