Nebraska Problem Gamblers Assistance Program

Effective July 1, 2026

CLAIM INVOICE 2026-2027

CONTRACTOR'S NAME:

DATE OF REQUEST: _____ /_____ /_____

MONTH SERVICES RENDERED:

The undersigned contractor requests payment for the following:

TYPE OF SERVICE	UNIT TYPE	RATE	# OF UNITS	SUBTOTAL	YR TO DATE
ASSESSMENT	EACH	$ 250.00		$ 0.00	
ADDENDUM	EACH	$ 100.00		$ 0.00	
SCREEN/BRIEF INTERVENTION	HOUR	$ 160.00		$ 0.00	
INDIVIDUAL	HOUR	$ 170.00		$ 0.00	
FAMILY	HOUR	$ 170.00		$ 0.00	
GROUP	HOUR	$ 170.00		$ 0.00	
			TOTAL TREATMENT SERVICES:	$ 0.00	
			MILEAGE WITH SUPPORTING LOG ATTACHED:		
			TOTAL AMOUNT OF THIS REQUEST:	$ 0.00	

Authorized Signature: _____ Title: _____

Date: _____ /_____ /_____

PAYMENT APPROVED BY:

DATED: _____ /_____ /_____

CONTRACT NUMBER:

PURCHASE ORDER NUMBER:

Enclose proper supporting documentation and bill to address below:

Nebraska Commission on Problem Gambling
3401 Village Drive Suite 100
Lincoln, NE 68516