City of Spearfish, South Dakota



VOUCHER

625 FIFTH, SPEARFISH, SD 57783 PHONE (605) 642-1325

| | | | | | Purchase Order No. | (if applicable) |
|---------------------------|------------------|-----------|------------|--------|--|-----------------|
| Vendor | | | | | 0.475 | |
| Address | | | | | DATE | |
| Address | | | | | VENDOR NO. | (if known) |
| | | | | | | |
| | | | | | | INITIALS |
| | LINE | VENDOR | | | | OF CITY |
| DEPT.# | ITEM# | INVOICE # | - <u>-</u> | AMOUNT | QUANTITY AND DESCRIPTION | EMPLOYEE |
| | _ | | | | | _ |
| | _ | _ | - | | | |
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| | - · · | | | | - | |
| | | | TOTAL | | | |
| | | | | | VERIFICATION | |
| | | | | | I declare and affirm under the penalties of | |
| Verified and Approved By: | | | | | perjury that this claim has been examined by | |
| | | | | | me, and to the best of my knowledge and | |
| Authorized | | | | | belief, is in all things true and correct. | |
| Signer: | | | | Date | Verification must be signed here | 1 |
| | | | | | | |

City Council meets the first and third Monday evenings of each month. Proper claims may be filed with the City Finance Office for processing at any time. Only claims processed by the Finance Office on or before Wednesday prior to each Council meeting will be VENDOR CLAIM FORM presented for Council approval.

*CONFIRMING - DO NOT DUPLICATE