

# 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

0

Due Payee

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

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

A receipt must be attached for all expenses except tips.