



South Dakota Music Education Association Voucher

Pay to the order of: _____

 Address City State Zip

Please state the purpose for which payment is requested. Give full description and staple receipts to the backside upper right corner.

Date of Expense	Description of Expense	Amount
	TOTAL	

I declare and affirm that this claim, to the best of my knowledge and belief, is in all things true and correct.

Signature

Position/Representative

(Voucher must be signed by the individual incurring the expense.)

Mail completed vouchers to:
 Laura Schenk, SDMEA Treasurer
 PO Box 363, Brandon, SD 57005
Laura.Schenk@k12.sd.us

-----For Office Use-----

Charge to Account No:	Approved By:	Paid with Check No:
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