

## Direct Billing Authorization

**TO:** Lodging Establishment City State

**FROM:**

You are hereby authorized to bill the Nebraska Department of Education for ROOM and PARKING CHARGES ONLY incurred:

**BY:** Employee Name at per day for nights

**Confirmation Number:**

To ensure prompt payment, please return this form with your invoice, which should indicate your Federal I.D. number, the date(s), cost of room, and parking if applicable.

DO NOT INCLUDE TAX - The Nebraska Department of Education is a state government agency not subject to taxes (FTIN: 47-0491233).

THE EMPLOYEE IS RESPONSIBLE FOR ROOM COSTS ABOVE THE AUTHORIZED AMOUNT (MEALS, PHONE CALLS, ETC.)

**SEND INVOICE TO:** Nebraska Department of Education  
Attn:  
301 Centennial Mall South  
P.O. Box 94987  
Lincoln, NE 68509-4987

**Authorized Signature**

**Phone Number**