

Sherburne County Soil and Water Conservation District
Board of Supervisors
Voucher

Name _____

From: _____ To: _____

Date	Description	Miles	Other Expenses	Per Diem*
Subtotals				

Office Use Only	
Total Other Expenses:	\$ _____
Mileage Reimbursement:	\$ _____
Total Per Diem	\$ _____
Total Claim Amount:	\$ _____

I affirm that the information contained herein is true and correct to the best of my knowledge and I declare under the penalties of law that this account, claim or demand is just and correct and that no part of it has

Supervisor Signature _____

I hereby certify that the charges made in this claim are correct and that the same were made in accordance with my orders therefore.

Authorized Signature _____

District Treasurer

*Per Diem: \$75 for All Meetings

Original Receipts Must be Attached for Expenses