

EXPENSE REPORT FORM

Revised 12/13/10

See detailed instructions on the back of this form before completing this side. Enter all expense information on this sheet. Please submit one claim form for each meeting attended. **Note: All receipts must be ORIGINALS.** If this form is not filled out properly or completely, we cannot process your expense voucher.

Name _____ Social Security # _____

Home Address _____ Home Phone # _____

Work Phone # _____

Departure from home/business: Date: _____ Time: _____ a.m./p.m.

Returned to home/business: Date: _____ Time: _____ a.m./p.m.

Are you a State Employee? _____ If yes, what State Agency do you work for? _____

TRAVEL: If reimbursement request is for a government vehicle, a written request on official letterhead listing the auto license number must accompany this form.

Meeting /Conference Attended _____ Location _____ Auto License # _____
Auto Owner _____

Mileage claimed for _____ miles at **51.0** cents per map mile. \$ _____

Air travel: **Prior approval** of agency director is required for reimbursement \$ _____

Travel Subtotal _____

LODGING: May be reimbursed when absence must be of such duration that you cannot reasonably leave and return to your home. \$77.00 Maximum plus tax (\$93.00 Maximum plus tax allowed for Lincoln and Omaha).

[Date(s)] _____ at [Name of Hotel/Motel] _____ in
[Location] _____ (Original receipt required).

Lodging Subtotal _____

MEALS: All meal receipts are required and must be itemized if you wish to be reimbursed for meals. The conditions under which reimbursement can be made are listed below.

Breakfast: You must have left your home/business before 6:30 a.m.

Noon Meal: You must be on an **overnight trip AND** must leave before 11:00 a.m. or return after 2:00 p.m.

Supper: You must return to home/business after 7:00 p.m.

<u>DATE</u>	<u>BREAKFAST</u>	<u>NOON MEAL</u>	<u>SUPPER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Meal Subtotal _____

MISCELLANEOUS EXPENSES: Receipts are required for reimbursement of auto rental.

Miscellaneous Subtotal _____

TOTAL CLAIM _____

I claim reimbursement from the STATE OF NEBRASKA for the above expenses incurred by me in the line of duty and declare that the above statement of them is a true account of such expenses for which payment has not been made heretofore by the STATE OF NEBRASKA.
SIGNATURE _____ DATE _____

The Commission's Expense Reimbursement Rules are Per Federal Government and DAS Rules

Please note: All expense reimbursement forms must be submitted to the Crime Commission within 30 DAYS from the date expenses were incurred.

TRAVEL:

- ✓ Mileage - If you drive miles over and above the normal city-to-city mileage, please explain. DAS uses map miles to determine allowable miles and will reject mileage above the accepted amount unless there is an explanation.
- ✓ The state will reimburse travel expenses at the most economical means of transportation. You should check with Mary Thomason (402-471-4496) to determine this amount prior to travel to avoid disappointment.
- ✓ Lodging - The limit is set by DAS based upon Federal guidelines. Always ask for the government/state rate. The current in-state limit is \$93.00+ tax for Lincoln and Omaha and \$77.00+ tax for the rest of the state. If you spent the night but are **NOT** charging the Crime Commission, please indicate this by putting **N/A** in the Lodging column. If you spent the night and **DO charge** via Direct Billing from the lodging vendor directly to the Crime Commission, please put **DB** (Direct Bill) in the Lodging column.

MEALS:

- ✓ The in-state guidelines are \$7.00 for breakfast, \$11.00 for lunch and \$23.00 for dinner. These guidelines are not per diem and are not aggregated. **ALL MEAL RECEIPTS ARE REQUIRED FOR REIMBURSEMENT AND MUST BE ITEMIZED.**

Please remember more information on the expense report is better. It helps staff process your expense vouchers, and it helps us get them through DAS's review. Generally, expense vouchers are processed the 10th of the month with distribution by the end of the month. We urge you to fill these out the first week you return from your travel.

Please return form to:
NE Commission on Law Enforcement and Criminal Justice
P.O. Box 94946
Lincoln, NE 68509-4946