

**SOUTHERN PLAINS
EDUCATION COOPERATIVE**

1200 North Park Street
Fairmont, MN 56031
Phone: (507) 238.1472 Fax (507) 238-2361



EXPENSE FORM 2024-2025 (after January 1, 2025)

DATE OF EXPENSE	PURPOSE	TO	FROM	MILES	IN-TOWN	OTHER (PARKING, FOOD) ATTACH

SEND CHECK TO: (circle one)	MAIL: Home address on file	SCHOOL MAILBOX: <u>circle one</u>				OTHER: note below
		ARISE	SPEC	FHS	FES	
Special notes or instructions:						
Signature:			Date:			
Print Name:			Program:			
RETURN TO JUDY BERKLAND: SPEC OFFICE						

ALL EXPENSES FOR THE 2024-2025 SCHOOL YEAR NEED TO BE TURNED IN NO LATER THAN JULY 1ST, 2025

FOR OFFICE USE ONLY			
ACCOUNT CODE	AMOUNT	ACCOUNT CODE	AMOUNT
MILES DRIVEN () x \$ 0.70 = \$		OTHER EXPENSES \$	
TOTAL EXPENSES \$		PROGRAM	
DIRECTOR'S SIGNATURE		DATE	