

**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

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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	
<b>ATTACH RECEIPTS FOR ALL EXPENSES FOR MISCELLANEOUS NON TRAVEL ITEMS OVER \$5.00</b>	

Date	List Miscellaneous Items	Business Purpose	\$ Amount
<b>Total</b>			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