

SPEARFISH SCHOOL DISTRICT 40-2

525 East Illinois
Spearfish, SD 57783-2521
Phone 605-717-1201
Fax 605-717-1200

Name & Address of Vendor

Name _____
Address #1 _____
Address #2 _____
City, SD Zip _____

Trust & Agency

Vendor Phone Number _____
Vendor Fax Number _____
P.O. Number _____

Requisition - Purchase Order - Voucher

Quantity	Catalogue Number	Description	Unit Cost	Total Cost
		Trust & Agency Fund: 66-	Total	

I declare and affirm under the penalties of perjury this claim has been examined by me, and to the best of my knowledge and belief, it is all things true and correct.

Signature of Claimant: _____

Date: _____

Approved for Purchase: _____

Date: _____