

Minnesota State College Southeast

FACULTY VOUCHER FORM

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please check which expense is being billed for:

- |   |   |
|---|---|
| <input type="checkbox"/> CAMPUS CLUB ADVISOR/ACTIVITY | <input type="checkbox"/> ARRANGED (INDEPENDENT STUDIES) |
| <input type="checkbox"/> INTERNSHIPS                  | <input type="checkbox"/> LIVE LAB STIPENDS              |
| <input type="checkbox"/> TEST OUTS                    | <input type="checkbox"/> OVERLOAD                       |
| <input type="checkbox"/> SUBSTITUTE TEACHING          | <input type="checkbox"/> DEPARTMENT CHAIRPERSON         |
| <input type="checkbox"/> EXTENDED DAYS                | <input type="checkbox"/> HONORARIUM                     |
| <input type="checkbox"/> NURSING CLINICALS            | <input type="checkbox"/> 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: \_\_\_\_\_

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