NEBRASKA GAMBLERS ASSISTANCE PROGRAM

2018-19 OUT-OF-POCKET EXPENSE REIMBURSEMENT DETAIL

ATTACHMENT TO GAP-2 PREVENTION AND EDUCATION OUTREACH CLAIM

CONTRACTOR'S NAME	DATE OF REQUEST	MONTH/YEAR OF SERVICE

ITEMS FOR WHICH EXPENSE REIMBURSEMENT IS CLAIMED

NAME OR TYPE OF ITEM	NATURE OR TYPE OF PREVENTION OR EDUCATION ACTIVITY	AMOUNT
TOTAL TO BE REIMBURSED		$0.00