

**INDEPENDENT SCHOOL DISTRICT #883
 ROCKFORD AREA SCHOOLS
 6051 Ash Street
 ROCKFORD MN 55373
 PAYMENT/PAYROLL VOUCHER**

Instructions: This form is to be used for payroll or payment reimbursement. All receipts and documentation must be attached for full payment. Sales tax cannot be reimbursed. Administrative approval must be obtained before submitting this to the business office for payment.

TO: Rockford Schools, Business Office
6051 Ash Street
Rockford MN 55373

Payment to: _____
Address: _____
City/State/Zip: _____

Date	Description <small>(If this is for payroll hours, please detail dates of service as well as hours per day)</small>	Payment

I declare under the penalties of law that this account, claim, or demand is just and correct and that no part of it has been paid.

Required Administrative
Approval: <input style="width: 100%;" type="text"/>

Signed: _____ **Date:** _____

<i>Office Use Only</i>
Payment Voucher <input style="width: 50px;" type="text"/> Payroll Voucher <input style="width: 50px;" type="text"/>
Code: <input style="width: 400px;" type="text"/> Vendor # <input style="width: 50px;" type="text"/>