

How to correctly fill out an Expense Voucher

Staple required receipts to the form.

Provide claimant's full name and address.

Provide the name and contact information for the person who is completing the form. If the claimant is completing the form "Self" should be entered into this field.

Arrival and destination times must be listed for meal purposes.

Claimant's signature and departmental signature are required. Copied, stamped, or fax signatures are not allowed.

If amount being claimed is less than the expense total please enter reimbursement amount in the **Note Area**.

THE UNIVERSITY OF NEBRASKA
EMPLOYEE EXPENSE VOUCHER
FOR TRAVEL, MISCELLANEOUS & MOVING REIMBURSEMENTS
401 Canfield Administration, Lincoln, NE 68588-0439

University Dept. Name: _____ SAP Document Number: _____

Claimant Telephone No.: _____ Motor Vehicle
Circle Type Used: _____

Claimant E-Mail: _____ State
Rental
Personal

Personnel Number: _____

Reason For Trip _____

Full Name of Claimant (Employee): _____
Building & Room Number: _____
Campus or Station: _____ Campus Zip _____

Form Completed by: _____ Telephone No. or E-Mail _____

List expenses by each day. Refer to the listing of allowable travel expenses on <http://travel.unl.edu> to determine if a receipt must be submitted for each expense. Itemize all miscellaneous expenses. Be sure to enter departure and arrival times.

Date	Local Time	Place List City & State	Meals \$ Amt	Lodging \$ Amt	Motor Vehicle		Miscellaneous		Taxi etc. \$ Amt	\$ TOTAL
					Miles	\$ Amt	Description	\$ Amt		
Dep.										
Arr.						0.00				0.00
Dep.										
Arr.						0.00				0.00
Dep.										
Arr.						0.00				0.00
Dep.										
Arr.						0.00				0.00
Dep.										
Arr.						0.00				0.00
Dep.										
Arr.						0.00				0.00
Dep.										
Arr.						0.00				0.00
TOTALS			0.00	0.00	0.00	0.00		0.00	0.00	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	Supervisor or Approving Official Signature	
NOTE AREA	Cost Object	G/L Account	Amount

List department name, claimant's phone number, email address and **Personnel number**.

Circle type of motor vehicle used.

Provide a brief description for purpose of trip.

- Meals are to be listed on a daily basis for the actual amount spent and receipts must be attached. Appropriate documentation consists of a detailed itemization listing the date, amount and restaurant for each meal including tips.
- A paid folio hotel receipt must be provided for lodging expenses claimed.
- Mileage must be reflected on a per destination basis.
- Air fare, car rental, registration, telephone, parking, tolls, etc should be listed in the miscellaneous column.

Provide appropriate cost object(s) and G/L account numbers.