

THE UNIVERSITY OF NEBRASKA  
**EMPLOYEE**  
**NON-TRAVEL EXPENSE VOUCHER**  
401 Canfield Administration, Lincoln, NE 68588-0439

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Full Name of Claimant (Employee)	
Michael Ryan Kelly	
Building & Room Number	
256 Avery Hall	
Campus or Station	Campus Zip
City Campus	0115
Form Completed by:	
Sally Hawkins	Telephone No. or E-Mail
	472-5001

University Dept. Name	SAP Document No
Computer Science & Eng	
Claimant Telephone No.	
(402) 250-3876	
Claimant E-Mail	
mkelly@cse.unl.edu	
Personnel Number	
<b>ATTACH RECEIPTS FOR ALL EXPENSES FOR MISCELLANEOUS NON TRAVEL ITEMS OVER \$5.00</b>	

Date	List Miscellaneous Items	Business Purpose	\$ Amount
11-7-2010	Sparkfun - Bluetooth DIP Module - Rayson BTM-182	CSCE 488/489 - Senior Design Team 1 - Parts	44.95
11-7-2010	Sparkfun - Crystal 4MHz x2	CSCE 488/489 - Senior Design Team 1 - Parts	1.90
11-7-2010	Sparkfun - Capacitor Ceramic 22pF x4	CSCE 488/489 - Senior Design Team 1 - Parts	1.00
11-7-2010	Sparkfun - Shipping and Handling	CSCE 488/489 - Senior Design Team 1 - Parts	8.67
11-7-2010	ELM Electronics - ELM327 v1.4b and MCP2551 (PDIP)	CSCE 488/489 - Senior Design Team 1 - Parts	37.50
11-7-2010	ELM Electronics - Shipping and Handling	CSCE 488/489 - Senior Design Team 1 - Parts	8.00
11-7-2010	Bmotorsports - Universal OBD II Connector Kit	CSCE 488/489 - Senior Design Team 1 - Parts	6.99
11-7-2010	Bmotorsports - Shipping and Handling	CSCE 488/489 - Senior Design Team 1 - Parts	10.19
Total			119.20

I claim reimbursement from the State of Nebraska for the above expenses incurred by me in the line of duty and declare that the above statement of them is a true account of such expenses for which payment has not been made heretofore by the State of Nebraska.

**APPROVED**

Signature of Claimant	Date	Supervisor or Approving Official Signature	
NOTE AREA	Cost Object	G/L Account	\$ Amount