THE UNIVERSITY OF NEBRASKA

EMPLOYEE
NON-TRAVEL EXPENSE VOUCHER

401 Canfield Administration, Lincoln, NE 68588-0439

University Dept. Name	SAP Document No
Telephone No.	
E-Mail	
Personnel Number	

PAYEE

Full Name of Claimant (Employee)

Building & Room Number

Campus or Station Campus Zip

ATTACH RECEIPTS FOR ALL EXPENSES FOR MISCELLANEOUS NON TRAVEL ITEMS OVER $5.00

Date	List Miscellaneous Items	$ Amount
		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	
NOTE AREA	Cost Object	G/L Account	$ Amount