District Office
1640 Highway 2, Suite 200
Two Harbors, MN 55616-4017
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www.isd381.org
Superintendent Jay Belcastro

Payment Voucher

This claim MUST be fully itemized with dates for each item and verifying receipts.
CLAIMS MUST BE MADE NO MORE THAN 30 DAYS AFTER EXPENSE OR SERVICE IS PERFORMED.

Payable to: _____ Date: _____
(Company _____ School: _____
or Person) _____ Area: _____

Date	Description	Amount
	TOTAL:	

I declare under penalties of law that this account, claim, or demand is just and correct and that no part has been paid.

Distribution Code	Amount	Hours

_____
Signature of Claimant
I certify that I reviewed the above claim, and it is correct.

_____
Administrative Approval