ST. CROIX EDUCATION ASSOCIATION

VOUCHER FOR EXPENSES – (No checks will be issued without form)

NAME TO WHOM THE CHECK THE SHOULD BE WRITTEN: _____

AMOUNT: $_____

YOUR NAME: _____ YOUR SCHOOL: _____ YOUR PHONE: _____

EXPENSES WERE INCURRED FOR:

_____

PLEASE INDICATE THE ACCOUNT TO WHICH EXPENSES SHOULD BE CHARGED:

_____ **Executive Board (S-100)**
A.Misc. Expenses; B. Faculty Reps Stipend;
C. Special Meetings

_____ **Officers (S-101)**
A.President; B. Vice President; C. Release TIme; D. Secretary
E.   Treasurer F. Imm/Past Pres&Treas G. Expenses/Mileage

_____ **Delegate Expenses (S-102)**
A.Summer Leadership Conference

_____ **Communications (S-103)**
A.Chair Stipend (/3); B. Printing/Misc. Expenses

_____ **Equity Committee (S-104)**
A.Chair Stipend; B. Member Stipend

_____ **Membership (S-105)**
A. Co-Chair Stipend; B. Expenses

_____ **Economic Services/Ins. Committee (S-106)**
A. Chair Stipend; B. Member Stipend; C. Retirement Meeting;
D. Expenses

_____ **Audit/Taxes (S-107)**
A. Audit Expenses; B. Tax Filing; C. Expenses; D. Bank Charges

_____ **OFS (S-108)**
A. Chair Stipend; B. Member Stipend; C. OFS Plan

_____ **Personnel (S-109)**
A. Chair Stipend; B. Rep Stipend

_____ **Negotiations & Contract Management (S-200)**
A.Misc. Expenses; B. Faculty Reps Stipend; C. Special Meetings

_____ **Teacher Rights (S-300)**
A.Chair-Elementary; B. Chair-Secondary; C. Chair-Spec. Ed; D. Intern;
E. Arbitration & Process Grievances

_____ **Public Affairs (S-400)**
A.Chair Stipend; B. Endorsement Committee; C. Political Action; D. Donations;
E. Scholarships (Student & Para)

_____ **Instruction & Professional Development (S-500)**
A. Chair Stipend; B. Seminars, Workshops, Teacher Evaluations

_____ **Foundation Grant (S-600)**

_____ **Contingencies (S-700)**

_____ **Member Events (S-800)**

_____ **Quality Steering Committee (S-900)**
A.Chair Stipend; B.Member Stipend

I certify the above information to be true and I have not already been reimbursed for this expense.

Requestor's Signature: _____   Date: _____

**ONLY complete this section if amount requested is for wages of $600 or greater
**SOCIAL SECURITY # _____
**HOME ADDRESS _____
                                    Street   / City, State Zip Code

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For office use only:
President: _____   Treasurer: _____

Check Number _____   Date of Payment: _____

Return this voucher, along with receipt to: Kelly Hoskins, Treasurer / Oak-Land MIddle School   hoskinsk@stillwaterschools.org