

Dakota Milestones
Box 248

Chamberlain, SD 57325

Date: _____ Number _____

Money goes to: _____

Purchaser: _____

Qty: _____ Article: _____ Unit Cost: _____ Total Cost: _____

Total: \$ _____

Request for check: _____ Request for charge: _____

Request for reimbursement: _____ Other: _____

Person making request: _____

Approved by: _____

Executive Director: _____

Date items purchased: _____

Mandatory Receipts

DATE PAID: _____ CHECK NUMBER _____

AMOUNT PAID _____ ACCOUNT # _____

BY WHOM _____ ACCOUNT # _____

DATE ENTERED IN _____

TRANSACTION # _____

VENDOR # _____

SERVICE CENTER # _____

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