

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	DOT, DBZ, etc., if direct billed	RATE	MILES TRAVELED	AMOUNT	DESCRIPTION	AMOUNT	
11/18	Starting location to Kearney for Workshop	time		B		0.560		-			-
11/18	Arrived at Kearney Workshop		time	L		0.560		-			-
11/18	Where meal was eaten and save receipt			D		0.560		-			-
				B		0.560		-			-
11/19	Leaving Kearney to your destination	time		L		0.560		-			-
				D		0.560		-			-
11/19	Arrived at stated destination		time	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				D		0.560		-			-
DB: 2											
DB: 3											
DB: 4											
DB: 5											
		TOTALS		-	-		-	-			
						Business Unit	Object Code		Amount		
Place license number and owner of privately owned vehicle driven here.											
NAME and TITLE		ADDRESS BOOK NUMBER		HEADQUARTER CITY		SUPERVISOR or APPROVER SIGNATURE				DATE	
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.					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.						
EMPLOYEE SIGNATURE					AUTHORIZED SIGNATURE					DATE	

This form used for meal and/or mileage reimbursement for Privately Owned Vehicles.

Complete these shaded boxes.

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