LAKE N SUPERIOR SCHOOL DISTRICT

District Office
1640 Highway 2, Suite 200
Two Harbors, MN 55616-4017
Ph.: 218-834-8201
Fax: 218-834-8239
www.isd381.org
Superintendent Gina Kleive

# 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: _____
(Company _____
or Person) _____

Date: _____
School: _____
Area: _____

| Date | Description | Amount |
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| | 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 |
|---|---|---|
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_____
Signature of Claimant
I certify that I reviewed the above claim, and it is correct.

_____
Administrative Approval