

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 # (Assigned by Finance Division) _____

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