



South Dakota Music Educators 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
 (Vouchers must be signed by the individual incurring the expense.)

Mail completed vouchers to:
 Gwen Wenisch, Treasurer
 1801 Summit St.
 Yankton, SD 57078
 Gwen.Wenisch@k12.sd.us

For Office Use-----

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