

THE UNIVERSITY OF NEBRASKA
EMPLOYEE EXPENSE VOUCHER

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

P Full Name of Claimant (Employee): _____
A Building & Room Number: _____
Y Campus or Station: _____ Campus Zip _____
E Department Contact: _____ Telephone No. or E-Mail _____

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.

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.					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.

Print or Type Name of Supervisor or Approving Official _____ Date _____

Print or Type Name of Claimant _____ Date _____

Print or Type Title of Supervisor or Approving Official _____

Signature of Claimant*

Signature of Supervisor or Approving Official*

***Must be an original signature. No copies, faxes or stamps are permitted.**

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