Minnesota State College Southeast

FACULTY VOUCHER FORM

Name: _____ **Email Address: _____**

Please check which expense is being billed for:

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

Updated 02/10/2020