

STATE OF NEBRASKA  
NEBRASKA ACCOUNTING SYSTEM

# EXPENSE REIMBURSEMENT

(PLEASE PRINT OR TYPE)

AGENCY/DIVISION **PERU STATE COLLEGE**

DATE

Doc #	Warrant #	SAP Employee Personnel #
Batch. #	NAME	
Batch Date:	ADDRESS	
	CITY	STATE
	ZIP CODE	
	TITLE	HEADQUARTER CITY
	AUTO OWNER	LICENSE PLATE NUMBER

DATE	PARTICULARS DESCRIPTION/REASON	TIME		MEALS	TRANSPORTATION			MISCELLANEOUS		TOTAL
		STARTED	STOPPED		RATE	MILES	AMOUNT	DESCRIPTION	AMOUNT	
<b>TOTALS</b>										

TOTALS

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		
Department Entity : _____		
SAP Cost Object #	SAP Budget # Or WBS #	TOTAL

8/13/12