UNIVERSITY OF NEBRASKA AT OMAHA
MILEAGE WORKSHEET

Traveler Personnel # _____ **TRIP NUMBER** _____

Cost Center / WBS Element _____ $ _____
Cost Center / WBS Element _____ $ _____

Date (mm/dd/yy)	Location	Reason for Trip	Qty Miles	Mileage Amount
		TOTAL		

I claim reimbursement from the State of Nebraska for the above expenses incurred by me in the line of duty and declare that the above statement of them is a true account of such expenses for which payment has not been made heretofore by the State of Nebraska.

Claimant _____ Date _____

Dean/Director Approval _____ Date _____

Accounting _____ Date _____