



# Nebraska Department of Health and Human Services Expense Reimbursement for Non-State Employees

|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                             |       |                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|-------|----------------------|
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Social Security Number or NIS Number<br> |       |                      |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | City                                                                                                                        | State | Zip Code             |
| Daytime Phone Number                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Board, Advisory Group, Voluntary Group                                                                                      |       |                      |
| Nature of Business                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                             |       |                      |
| Location of Meeting (City)                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                             |       |                      |
| <b>Mileage Reimbursement</b><br>(Personal car) (To be paid at approved State rate)                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                             |       |                      |
| Travel Start Date/Time/Location                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Travel Stop Date/Time/Location                                                                                              |       | Miles Traveled       |
| (Return) Travel Start Date/Time/Location                                                                                                                                                                                                                                                                                                                                                                                                                     |  | (Return) Travel Stop Date/Time/Location                                                                                     |       | Miles Traveled       |
| Auto Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Auto License #                                                                                                              |       | Total Miles Traveled |
| <b>Meal Reimbursement</b><br>(Amounts must be reasonable and only for meals not otherwise provided as part of meeting.<br>If more than one day of meals are claimed, each day must be listed separately.)                                                                                                                                                                                                                                                    |  |                                                                                                                             |       |                      |
| <b>Breakfast</b> - If travel begins at or before 6:30 a.m. the morning meal may be reimbursed.<br><b>Lunch</b> - If over-night travel begins at or before 11:00 a.m. or return from overnight travel at or after 2:00 p.m., the noon meal may be reimbursed. Noon meals for one-day travel are not reimbursable.<br><b>Dinner</b> - If returning from one-day travel or beginning overnight travel at or after 7:00 p.m. the evening meal may be reimbursed. |  |                                                                                                                             |       |                      |
| Breakfast \$                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                             |       |                      |
| Lunch \$                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                             |       |                      |
| Dinner \$                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                             |       |                      |
| Meal Total \$                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Date                                                                                                                        |       |                      |
| <b>Lodging Reimbursement</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                             |       |                      |
| Was lodging paid directly by State of Nebraska<br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Hotel/Motel                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                             |       |                      |
| If reimbursement for lodging is requested, please attach the original receipt to this document. The receipt must show a "zero" balance and the dates of travel.                                                                                                                                                                                                                                                                                              |  |                                                                                                                             |       |                      |
| Lodging Total \$                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Date(s)                                                                                                                     |       |                      |

**Miscellaneous Reimbursement**  
(ie. parking, tolls, etc.) Be specific

|         |          |         |
|---------|----------|---------|
| Expense | Total \$ | Date(s) |
| Expense | Total \$ | Date(s) |
| Expense | Total \$ | Date(s) |

Miscellaneous Total \$

**Summary**

|                   |                        |
|-------------------|------------------------|
| Meals Total \$    | Total Miles Traveled   |
| Lodging Total \$  | Miscellaneous Total \$ |
| Total Expenses \$ |                        |

I certify that the above claim for reimbursement from the State of Nebraska is for expenses incurred by me and declare that this is a true account of such expenses for which payment has not previously been made by the State of Nebraska.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Board or Advisory Committee Member/Volunteer

**INSTRUCTIONS**

This reimbursement form is to be used by individuals who serve on Boards, Advisory Committees or Volunteer Groups who seek reimbursement for cost incurred by them personally while conducting board or advisory committee business. The following procedures will help in expediting the processing of expense reimbursement documents.

Submit your own expenses. Do not share receipts or combine individual expenses on one expense reimbursement form. Please attach all original receipts that are required for reimbursement (lodging, car rental, commercial travel, registration fees, as applicable).

**For DHHS Staff Only:**

Obtain a board or committee authorized signature from your administrator/designee with authority to commit or expend funds for the respective division /unit/facility/office/service area.

Final processing requires an expense reimbursement document to be completed by the coordinating individual for the board or advisory committee.

- \_\_\_\_\_ Attach original to expense reimbursement document
- \_\_\_\_\_ Photocopy to responsible division/unit/facility/office/service area
- \_\_\_\_\_ Photocopy to individual board or advisory committee member

**To Be Completed by the State of Nebraska**

**Signature** \_\_\_\_\_ **Business Unit Number** \_\_\_\_\_