NEBRASKA JUDICIAL BRANCH NON-EMPLOYEE PAYMENT REQUEST

NAME _____ **PHONE NUMBER** _____ **SERVICE PROVIDED** _____

ORGANIZATION _____ **EMAIL ADDRESS** _____ **SERVICE DATES** _____

TAX ID OR SSN (to receive payment) _____ **MAILING ADDRESS** _____

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: .76			
Personal Vehicle Mileage	From:	To:	Miles:	Rate: .76			
Other							
Other							
GRAND TOTAL							

SIGNATURE _____

DATE

Please email the completed form and receipts to 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 _____

AD 2:20
Rev. 07/2026