

Exhibit 1

**Invoice for Reimbursement of Expenses
Administrative Overhead**

Date: _____

Contract #: _____

Contractor's Name: _____

Address: _____

City/State/Zip: _____

Social Security # / Federal ID #: _____

Service Period: _____

Salaries, Payroll Taxes, Benefits
Liability Insurance, Local Travel \$ _____

Rent, Utilities, Maintenance, Equipment Rental
Tech Support, Phones \$ _____

Office Supplies, Postage, Miscellaneous
Expenses \$ _____

Promotion and Advertising \$ _____

Total Expenses to be Reimbursed: \$ _____

I claim reimbursement from the STATE OF NEBRASKA for the above expenses incurred and declare that the above statement of expenses is a true account of such expenses for which payment has not been made heretofore by the STATE OF NEBRASKA.

By _____ For _____
Signature Contractor

Exhibit 2

**Invoice for Reimbursement of Expenses
Legal Counsel**

Date: _____

Contract #: _____

Contractor's Name: _____

Address: _____

City/State/Zip: _____

Social Security # / Federal ID #: _____

Service Period: _____

Legal Counsel Expenses*:

_____ Hours worked	@	\$_____ per hour	=	\$_____
_____ Hours traveling	@	\$_____ per hour	=	\$_____
_____ Hours training	@	\$_____ per hour	=	\$_____

Travel Expenses*:

Mileage: _____ miles @ \$_____ per mile = \$_____

Meals (note travel dates for per diem): \$_____

Lodging (include receipts): \$_____

Miscellaneous Expenses:

Type: _____ \$_____

Type: _____ \$_____

Total Expenses to be Reimbursed: \$_____

*Attach individual signed and dated reimbursement forms.

I claim reimbursement from the STATE OF NEBRASKA for the above expenses incurred and declare that the above statement of expenses is a true account of such expenses for which payment has not been made heretofore by the STATE OF NEBRASKA.

By _____ For _____
Signature Contractor

Exhibit 3

**Invoice for Reimbursement of Expenses
Financial Counselor/Preparer**

Date: _____

Contract #: _____

Contractor's Name: _____

Address: _____

City/State/Zip: _____

Social Security # / Federal ID #: _____

Service Period: _____

Financial Counselor/Preparer Expenses*:

_____ Hours worked @ \$_____ per hour = \$_____

_____ Hours traveling @ \$_____ per hour = \$_____

_____ Hours training @ \$_____ per hour = \$_____

Travel Expenses*:

Mileage: _____ miles @ \$_____ per mile = \$_____

Meals (note travel dates for per diem): \$_____

Lodging (include receipts): \$_____

Miscellaneous Expenses:

Type: _____ \$_____

Type: _____ \$_____

Total Expenses to be Reimbursed: \$_____

*Attach individual signed and dated reimbursement forms.

I claim reimbursement from the STATE OF NEBRASKA for the above expenses incurred and declare that the above statement of expenses is a true account of such expenses for which payment has not been made heretofore by the STATE OF NEBRASKA.

By _____ For _____
Signature Contractor

Exhibit 4

**Invoice for Reimbursement of Expenses
Mediators**

Date: _____

Contract #: _____

Contractor's Name: _____

Address: _____

City/State/Zip: _____

Social Security # / Federal ID #: _____

Service Period: _____

Mediator Expenses*:

_____ Hours worked @ \$_____ per hour = \$_____

_____ Hours traveling @ \$_____ per hour = \$_____

_____ Hours training @ \$_____ per hour = \$_____

Travel Expenses*:

Mileage: _____ miles @ \$_____ per mile = \$_____

Meals (note travel dates for per diem): \$_____

Lodging (include receipts): \$_____

Miscellaneous Expenses:

Type: _____ \$_____

Type: _____ \$_____

Total Expenses to be Reimbursed: \$_____

*Attach individual signed and dated reimbursement forms.

I claim reimbursement from the STATE OF NEBRASKA for the above expenses incurred and declare that the above statement of expenses is a true account of such expenses for which payment has not been made heretofore by the STATE OF NEBRASKA.

By _____ For _____
Signature Contractor

