

TRANSPORTATION DOCUMENT NUMBER	LODGING NUMBER	DOCUMENT NUMBER

STATE OF NEBRASKA

EXPENSE REIMBURSEMENT REQUEST

BATCH NUMBER	DOCUMENT NUMBER

DATE	NAME OF PLACE AND NATURE OF SERVICE	TRAVEL TIMES		MEALS	LODGING	TRANSPORTATION			MISCELLANEOUS		TOTAL
201_ 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	
11/18	Starting location to Kearney for Workshop	time		B		0.240		-			-
11/18	Arrived at Kearney Workshop location		time	L		0.240		-			-
				D		0.240		-			-
				B		0.240		-			-
11/19	Leaving Kearney to your destination	time		L		0.240		-			-
				D		0.240		-			-
11/19	Arrived at at your home destination		time	B		0.240		-			-
				L		0.240		-			-
				D		0.240		-			-
				B		0.240		-			-
				L		0.240		-			-
				D		0.240		-			-
	To Workshop: Beginning odometer:			B		0.240		-			-
	Ending odometer:			L		0.240		-			-
	From Workshop:			D		0.240		-			-
	Beginning odometer:			B		0.240		-			-
	Ending odometer:			L		0.240		-			-
				D		0.240		-			-
				B		0.240		-			-
				L		0.240		-			-
				D		0.240		-			-
				B		0.240		-			-
				L		0.240		-			-
				D		0.240		-			-
DB: 1				D		0.240		-			-
DB: 2											
DB: 3											
DB: 4											
DB: 5											
		TOTALS									
						Business Unit		Object Code		Amount	
Place license number of government owned vehicle here.											
NAME and TITLE		ADDRESS BOOK NUMBER		HEADQUARTER CITY		SUPERVISOR or APPROVER SIGNATURE				DATE	
Owner information of government vehicle											
ADDRESS		CITY		STATE		ZIP CODE					
				NE							
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.				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.				DATE	
EMPLOYEE SIGNATURE						AUTHORIZED SIGNATURE					

This form is for mileage reimbursement for government vehicles only.

Complete these Shaded areas.

Must attach/submit MapQuest or similar map tool with beginning location and ending destination with total miles along with odometer mileage.

