

Nebraska State Education Association

605 South 14th Street
Lincoln, NE 68508

PLEASE PRINT

PAYEE

ADDRESS

(STREET)

(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.