

## State of Nebraska – Department of Roads Voucher Attachment

NAME (Please Print or Type):			ORIGINATING OE: <b>350</b>	NIS NO.:
ADDRESS:			ADDITIONAL LESSEE (Please Print or Type)	
CITY:	STATE:	ZIP CODE:		
DATE:				
<b>DESCRIPTION</b>				
<p>MTG:</p>				
<b>LESSEE CERTIFICATION</b> <i>(Please sign original in ink)</i>				
<i>I HEREBY CERTIFY THAT THE GOODS OR SERVICES LISTED ABOVE ARE PROPER CHARGES AGAINST THE STATE OF NEBRASKA AND THAT PAYMENT HAS NOT BEEN RECEIVED OR PREVIOUSLY CLAIMED</i>				
<b>LESSEE'S SIGNATURES</b>				
AGENCY HEAD/AUTHORIZED AGENT:			DATE:	