

- Letter Contract
- Committee

**REQUEST FOR REIMBURSEMENT
NEBRASKA DEPARTMENT OF EDUCATION**

MEETING NAME: Nebraska Council on Teacher Education (NCTE) Meeting
MEETING LOCATION: The Country Inn and Suites – 5353 N. 27th Street - Lincoln
DATE(s) OF MEETING: October 14, 2016

Batch # Document #
AB #

NAME	SOCIAL SECURITY NUMBER
MAILING ADDRESS	CITY/STATE/ZIP
OWNER OF VEHICLE (MUST provide if claiming mileage or parking)	LICENSE PLATE NUMBER (MUST provide if claiming mileage or parking)

STIPEND DATES (No stipend is paid for this meeting)	PER DAY: \$ ____ X ____ DAYS
____/____/____, ____/____/____, ____/____/____, ____/____/____, ____/____/____	
TOTAL STIPEND PAYMENT	
\$	

MEALS – (Receipts Required)					
DATE	START TIME / END TIME	BREAKFAST	LUNCH	DINNER	TOTAL
	/	\$	\$	\$	\$
	/	\$	\$	\$	\$
	/	\$	\$	\$	\$
TOTAL MEALS REIMBURSEMENT					\$

MILEAGE		OWNER OF VEHICLE		LICENSE PLATE NUMBER
DATE	START TIME/END TIME	FROM	TO	MILES
	/	FROM	TO	MILES
	/	FROM	TO	MILES
	/	FROM	TO	MILES
	/	FROM	TO	MILES
ACTUAL MILEAGE ____ x \$0.54			TOTAL MILEAGE 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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<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>	<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>
_____ <i>Signature of Contractor</i>	_____ <i>Signature of Nebraska Department of Education</i>
_____ <i>Date</i>	_____ <i>Date</i>

BUSINESS UNIT	LETTER CONTRACTS	BUSINESS UNIT	BUSINESS UNIT	COMMITTEES
	.547100 \$.571100 \$.574500 \$	
	.574600 \$.571600 \$.575100 \$	
		.571900 \$. \$	

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.

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:

- Meals during travel status under the following circumstances:
 - Breakfast, if contractor leaves at or before 6:30 a.m.
 - Lunch, if contractor leaves prior to 11:00 a.m.
 - Dinner, if contractor returns at or after 7:00 p.m.
 - No alcoholic beverage is allowed.
- Maximum meal allowance: statewide, \$39.00/day, Omaha: \$49.00/day
- Itemized receipts are required for amounts above \$4.99 for meal reimbursements.
 1. When paying with a debit or credit card you must submit:
 - A. A single itemized (detailed) receipt--showing both the itemized particulars and the payment; --OR--
 - B. An itemized (detailed) receipt AND a separate payment slip showing the bill was paid; --OR--
 - C. If you do not receive a receipt after paying with a debit or credit card, then you must submit your debit or credit card statement indicating the charge.
 2. When paying with cash:
 - A. Submit the itemized (detailed) receipt that shows it was paid in cash; --OR--
 - B. If you do not get an itemized receipt showing payment, then you write on the itemized receipt that you paid in cash and no receipt indicating payment was received.

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.