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Do not use this space

State of South Dakota
VOUCHER

			APPROVAL OFFICE ONLY	
Application Area	Invoice No.	Vendor Number	Voucher Number	Date
Date	Purchase Order ID	Document ID	Delivery Date	Payment Due Date

STAPLE

(Payee)
TO:

(Department, Billing Agency)
FROM: **OFFICE OF THE STATE ENGINEER**
JOE FOSS BUILDING
523 EAST CAPITOL
PIERRE, SD 57501-3182

FUNDING INFORMATION

SEQ	Company	Account Required	Account User	Center Required	Center User	Project Company	Project Number	Debit/Credit Amount	Dr.	Cr.	USE CODE
								INVOICES	1	6	
								OTHER	Dr.	Cr.	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
								Total	$0.00		

Description of Service, Product or Transfer

Town **Institution** **Project Name**

OSE Project Number

ESTIMATE No.

Total estimate to date
Less previous estimates
Amount due

Total **$0.00**

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.
I further agree to comply with the provision of the Civil Rights Act of 1964 and regulations issued thereunder relating to nondiscrimination in Federally assisted programs.

Claimant Date Authorization Date