



Oelrichs School District #23-3  
PO Box 65  
Oelrichs, South Dakota 57763

**Business Office Phone: 605-535-2631**

**VOUCHER FOR PAYMENT OF TRAINING OR EXTRA DUTY**

Payee (Name): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Reason for Payment:

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

Dates: \_\_\_\_\_ Times: \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_

**Please attach a copy of agenda / conference information**

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

Date: \_\_\_\_\_ 20\_\_\_\_ Signature of Claimant: \_\_\_\_\_

DISTRICT AGENT VERIFICATION:

Approved by me for payment this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Signed: \_\_\_\_\_  
(Superintendent)