STATE OF NEBRASKA
NEBRASKA ACCOUNTING SYSTEM

EXPENSE REIMBURSEMENT

(PLEASE PRINT OR TYPE)

Doc #	Warrant #	Sap#
Batch. #	NAME	SSN
Date:	ADDRESS	
	CITY / STATE / ZIP CODE	
	TITLE	HEADQUARTER CITY
	AUTO OWNER	LICENSE NUMBER

AGENCY/DIVISION PERU STATE COLLEGE
DATE

DATE	PARTICULARS	TIME		MEALS	LODGING	TRANSPORTATION			MISCELLANEOUS		TOTAL
	DESCRIPTION/REASON	STARTED	STOPPED	AMOUNT	AMOUNT	RATE	MILES	AMOUNT	DESCRIPTION	AMOUNT	
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
								$0.00			$0.00
			TOTALS	$0.00	$0.00		0	$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 this is a true account of such expenses for which payment has not previously been made by the STATE OF NEBRASKA.

EMPLOYEE SIGNATURE DATE

DIVISION APPROVAL DATE

I hereby certify that the above claims for reimbursement is proper under state statutes, and that the claim for mileage, if any, for use of a privately owned vehicle, is authorized according to Section 81-1176.

AGENCY AUTHORIZED SIGNATURE DATE

CODING BELOW TO BE DONE BY DIVISION

SAP G/L Acct.	SAP Budget	TOTAL