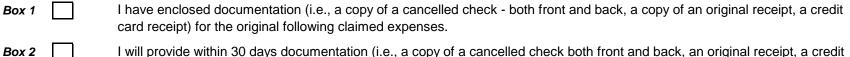
TRAVEL ADDENDUM

I hereby certify that the following expenses were incurred by me on behalf of the University of Nebraska Lincoln. I do not have an original detailed receipt therefore (check applicable box below):



I will provide within 30 days documentation (i.e., a copy of a cancelled check both front and back, an original receipt, a credit card receipt) for the following claimed expenses.

I submit the following reason why I cannot provide the original receipt or documentation on the line below.

Non Meal Expenses

Box 3

Date	City, State	Description	Amount

Daily Itemized Meal Expenses

Date	City, State	Name of Concession Stand, Festival, Fair, Ball Park	Meal details (i.e. Hotdog, Soda)	Amount (incl. tip)

NOTE: Alcohol is <u>not</u> a reimbursable expense.

Print Name

Signature

Date