

State of Nebraska, Department of Administrative Services: Office of Risk Management: Self-Insured Indemnification Fund

Payments for Calendar Year 2015 Pursuant to Neb. Rev. Stat. § 81-8,239.05

	Amount Paid	Claimant Number	Claimant Name
	\$14,439.05	2015-14537	LAMBERT, WILLIAM
	\$382.60	CI 10-2871	SHEPARD, GEORGE
Total:	\$14,821.65		