PERSONAL SERVICES BREAKDOWN

NEBRASKA DEPARTMENT OF ROADS HIGHWAY SAFETY OFFICE
PO Box 94612
Lincoln, Nebraska 68509-4612
(402) 471-2515

Contractor:	**Contractor Title:**	**Contract Number:**

Number of Hours for Month:	

									Miscellaneous Expenses			
Pay Period Time	**Name / FTE % as Per Contract**	**Hourly Wage**	**Number of Hours Worked**	**Maximum Reimbursable Hours this Month Based on FTE %**	**Reimbursable Wage**	**Retirement**	**FICA**	**Unemployment**				**Total Compensation**

Employee / Employee(s) Signature (s) Date

Preparer's Signature Date

Submit Original Copy to NEBRASKA DEPARTMENT OF ROADS HIGHWAY SAFETY OFFICE to receive Reimbursement - MAKE COPY FOR YOUR AGENCY

Rev. 11/2016