

# South Dakota Beef Industry Council FACS 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@sdbef.org](mailto:hswee@sdbef.org)