

# Nebraska State Education Association

605 South 14th Street  
Lincoln, NE 68508

PLEASE PRINT

PAYEE

ADDRESS

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(STREET)

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(CITY) (STATE) (ZIP)

DATE								Total Each Line
Breakfast**								
Lunch**								
Dinner**								
Hotel								
Automobile @ \$_____ per mile								
Parking Fees								
Taxi								
Telephone								
Other Tips								
Other*								
Other*								
Other*								
Airfare								
Totals								

\*\*Include tips

\*Must include explanation

Destination and Purpose of Trip \_\_\_\_\_

Explanation \_\_\_\_\_

Total this sheet

Less Direct billing

Less Advance

Due NSEA

Due Payee

Payee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Authorizing Official \_\_\_\_\_

Date \_\_\_\_\_

A receipt must be attached for all expenses except tips.