

South Dakota Beef Industry Council's F.A.C.S Beef Program Expense Verification Sheet

Receipts must be attached to expense form.

**Remit to:
Holly Swee
46969 299th St
Beresford, SD 57004**



Teacher:

School:

| Date | Cut of Meat | Store | Price |
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| | | | Total: |

Please provide a brief description of how the funding was used and include the following information. Use a separate sheet if needed.

Lesson description and list meals prepared:

Delivery method of lesson:

List class and/or grade where lessons were used and approximate number of students:

Impact—What were the main findings:

Feedback—Any pertinent comments:

Teacher Signature: _____ Date: _____

For questions, contact Holly Swee at 605-957-5283 or hswee@sdbef.org