

NEBRASKA JUDICIAL BRANCH NON-EMPLOYEE PAYMENT REQUEST

NAME _____ PHONE NUMBER _____ SERVICE PROVIDED _____
 ORGANIZATION _____ EMAIL ADDRESS _____ SERVICE DATES _____
 TAX ID OR SSN _____ MAILING ADDRESS _____
 (to receive payment)

ITEM		START DATE & TIME	END DATE & TIME	AMOUNT
Hotel	Name & Location:			
Meals/Per Diem	Cities:			
Airfare	From: _____ To: _____ Round Trip			
Ground Transportation	From: _____ To: _____			
Ground Transportation	From: _____ To: _____			
Personal Vehicle Mileage	From: _____ To: _____ Miles: _____ Rate: _____			
Personal Vehicle Mileage	From: _____ To: _____ Miles: _____ Rate: _____			
Other				
Other				
GRAND TOTAL				

SIGNATURE _____

DATE _____

Nebraska Judicial Branch internal use only:

APPROVED BY _____

DATE _____

INVOICE NUMBER (Assigned by Finance Division) _____

CODING _____

Please email the completed form and receipts to nsc.finance@nejudicial.gov
 or mail to 521 S. 14th St, Suite 101, Lincoln, NE 68509