

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) Monthly Meeting Expenses; B) Misc Expenses;
C) Dec/May Dinner Meetings; D) Faculty Rep Stipends
Costs; E) Monthly School Mtgs.

_____ **Officer (S-101)**

A) President; B) President Release Time; C) VP;
D) Secretary; E) Treasurer; F) Immediate Past...;
G) Expenses/Mileage

_____ **Delegate Expenses (S-102)**

A) Ed MN Rep Assembly (Expenses);
B) Summer Leadership Conference

_____ **Communications (S-103)**

A) Chair Stipend; B) Communication Leads,
C) Printing/Misc/Survey Monkey; C) TOTY

_____ **Equity Committee (S-104)**

A) Chair Stipend; B) Seminar/Workshops

_____ **Membership (S-105)**

A) Chair Stipend; B) New Teacher Luncheon; C) Expenses

_____ **Economic Services (S-106)**

A) Chair Stipend; B) Ins Committee Stipends; C) Retirement
Mtg; D) Expenses

_____ **Audit / Taxes (S-107)**

A) Audit/Filing Expenses; B) Tax Filing; C) Expenses;
D) Bank Charges

_____ **Negotiations (S-200)**

A) 6 Team Members; B) 2 Interns; C) Training & Research;
D) Settlement Costs; E) Expenses

_____ **Teacher Rights (S-300)**

A) Elementary Stipend Chair; B) Secondary Stipend Chair; C) SpEd Stipend
Chair; D) Intern; E) Arbitration; F) Training; G) Expenses; H) COVID Team

_____ **Public Affairs (S-400)**

A) Chair Stipend; B) Apprentice Stipend; C) Lobby Days/Legislative
D) Political Action; E) Central Labor Council; F) Metro Area Council;
G) Donations; H) Scholarship; I) Expenses

_____ **Instructional/Professional Dev. (S-500)**

A) Chair Stipend; B) ER&D Site Coordinators; C) Seminars / Workshops /
Teacher Evaluation; D) Expenses

_____ **Foundation (S-600)**

A) EdMN Foundation Grants

_____ **Contingencies (S-700)**

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

A) Spring Member Recognition Event; B) Settlement Debriefing Event;
C) Unity Event Expenses

_____ **QSC – Quality Steering Committee(S-900)**

A) Chair Stipend; B) 7 Reps

_____ **Other** _____

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

President: _____ Treasurer: _____

For office use only: Check Number _____ Date of Payment: _____

Return this voucher, along with receipt to: Kelly Hoskins, Treasurer / Lake Elmo Elementary
hoskinsk@stillwaterschools.org