

**UNIVERSITY OF NEBRASKA AT OMAHA
MILEAGE WORKSHEET**

Traveler _____ TRIP NUMBER _____
 Personnel # _____

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