

Reimbursement requests must be received in the UNL Accounting Office (401 Canfield) no later than 60 days after each expense was incurred.

THE UNIVERSITY OF NEBRASKA
EMPLOYEE
NON-TRAVEL EXPENSE VOUCHER
 401 Canfield Administration, Lincoln, NE 68588-0439

**P
A
Y
E
E**

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

University Dept. Name	SAP Document No
Claimant Telephone No.	
Claimant E-Mail	
Personnel Number	
ATTACH RECEIPTS FOR ALL EXPENSES FOR MISCELLANEOUS NON TRAVEL ITEMS OVER \$5.00	

Date	List Miscellaneous Items	Business Purpose	\$ Amount
Total			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 Claimant _____ Date _____

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

Signature of Claimant* _____

Signature of Supervisor or Approving Official* _____

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

NOTE AREA	Cost Object	G/L Account	Amount