

**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 \_\_\_\_\_