

NEBRASKA



SENIOR HEALTH INSURANCE  
INFORMATION PROGRAM

# Expense Report

This report **with original signature** should be submitted to the Regional Representative on a monthly basis. 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
<b>Mileage</b> <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: _____	
<b>Postage</b>	# of Pieces of Mail=	Varies		
<b>Photocopying</b>	# of Copies=			
<b>Misc.</b>				

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

<u>SHIIP Staff Use Only:</u>			
Type of Expense:	Volunteer	Sub-Recipient	
Funding:	Basic	MIPPA	SMP
Approved:	_____		

\_\_\_\_\_  
SHIIP Volunteer signature