

Faith School District Voucher

File: DLC-E

Check No. \_\_\_\_\_

FAITH SCHOOL DISTRICT #46-2

P.O. Box 619  
503 S. 2nd Ave. West  
PO Box 619  
Faith, SD 57626

Date: \_\_\_\_\_

PAY TO: \_\_\_\_\_ DATE: \_\_\_\_\_

Street or Box No. City State Zip

Note: This claim is covered by Faith School Dist.46-2  
Purchase Order No. \_\_\_\_\_. Attach invoices to this voucher

DATE	DESCRIPTION (itemized)	QUANTIY	UNIT PRICE	TOTAL
TOTAL AMOUNT OF THIS CLAIM				

VERIFICATION:

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

DATE \_\_\_\_\_

SIGNATURE OF CLAIMANT \_\_\_\_\_

Approved and audited for payment by Bus. Mgr. \_\_\_\_\_

Approved and audited by President of Board of Ed. \_\_\_\_\_

FOR OFFICE USE ONLY

CHARGE ACCOUNT	AMOUNT

