STATE OF NEBRASKA

EXPENSE REIMBURSEMENT REQUEST

TRANSPORTATION DOCUMENT NUMBER	LODGING DOCUMENT NUMBER	BATCH NUMBER	DOCUMENT NUMBER

DATE	NAME OF PLACE AND NATURE OF SERVICE	TRAVEL TIMES		MEALS		LODGING	TRANSPORTATION			MISCELLANEOUS		TOTAL
2014 month/day	Enter start and stop points for each trip State purpose of each trip	STARTED	STOPPED	Actual Amounts only		DB1, DB2, etc., if direct billed	RATE	MILES TRAVELED	AMOUNT	DESCRIPTION	AMOUNT	
				B			0.560		-			-
				L			0.560		-			-
				D			0.560		-			-
				B			0.560		-			-
				L			0.560		-			-
				D			0.560		-			-
				B			0.560		-			-
				L			0.560		-			-
				D			0.560		-			-
				B			0.560		-			-
				L			0.560		-			-
				D			0.560		-			-
				B			0.560		-			-
				L			0.560		-			-
				D			0.560		-			-
				B			0.560		-			-
				L			0.560		-			-
				D			0.560		-			-
				B			0.560		-			-
				L			0.560		-			-
				D			0.560		-			-
				B			0.560		-			-
				L			0.560		-			-
				D			0.560		-			-
				B			0.560		-			-
				L			0.560		-			-
				D			0.560		-			-
DB: 1			TOTALS		-	-		-	-		-	-

	Business Unit	Object Code	Amount
DB: 2			
DB: 3			
DB: 4			
DB: 5			

NAME and TITLE	ADDRESS BOOK NUMBER	HEADQUARTER CITY	
ADDRESS	CITY	STATE NE	ZIP CODE

SUPERVISOR or APPROVER SIGNATURE

DATE

I claim reimbursement for the above expenses incurred by me in the line of duty and in accordance with Nebraska State Statutes. I declare that this is a true account of such expenses for which payment has not previously been made by the State of Nebraska or another source.

EMPLOYEE SIGNATURE

DATE

I certify that reimbursement for use of privately owned vehicles is authorized according to the provisions of NE State Statutes sections 81-1014 & 81-1176.

Veh. Lic.#

AUTHORIZED SIGNATURE

DATE