

# LANCASTER COUNTY CLERK

County-City Building | 555 South 10th Street | Lincoln, NE 68508-2803

402-441-7484 | Fax 402-441-8728

DAN NOLTE  
Clerk

March 10, 2017

To: Scott Etherton  
Crisis Center

RE: Claim(s) to be reviewed by the Lancaster County Board of Commissioners

The Lancaster County Board of Commissioners will be reviewing the following claim(s) on Thursday, March 16, 2017, during the County Board Staff Meeting in Room 113, on the first floor of the County-City Building:

A. Vouchers 562588 thru 562590 to NCS Pearson Inc, dated March 9, 2017 in the total amount of \$1,654.42. This claim is for three invoices from August thru November 2016. These claims are beyond the 90 day time period (see State Statute 23-135).

Any additional documentation to support your claim may be submitted to the County Clerk's office or if you wish to appear and/or provide additional clarification regarding this claim(s) on March 16, 2017, please contact Kerry Eagan, Chief Administrative Officer, so he can schedule a specific time.

Sincerely,



*for* Dan Nolte  
County Clerk's Office

email: Kerry Eagan, County Board Office  
David Derbin, County Attorney's Office  
Minette Genuchi, County Commissioner's Office  
Jareth Kaup, Crisis Center

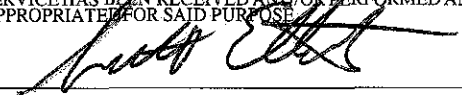
Batch Report

Batch Number	Batch Date	G/L Date	Address Number	Alpha Name		
Document Number		Object Account	P.O. Number	Invoice Number	Explanation - Remark	Amount
210103	3/9/2017	3/9/2017	38615	<b>NCS Pearson Inc</b>		
			38615	<b>13036 Collection Center Drive</b>		
				<b>Chicago</b>	<b>IL 60693</b>	
562588		7851.64175	10928885	testing		1,025.00
562589		7851.64175	10824799	testing		410.00
562590		7851.64175	10829324	testing		219.42
				<b>VENDOR TOTAL</b>		<u>1,654.42</u>

*Jareth Kaup*

THE UNDERSIGNED HEREBY CERTIFIES THAT THE ABOVE MATERIAL, AND/OR SERVICE HAS BEEN RECEIVED AND/OR PERFORMED AND FUNDS HAVE BEEN APPROPRIATE FOR SAID PURPOSE.

By



# INVOICE

INVOICE NUMBER: <b>10928885</b>	
TAX I.D. NO.: 41-0850527	
DATE: 01-NOV-16	Page 1 of 1
CUSTOMER NO.: 1505172	CREDIT REF. NO.:

**BILL TO:**

ATTN: ACCOUNTS PAYABLE  
 LANCASTER COUNTY COMMUNITY MENTAL HEALTH CTR  
 2201 S 17TH ST  
 LINCOLN, NE 68502

**LOCATED AT:**

LANCASTER COUNTY COMMUNITY MENTAL HEALTH CTR  
 2201 S 17TH ST  
 LINCOLN, NE 68502

Reference Number: -5714111

PURCHASE INFORMATION		SHIPPING INFORMATION		PAYMENT INFORMATION		
PURCHASE ORDER: 11012016		(MOST RECENT SHIPMENT)		TERMS: NET 30		
		SHIP DATE: 01-NOV-16		DUE DATE: 01-DEC-16		
		CARRIER: BWAY		CONTACT: credit@pearson.com		
		B/L NUMBER: 0		201-767-5029 (Fax)		
				800-843-0019 (Phone)		
DESCRIPTION		U/M	QTY	A X	UNIT PRICE	EXTENDED PRICE
31127 MCM-IV Q INTERP RPT		Each	25	N	41.00	1,025.00
<b>INVOICE SUMMARY:</b>						
TOTAL FOR ALL LINE ITEMS						1,025.00
5.50% STATE TAX						0.00
0.00% COUNTY TAX						0.00
1.75% CITY TAX						0.00
<p>The Terms and Conditions of Sale and Use enclosed or at <a href="http://www.pearsonclinical.com/legal/termsofsale.html">http://www.pearsonclinical.com/legal/termsofsale.html</a> apply                      Register at <a href="https://ipay.pearson.com/OA_HTML/SelfRegistration.jsp">https://ipay.pearson.com/OA_HTML/SelfRegistration.jsp</a> for on-line access</p> <p>Pearson only accepts credit card payments through our e-commerce portal and our call center.                      Credit Card information is not accepted via postal/mail, facsimile, or email.</p>						
		<b>SUBTOTAL</b>		<b>TAX</b>		<b>TOTAL</b>
		1,025.00		0.00		(USD) 1,025.00

ORIGINAL

**Remit by Check to:**  
 NCS PEARSON, INC.  
 13036 COLLECTION CENTER DRIVE  
 CHICAGO, IL 60693  
**Remit by Wire or ACH to:**  
 Bank of America - Account Name: NCS Pearson Inc.  
 ACH: # 071-000-039 WIRE: #0260-0959-3  
 Account No: 81881-05388 SWIFT: BOFAUS3N  
 (Include invoice number in transmission)

