

THE UNIVERSITY OF NEBRASKA  
**EMPLOYEE EXPENSE VOUCHER**

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

University Dept. Name:	SAP Document Number:
Telephone No.:	If you Drove a State or Personal Vehicle Enter: Lic. Plate No.: Name of Owner:
E-Mail:	
Social Security No.:	
Reason For Trip	

**P  
A  
Y  
E  
E**

Full Name of Claimant (Employee): \_\_\_\_\_

Building & Room Number: \_\_\_\_\_

Campus or Station: \_\_\_\_\_ Campus Zip: \_\_\_\_\_

List expenses by each day. Attach receipts for all expenses except meals, taxis, tolls, telephone, and miscellaneous items under \$5.00. 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
Dep.										
Arr.										0.00
Dep.										
Arr.										0.00
Dep.										
Arr.										0.00
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Dep.										
Arr.										0.00
Dep.										
Arr.										0.00
Dep.										
Arr.										0.00
<b>TOTALS</b>			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	Signature of Dean, Director or Chair (if required)		
NOTE AREA	Cost Object	G/L Account	Amount	