

# Nebraska Problem Gamblers Assistance Program

## CLAIM INVOICE 2025-2026

Effective  
July 1, 2025

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