

Minnesota State College-Southeast Technical

FACULTY VOUCHER

Name: _____

Email Address: _____

Please check which expense is being billed for:

- CAMPUS CLUB ADVISOR/ACTIVITY
- INTERNSHIPS
- TEST OUTS
- SUBSTITUTE TEACHING
- EXTENDED DAYS
- NURSING CLINICALS
- ARRANGED (INDEPENDENT STUDIES)
- LIVE LAB STIPENDS
- OVERLOAD
- DEPARTMENT CHAIRPERSON
- HONORARIUM
- OTHER: _____

Description of Activity

Date(s): _____

Time: _____ to _____

Total Hours or Credits _____

(Please circle either hour or credit)

Explanation(if applicable): _____

Name of Faculty who you are subbing for (if applicable): _____

Course Name or Account # to code to: _____

Flat amount requested: _____ (or the amount will be calculated with the information provided above)

Please check:

- Lump sum payment (paid when activity is completed)
- Spread out payments (through length of activity)

I declare under penalties of perjury that this claim is just and correct and no part of it has been paid.

Employees Signature: _____

Date: _____

Dean's Approval: Approved Not Approved

Dean's Signature: _____

Date: _____

HR Use Only	
Position #:	_____
Record #:	_____
PPE:	_____
Payment Type:	_____
Assignment Code:	_____
Account Code:	_____
3080 _____ 4080 _____ 2062 _____	
Date e-mailed:	_____