

Reimbursement requests must be received in the UNL Accounting Office (401 Canfield) no later than 60 days after the final day on which expenses were incurred.

<p align="center">THE UNIVERSITY OF NEBRASKA EMPLOYEE EXPENSE VOUCHER FOR TRAVEL, MISCELLANEOUS & MOVING REIMBURSEMENTS 401 Canfield Administration, Lincoln, NE 68588-0439</p> <p>P Full Name of Claimant (Employee): _____</p> <p>A _____</p> <p>Y Building & Room Number: _____</p> <p>E _____</p> <p>E Campus or Station: _____ Campus Zip _____</p> <p>Department Contact: _____ Telephone No. or E-Mail _____</p>	University Dept. Name:	SAP Document Number:
	Claimant Telephone No.:	Motor Vehicle Circle Type Used:
	Claimant E-Mail:	State Rental
	Personnel Number:	Personal
	Reason For Trip (enter in space below):	

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 for first and last days.

►Detailed receipts are required for all food/meal expenses equal to or greater than \$5. Each request must be fully itemized, including the amount, date, place, and essential character of the expense incurred. This applies to all employees.

Date	List times for first & last day	List starting city & destination & ending city	Meals \$ Amt	Lodging \$ Amt	Motor Vehicle		Miscellaneous		Taxi etc. \$ Amt	\$ TOTAL
					Miles	\$ Amt	Description	\$ Amt		
	Dep.									
	Arr.									
	Dep.									
	Arr.									
	Dep.									
	Arr.									
	Dep.									
	Arr.									
	Dep.									
	Arr.									
	Dep.									
	Arr.									
	Dep.									
	Arr.									
TOTALS										

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.

Print or Type Name of Supervisor or Approving Official	Date
Print or Type Name of Claimant	Date
Signature of Claimant*	Print or Type Title of Supervisor or Approving Official
Must be an original signature. No copies, faxes or stamps are permitted.	Signature of Supervisor or Approving Official

Reimbursement Amount \$	Cost Object	G/L Account	Amount
NOTE AREA			