

NEBRASKA SHIP

Local help for Nebraskans
with Medicare

Expense Report

This report **with original signature** should be submitted to the Regional Representative monthly.
Expenses must be turned in within **60** days from when they were accrued. Anything turned in after that time cannot be reimbursed due to State regulations.

Name: _____

Date: _____

Address: _____

Phone: _____

Social Security No: _____

CATEGORIES	QUANTITY	RATE	ACTIVITY	REIMBURSEMENT REQUEST
Mileage <i>If you are submitting multiple dates please include information on an attached sheet.</i> Travel Start Time: _____ Travel Stop Time: _____	Miles Driven=	(Per current IRS mileage rate)	Event Name: _____ Location: _____ Date: _____	
Postage	# of Pieces of Mail=	Varies		
Photocopying	# of Copies=			
Misc.				

I certify to the best of my knowledge and belief that the above information is correct and complete.

SHIP Staff Use Only:

Type of Expense: Volunteer Sub-Recipient

Funding: Basic MIPPA SMP

Approved: _____

Signature _____

Date _____