# INVOICE

INVOICE NUMBER: <b>10824799</b>	
TAX I.D. NO.: 41-0850527	
DATE: 18-AUG-16	Page 1 of 1
CUSTOMER NO.: 1505172	CREDIT REF. NO.:

**BILL TO:**

ATTN: ACCOUNTS PAYABLE  
 LANCASTER COUNTY COMMUNITY MENTAL HEALTH CTR  
 2201 S 17TH ST  
 LINCOLN, NE 68502

**LOCATED AT:**

LANCASTER COUNTY COMMUNITY MENTAL HEALTH CTR  
 825 J ST  
 LINCOLN, NE 68508

Reference Number: -5593196

PURCHASE INFORMATION		SHIPPING INFORMATION		PAYMENT INFORMATION		
PURCHASE ORDER:		(MOST RECENT SHIPMENT)		TERMS: NET 30		
		SHIP DATE: 18-AUG-16		DUE DATE: 17-SEP-16		
		CARRIER: BWAY		CONTACT: credit@pearson.com		
		B/L NUMBER: 0		201-767-5029 (Fax)		
				800-843-0019 (Phone)		
DESCRIPTION		U/M	QTY	TAX	UNIT PRICE	EXTENDED PRICE
31127 MCMH-IV Q INTERP RPT		Each	10	N	41.00	410.00
<b>INVOICE SUMMARY:</b>						
TOTAL FOR ALL LINE ITEMS						410.00
5.50% STATE TAX						0.00
0.00% COUNTY TAX						0.00
1.75% CITY TAX						0.00
<p>The Terms and Conditions of Sale and Use enclosed or at <a href="http://www.pearsonclinical.com/legal/termsofsale.html">http://www.pearsonclinical.com/legal/termsofsale.html</a> apply                      Register at <a href="https://ipay.pearson.com/OA_HTML/SelfRegistration.jsp">https://ipay.pearson.com/OA_HTML/SelfRegistration.jsp</a> for on-line access</p> <p>Pearson only accepts credit card payments through our e-commerce portal and our call center.                      Credit Card information is not accepted via postal/mail, facsimile, or email.</p>						
		<b>SUBTOTAL</b>		<b>TAX</b>		<b>TOTAL</b>
		410.00		0.00		(USD) 410.00

**Remit by Check to:**  
 NCS PEARSON, INC.  
 13036 COLLECTION CENTER DRIVE  
 CHICAGO, IL 60693

**Remit by Wire or ACH to:**  
 Bank of America - Account Name: NCS Pearson Inc.  
 ACH: # 071-000-039 WIRE: #0260-0959-3  
 Account No: 81881-05388 SWIFT: BOFAUS3N  
 (Include invoice number in transmission)

**ORIGINAL**

# INVOICE

INVOICE NUMBER: <b>10829324</b>	
TAX I.D. NO.: 41-0850527	
DATE: 20-AUG-16	Page 1 of 1
CUSTOMER NO.: 1505172	CREDIT REF. NO.:

**BILL TO:**

ATTN: ACCOUNTS PAYABLE  
 LANCASTER COUNTY COMMUNITY MENTAL HEALTH CTR  
 2201 S 17TH ST  
 LINCOLN, NE 68502

**LOCATED AT:**

LANCASTER COUNTY COMMUNITY MENTAL HEALTH CTR  
 825 J ST  
 LINCOLN, NE 68508

Reference Number: -5593196

PURCHASE INFORMATION		SHIPPING INFORMATION		PAYMENT INFORMATION		
PURCHASE ORDER:		(MOST RECENT SHIPMENT)		TERMS: NET 30		
		SHIP DATE: 20-AUG-16		DUE DATE: 19-SEP-16		
		CARRIER: UPS Ground		CONTACT: credit@pearson.com		
		B/L NUMBER: 0		201-767-5029 (Fax)		
				800-843-0019 (Phone)		
DESCRIPTION		U/M	QTY	TAX	UNIT PRICE	EXTENDED PRICE
31122	MCM-IV MNL	Each	2	N	61.50	123.00
31123	MCM-IV Q S-D A/S (25)	Each	3	N	28.00	84.00
FREIGHT	Shipping Charges	Each	1	N	12.42	12.42
<b>INVOICE SUMMARY:</b>						
TOTAL FOR ALL LINE ITEMS						219.42
5.50% STATE TAX						0.00
0.00% COUNTY TAX						0.00
1.75% CITY TAX						0.00
<p>The Terms and Conditions of Sale and Use enclosed or at <a href="http://www.pearsonclinical.com/legal/termsofsale.html">http://www.pearsonclinical.com/legal/termsofsale.html</a> apply</p> <p>Register at <a href="https://ipay.pearson.com/OA_HTML/SelfRegistration.jsp">https://ipay.pearson.com/OA_HTML/SelfRegistration.jsp</a> for on-line access</p> <p>Pearson only accepts credit card payments through our e-commerce portal and our call center. Credit Card information is not accepted via postal/mail, facsimile, or email.</p>						
<b>SUBTOTAL</b>			<b>TAX</b>		<b>TOTAL</b>	
219.42			0.00		(USD) 219.42	

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 ACH: # 071-000-039 WIRE: #0260-0959-3  
 Account No: 81881-05388 SWIFT: BOFAUS3N  
 (Include invoice number in transmission)