SOUTHERN PLAINS EDUCATION COOPERATIVE

1200 North Park Street Fairmont, MN 56031

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EXPENSE FORM 2023-2024 (after January 1, 2024)

	LAFLINGL	I CININ ZU	20-2024	aitei va	illual y	, 2027)			
DATE OF EXPENSE	PURPOSE	то	FRO	M		MILES	IN- TOWN	OTHER (PARKING, FOOD) ATTACH	
	MAIL: Home address on file	SCHOOL MAILBO : circle one				OTHER: note below			
SEND CHECK TO:		ARISE	SPEC	FHS	FES				
(circle one)	Special notes or instructions:								
Signature:		Date:				RETURN TO JUDY BERKLAND: SPEC OFFICE			
Print Name:		Program:							
	***ALL EXPENSES FOR THE 2023-2	024 SCHOOL	YEAR NEED	TO BE TUR	NED IN NO	LATER TH	AN JULY 1s	ат. 202 4 ***	

FOR OFFICE USE ONLY								
ACCOUNT CODE	AMOUNT	ACCOUNT CODE	AMOUNT					
Miles Driven () x \$ 0.67 = \$		OTHER EXPENSES \$						
TOTAL EXPENSES \$		Program						
DIRECTOR'S SIGNATURE		DATE						