



SOUTHERN PLAINS EDUCATION COOPERATIVE

1200 N. Park St. * Fairmont, MN 56031
Phone (507) 238-1472 * Fax (507) 238-2361

Payment Voucher 2023-2024 (NON-COOPERATIVE EMPLOYEES)

Use for all Stipends. Submit to **Judy Berkland** by the first working day of the month in which the payment is to be made.

NAME _____ BUILDING _____

POSITION _____

Training session title _____

Date of expenses _____

Amount to be Paid \$ _____ = \$ _____
(hourly rate if applicable) Estimated/actual total hours Total Payment
Must be Completed

SIGNATURE _____ DATE _____

PRINT NAME _____

ADDRESS _____

STREET

CITY

STATE

ZIP CODE

FOR OFFICE USE ONLY

Account Code to be Charged _____

Amount to be paid \$ _____

SUPERVISOR SIGNATURE _____

Date _____