

## ${f S}$ outhern ${f P}$ lains ${f E}$ ducation ${f C}$ ooperative

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

## **EXPENSE FORM 2023-2024**

DATE OF EXPENSE	PURPOSE	TO FROM	MILES	IN- TOWN	OTHER (PARKING, FOOD) ATTACH	
SEND CHECK	MAIL: Home address on file	SCHOOL MAILBOX: note below (Arise, SPEC, FHS, FES, etc)	OTHER: note below			
TO: (circle one)	Special notes or instructions:					
Signature:		Date:	RET	RETURN TO JUDY BERKLAND: SPEC OFFICE		
Print Name:		Program:				
***ALL EXPENSES FOR THE 2023-2024 SCHOOL YEAR NEED TO BE TURNED IN NO LATER THAN JULY 1ST. 2024***						

FOR OFFICE USE ONLY						
ACCOUNT CODE	AMOUNT	ACCOUNT CODE	AMOUNT			
MILES DRIVEN ( ) x \$ 0.655 = \$		OTHER EXPENSES \$				
TOTAL EXPENSES \$		Program				
DIRECTOR'S SIGNATURE DATE						