

South Dakota Beef Industry Council FACS/Ag Beef Program Expense Verification Sheet

Receipts must be attached to expense form.

**Remit to:
South Dakota Beef Industry Council
P.O. Box 7051
Pierre, SD 57501**



Teacher:

School:

Date	Cut of Meat	Store	Price
			Total:

Please provide a 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@sdbeeff.org