

**REQUEST FOR REIMBURSEMENT
NEBRASKA DEPARTMENT OF EDUCATION**

NDE Only 1/2014

Letter Contract

Committee

MEETING NAME: NCTE Executive Committee Meeting

MEETING LOCATION: NE State Office Bldg., Dept. of Education, Conf. Rm. B

DATE(s) OF MEETING: April 25, 2019

Batch #

Document #

NAME	SOCIAL SECURITY NUMBER
MAILING ADDRESS	CITY/STATE/ZIP

Dates/Times of Travel		OWNER OF VEHICLE (If Applicable)		LICENSE PLATE NUMBER (If Applicable)	
DATE	START TIME/END TIME	FROM	TO		MILES
/	/	FROM	TO		MILES
/	/	FROM	TO		MILES
/	/	FROM	TO		MILES
/	/	FROM	TO		MILES
ACTUAL MILEAGE _____ x \$ <u>.58</u> _____			TOTAL MILEAGE REIMBURSEMENT		\$ _____

STIPEND DATES	PER DAY: \$ _____ X _____ 1 _____ DAYS
____/____/____, ____/____/____, ____/____/____, ____/____/____, ____/____/____	
TOTAL STIPEND PAYMENT	
\$ _____	

MEALS				
DATE	BREAKFAST	LUNCH	DINNER	TOTAL
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL MEALS REIMBURSEMENT				\$ _____

MISCELLANEOUS EXPENSES			
PARKING: \$ _____	TIPS: \$ _____	OTHER: \$ _____	OTHER: \$ _____
TOTAL MISCELLANEOUS REIMBURSEMENT			\$ _____

LODGING (Receipt required unless Direct Billed to the Department per the contract)	\$ _____
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TOTAL PAYMENT DUE CONTRACTOR (Stipend and/or Expenses)	\$ _____
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<p><i>I claim reimbursement from the STATE OF NEBRASKA for the above expenses incurred by me and declare that is a true account of such expenses for which payment has not previously been made by the STATE OF NEBRASKA. I further certify that I have received a copy of the letter contract.</i></p> <p>_____ Signature of Contractor</p> <p>_____ Date</p>	<p><i>I hereby certify that the above claim for reimbursement is proper under state statutes, and that the claim for mileage, if any for use of a privately-owned vehicle, is authorized according to Section 81-1176.</i></p> <p>_____ Signature of Nebraska Department of Education</p> <p>_____ Date</p>
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BUSINESS UNIT	LETTER CONTRACTS	BUSINESS UNIT	BUSINESS UNIT	COMMITTEES
_____	.547100 \$ _____	_____	.571100 \$ _____	_____
_____	.574600 \$ _____	_____	.571600 \$ _____	_____
_____		_____	.571900 \$ _____	_____
_____		_____		_____

REF. BATCH # _____	REF. BATCH # _____	REF. BATCH # _____	REF. BATCH # _____
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INSTRUCTIONS

For Committee's that create an employer/employee relationship, claiming for reimbursement should be on the Employee Reimbursement Document.

Direct Billing for any item, i.e., lodging, air fare, etc. is considered part of the letter contract. The payment for such items must be cross-referenced to the payment made to the Contractor.

DATES/TIMES OF TRAVEL MUST BE COMPLETED TO BE REIMBURSED

STIPEND:

- Report the dates requesting the stipend, the number of days (may include partial days and the total amount of the stipend (days times daily stipend rate)

MILEAGE:

- Reimbursement for mileage is only made to an individual. Complete the Owner of Vehicle and License Number.
- Report Actual miles. List the starting location in "Location From:" and the ending location in "Location To:"
- Explanation for additional mileage must be provided (example: picked up 3 individuals to carpool, actual residence is 18 miles outside of town). May attach a separate sheet with the explanation.
- If using an agency/business automobile, a separate Letter Contract will be required between the agency/business and the Nebraska Dept. of Education in order for the agency/business to be reimbursed.

MEALS:

- Cost of meals is reimbursed per Contract allowance. Tips for meals shall be included in the Miscellaneous Section.
- Time-frame allowances and guideline costs for meals are specified in the Letter Contract.
- No reimbursement will be made for alcoholic beverages.
- NDE may adjust a Contractor's expense reimbursement request to meet the specifications of the Letter Contract.

LODGING:

- Lodging may be direct-billed to the Agency only with prior approval by the agency and through agency arrangement with the motel/hotel. If direct billed enter "DB" in Lodging.
- Contractor may be reimbursed for the actual cost of personally arranged lodging and tax. The most cost effective lodging (single government rates) will be considered. Receipts are required.
- If unusual circumstances arise, explanation for expense will be required.

MISCELLANEOUS:

Required receipts:

- Parking in a parking garage or lot. On-street parking meter costs do not require a receipt.
- Any unusual purchases.

No receipts are required for gratuity/tips for meals and personal services

The signature of the Contractor and date of signature is required.

NDE Use Only:

- Signature of the Nebraska Department of Education Approver is required.
- Enter the Business Units and dollar amounts of the payment.
- Cross Reference any batch(es) that pertain to this letter contract, i.e. direct billing of lodging, direct billing of airline ticket, etc.