

NEBRASKA

# SHIP

SENIOR HEALTH INSURANCE  
INFORMATION PROGRAM

## Expense Report

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Social Security No: \_\_\_\_\_

CATEGORIES	QUANTITY	RATE	ACTIVITY	REIMBURSEMENT REQUEST
<b>Mileage</b>	Miles Driven=	<i>(Per current IRS mileage rate)</i>		
<b>Postage</b>	# of Pieces of Mail=	<i>Varies</i>		
<b>Photocopying</b>	# of Copies=			
<b>Misc.</b>				

I certify to the best of my knowledge and belief that the above information is correct and complete.

\_\_\_\_\_  
SHIP Volunteer signature