

Remit to: **State of South Dakota**
Department of Health
 Office of Health Protection
 600 E Capitol Ave
 Pierre, SD 57501
 (605)773-4945 fax (605)773-5683
 Or Email to:
Julie.Ramsey@state.sd.us

Date Submitted:

West Nile Virus Contract #:
 20SC092 _ _ _

Recipient
 (your information below)

City/County/Tribe:

Attention:

Mailing Address:

City:

State:

Zip:

Daytime Phone:

Date	Description of Expenses (Chemical/Equipment) Proof of Purchase must be attached			Total
July 14, 2019	Larvacide briquettes, ACME Supply, Sioux Falls, SD.			(\$515.23)
	Description of Wages (must include employee name, hours worked, and rate of pay) See example below			
	Name:	Hours Worked:	Rate of Pay:	
Aug 15, 2019	James Doe	20	\$15.00	(\$300.00)
TOTAL				

Recipient Signature: _____