RESET FORM PRINT FORM

TRANSPORTATION DOCUMENT NUMBER	LODGING DOCUMENT NUMBER

STATE OF NEBRASKA

EXPENSE REIMBURSEMENT REQUEST

BATCH NUMBER	DOCUMENT NOMBER

DATE	NAME OF PLACE AND NATURE OF SERVICE	TRAVEL TIMES		MEALS	LODGING	TRANSPORTATION			MISCELLANEOUS		TOTAL
2012 day/month	Enter start and stop points for each trip State purpose of each trip	STARTED	STOPPED	Actual Amounts only		RATE	MILES TRAVELED	AMOUNT	DESCRIPTION	AMOUNT	
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
			TOTALS	$0.00	$0.00		0.00	$0.00	$0.00	$0.00	$0.00

Business Unit	Object Code	Amount

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

I claim reimbursement from the STATE OF NEBRASKA for the above expenses incurred by me in the line of duty and 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

SUPERVISOR or APPROVER 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.

AUTHORIZED SIGNATURE	DATE