

# SOUTHERN PLAINS EDUCATION COOPERATIVE

1200 North Park Street

Fairmont, MN 56031

Phone: (507) 238.1472 Fax (507) 238-2361



## Payroll Payment Voucher 2024-2025

(COOPERATIVE EMPLOYEES)

Use for all Stipends. Submit to **Judy Berkland** on 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 \_\_\_\_\_



**FOR OFFICE USE ONLY**

Account Code to be Charged \_\_\_\_\_

Amount to be paid \$ \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_