

Voucher for Payment from  
**Big Stone City School District #25-1**  
Grant County, Big Stone City, South Dakota 57216

**REQUEST FOR PAYMENT**

(Accounts Payable & Payroll)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REASON FOR PAYMENT (REIMBURSEMENT): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DAY: (FULL) (HALF)

NOTE: Supporting documentation must be included with the form in order to receive reimbursement, Google map log (mileage), Conference Agenda, receipts, etc.

**IF SUBSTITUTING PLEASE PROVIDE THE GRADE OR TEACHERS NAME IN WHICH YOU ARE SUBBING FOR IN THE REASON FOR PAYMENT SECTION**

Date \_\_\_\_\_ Signature of Claimant \_\_\_\_\_

\_\_\_\_\_  
VERIFICATION OF PRINCIPAL, CEO/BUSINESS MANAGER, OR OTHER AUTHORIZED AGENT OF DISTRICT

\_\_\_\_\_  
PRINCIPAL SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CEO/BUSINESS MANAGER SIGNATURE

\_\_\_\_\_  
DATE