

THE UNIVERSITY OF NEBRASKA
EMPLOYEE EXPENSE VOUCHER

FOR TRAVEL, MISCELLANEOUS & MOVING REIMBURSEMENTS
 401 Canfield Administration, Lincoln, NE 68588-0439

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Full Name of Claimant (Employee):

Building & Room Number:

Campus or Station: Campus Zip

Form Completed by: Telephone No. or E-Mail

University Dept. Name:	SAP Document Number:
Claimant Telephone No.:	Motor Vehicle Circle Type Used:
Claimant E-Mail:	State Rental Personal
Personnel Number:	
Reason For Trip	

List expenses by each day. Refer to the listing of allowable travel expenses on <http://travel.unl.edu> to determine if a receipt must be submitted for each expense. Itemize all miscellaneous expenses. Be sure to enter departure and arrival times.

Date	Local Time	Place List City & State	Meals \$ Amt	Lodging \$ Amt	Motor Vehicle		Miscellaneous		Taxi etc. \$ Amt	\$ TOTAL
					Miles	\$ Amt	Description	\$ Amt		
	Dep.									
	Arr.					0.00				0.00
	Dep.									
	Arr.					0.00				0.00
	Dep.									
	Arr.					0.00				0.00
	Dep.									
	Arr.					0.00				0.00
	Dep.									
	Arr.					0.00				0.00
	Dep.									
	Arr.					0.00				0.00
	Dep.									
	Arr.					0.00				0.00
TOTALS			0.00	0.00	0.00	0.00		0.00	0.00	0.00

I claim reimbursement from the State of Nebraska for the above expenses incurred by me in the line of duty and declare that the above statement of them is a true account of such expenses for which payment has not been made heretofore by the State of Nebraska.

APPROVED

Signature of Claimant	Date	Supervisor or Approving Official Signature		
NOTE AREA	Cost Object	G/L Account	Amount	