

**NEBRASKA FOUNDATION FOR PHYSICAL THERAPY RISING STAR AWARD  
REQUEST FOR ITEMIZED EXPENSES AND RECEIPTS FOLLOWING TRAVEL OR EXAM**

Name (please print): \_\_\_\_\_ Date(s) of travel/exam: \_\_\_\_\_

Meeting: \_\_\_\_\_ Location: \_\_\_\_\_

Instructions: Please submit this completed form and accompanying receipts for expenses within 30 days of your return to: NPTA Chapter Office, P.O. Box 24133, Omaha, NE 68124 or email completed form and receipts to [info@aptanebraska.org](mailto:info@aptanebraska.org).

*The Nebraska Foundation for Physical Therapy reserves the right to request return of award funds if the monetary award was made prior to travel or exam and exceeds the actual expenses.*

DATE								TOTAL
<b>TRAVEL</b>								
Auto mileage: current US General Services Administration standard mileage rate x miles								
Airfare								
Ground Transportation								
Car rental								
Parking/Tolls								
<b>LODGING/MEALS (if the per diem option was originally selected, receipts are not necessary for meals)</b>								
Hotel								
Meals: Breakfast								
Meals: Lunch								
Meals: Dinner								
<b>CONFERENCE/EXAM</b>								
Registration fee								
<b>OTHER</b>								
Please specify:								
<b>TOTALS</b>								
Office use only								

I certify that this travel or exam expense report is correct and that these expenses are not being submitted for reimbursement to any other organization:

Name: (please print): \_\_\_\_\_ NPTA Membership Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_