

Nebraska Problem Gamblers Assistance Program

CLAIM INVOICE 2025-2026

Effective
January 1, 2026

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				
ADDENDUM	EACH				
URGENT CARE	HOUR				
INDIVIDUAL	HOUR				
FAMILY	HOUR				
GROUP	HOUR				
TOTAL TREATMENT SERVICES:					
MILEAGE WITH SUPPORTING LOG ATTACHED:					
TOTAL AMOUNT OF THIS REQUEST:					
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
5800 Walker Avenue
Lincoln, NE 68507