

# NEBRASKA

## DEPARTMENT OF TRANSPORTATION

### Nebraska Fatal Driver/Pedestrian Alcohol/Drug Analysis Testing Claim for Reimbursement

*In accordance with Nebraska State Statutes 60-, 106*

To:

Nebraska Department of Transportation  
Traffic Engineering Division-Accident Records  
Attn: Jan Voss  
PO Box 94669  
Lincoln NE 68509-4669  
jan.voss@nebraska.gov  
(402) 479-4673 Fax: (402) 479-3637

DATE

From:

Agency:  
Address:  
City, State, Zip:  
Contact:  
Phone #:  
Email:

INVOICE #:

**Reimbursement Request for the Following:**

Date of Crash	Name of Subject/Person Tested	Cost of Testing
	Total Reimbursement Request	

***The Agency must submit a copy of each Report of Alcohol and Drug Analysis requested for reimbursement.***

**Certification:**

*I hereby certify the foregoing document is a true and accurate representation of cost incurred to comply with Nebraska State Statutes 60-6, 101, 60-6, 102 and 60-6, 103.*

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Signature of Authorized Official
Type/Print Name and Title
Date