



INDEPENDENT SCHOOL DISTRICT 200  
**Hastings Middle School**  
**OFFICIALS VOUCHER**

*This voucher is to be used for services performed as an official.*

*Checks will not be issued without complete information. (Please print)*

Name \_\_\_\_\_

Check if you are a District 200 Employee

DATES OF SERVICE	SERVICE PERFORMED	SPORT	# OF GAMES	AMOUNT PAID

**TOTAL AMOUNT TO BE PAID** \_\_\_\_\_

*I swear that the above account against Independent School District No 200, Hastings, Minnesota, is just and true; that the services therein charged were actually performed or material delivered; that the same is of the value therein charged, that no part of such account, claim or demand has been paid.*

Employee Signature (**Required**) \_\_\_\_\_ Date \_\_\_\_\_

Approval: Signature of MS Athletic Director \_\_\_\_\_ Date \_\_\_\_\_

Payroll Code: All Other - (Payroll Forms)

- 01-130-292-000-188- \_\_\_
- 01-130-294-000-188- \_\_\_
- 01-130-296-000-188- \_\_\_
- 11-130-292-000-188- \_\_\_

Paycode XREF\_HR \_\_\_\_\_ Amount Paid \_\_\_\_\_