

## 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				
<b>GRAND TOTAL</b>				

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@nebraska.gov](mailto:nsc.finance@nebraska.gov)  
 or mail to 521 S. 14th St, Suite 101, Lincoln, NE 68509