	SPORTATION LODGING HENT NUMBER DOCUMENT NUMBER				=>	STA							т			BATCH NUMBER	росим	ENT NUMBER
DATE	NAME OF PLACE AND NATURE OF SERVICE	EXPENSE REIMBURSEMENT DOCUMEN TRAVEL TIMES TRAVEL DESTINATION MEALS LODGING								41 DO	TRANSPORTATION		TION	MISCELLANEOUS				
2021	Enter start and stop points for each trip	IRAVE	LIMES	IK	AVEL DE	STINATION	Trip 1st		bursed			DB1, DB2, etc., if direct		MILES	ATION	WISCELLANEOUS	5	
month/day	State purpose of each trip	STARTED	STOPPED	Trip	State	Destination	Last Da	у В	L	D	Per Diem	billed	RATE	TRAVELED	AMOUNT	DESCRIPTION	AMOUNT	TOTAL
								48			-		0.56		-			-
	Example without meals							$+$ $\frac{1}{1}$		H	-		0.56		-			-
	Start-Lincoln, NE Stop-Kearney, NE	8:00 am	5:00 pm		-		$\vdash \vdash$	+	H	H	-		0.56	264	147.84	Per Diem	50.00	197.84
	Return-Lincoln, NE	0.00 am	5.00 pm	-	+	-		$+\frac{1}{\Box}$	H	H	-		0.56	204	147.04	rei bieiii	30.00	197.04
	INCIGITI-EIRICOIRI, INC				-			$+\overline{\Box}$	H		-		0.56					
					+			$+\overline{}$	H	H	-		0.56					_
					-			$+\overline{}$	H				0.56					-
		1	 		—			+-	H		-		0.56					-
			<u> </u>		1			+-	1		-		0.56		-			-
			1								-		0.56		-			-
	Example with meals										-		0.56		-			-
											-		0.56		-			-
	Start-Scottbluff, NE Stop-Kearney, NE	5:30 am	8:00 pm	Trip 1	NE	OTHER	V	1		V	21.53		0.56	600	336.00	Per Diem	50.00	407.53
	Return-Scottsbluff, NE										-		0.56		-			-
											-		0.56		-			-
											-		0.56		-			-
											-		0.56		-			-
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											-		0.56		-			-
								14			-		0.56		-			-
			TOTALS	8						Ш	21.53	-		864	483.84		100.00	605.3
DB: 1														Business	Unit	Object Code	A	mount
DB: 2																		
DB: 3 DB: 4																		
JB: 4																		
NAME and	TITLE	ADDRESS E	BOOK NUMBE	R	Т	HEADQUARTER	CITY											
Joe Com	missioner				1			S	pringfie	eld			SUPERVI	SOR or APPI	ROVER SIGNA	ATURE	DATE	
ADDRESS CITY					STATE ZIP CODE							1						
101 Mair	Street	Springfie	ld		1	NE	6804	6										
I claim reimbu	resement for the above expenses incurred by me in the line of du			ska State Sta	atutes. I de		ue account	of such ex	penses f	or which	payment has		I certify that	reimbursement f	or use of privately	owned vehicles is authorized according to the	e Veh. Lic.#	VIF555
	been made by the State of Nebraska or another source. E SIGNATURE				_	DATE								f NE State Statut	es sections 81-101	4 & 81-1176.	DATE	
Joe Comm					1	-/		25	5-Feb	21			AUTHOR	ILLU SIGNAT	ONL		J	
	/28/21					1)-I ED	-41								

To claim breakfast, you must leave before 6:30 am To claim supper, you must arrive home after 7:00 pm

If claiming meals, click on the Trips - Per Diem Calc tab at the bottom of this spreadsheet and complete the form using the dropdown menu for State and Destination of your trip. The form will automatically fill in meal amounts. See example on next page.

Complete this tab for overnight travel or when approved for one-day meals

	Select State	e and De	stination using	Drop	Down Ar	rows			
	State	Des	tination	Bre	eakfast	Lunch	Dinner	Incidental	
Trip 1	NE	OTH	IER	₩	\$13.00	\$14.00	\$23.00	\$5.00	
Trip 2					#N/A	#N/A	#N/A	\$5.00	
Trip 3					#N/A	#N/A	#N/A	\$5.00	
Trip 4					#N/A	#N/A	#N/A	\$5.00	
Trip Foreign		0	()	\$0.00	\$0.00	\$0.00	\$0.00	

	n Location and Ar	
Foreign I	rip Location	Daily Rate
City	Country	
NE	Per Diem Rate: 7	0%