

## 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 _____	

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

Nebraska Judicial Branch internal use only:	
APPROVED BY _____	
DATE _____	
INVOICE NUMBER (Assigned by Finance Division) _____	
CODING _____	
_____	