

LANCASTER COUNTY CLERK

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

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

DAN NOLTE
Clerk

December 21, 2017

Troy Hawk
Clerk of the District Court

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, January 4, 2018, during the County Board Staff Meeting in Room 113, on the first floor of the County-City Building:

A. Voucher 595530 on batch 222184 to Troy Hawk, dated December 19 2017 in the total amount of \$141.24. The County Board has requested a review of all claims from elected officials.

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 January 4, 2018, please contact Kerry Eagan, Chief Administrative Officer, so he can schedule a specific time.


Sincerely,


Dan Nolte
County Clerk's Office

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

| Document Ty | Number | Item | G/L Date | Inv Date | Due Date | G/L Class | Co P.O.# | Address# | Supplier Name | JE - Remark | Amounts | Gross | Ty LT PC |
|-------------|-------------------------------------|------|---------------|----------|-----------------|-----------|----------|----------|---------------------|------------------------|----------|--------|----------|
| | Batch Number | | 222184 | Type V | Date 12/19/2017 | | User ID | CDATDG | | Transaction Originator | CDATDG | | |
| | 00011 | | 12/19/2017 | | 1/18/2018 | | 00011 | 4114 | | A | | | T |
| PV | 595530 | 001 | 12/19/2017 | | | | | | | | | | |
| | 12/14/17 | | | | | | | | Hawk, Troy | | | | |
| | | | | | | | 4114 | | 1821 St Michaels Rd | | | | |
| | | | | | | | | | Lincoln | | NE 68512 | | |
| | 6210.64725 | | Mileage | | | | | | reimb. mileage | | | 141.24 | AA |
| | Totals for Document PV 595530 00011 | | | | | | | | | | | 141.24 | AA |

The undersigned hereby certifies that the above material and/or service has been received and/or performed and funds have been appropriated for said purpose.

By  _____

Lancaster County Claim for Travel Expenditures

| | | |
|--|---|----------------------------|
| Last Name, First Name, MI Hawk, Troy L. | Organization Clerk of the District Court | Phone Number 4024415540 |
|--|---|----------------------------|

| | | | | | |
|----------|----------|---------|--------|----------|---------|
| | Date | Time | | Date | Time |
| Departed | 12/14/17 | 5:00 am | Return | 12/14/17 | 5:30 pm |

Location Traveled To (City and State):
Kearney, NE (NACO Conference)

Meals Claimed

| Date | Breakfast | Lunch | Supper | Amount | Date | Breakfast | Lunch | Supper | Amount |
|------|-----------|-------|--------|--------|------|-----------|-------|--------|--------|
| | | | | 0.00 | | | | | 0.00 |
| | | | | 0.00 | | | | | 0.00 |
| | | | | 0.00 | | | | | 0.00 |
| | | | | 0.00 | | | | | 0.00 |
| | | | | 0.00 | | | | | 0.00 |
| | | | | 0.00 | | | | | 0.00 |
| | | | | 0.00 | | | | | 0.00 |

Circle the meals to be paid and write in the amount to be reimbursed.

Reimbursement for meals is not to exceed:

most localities \$40.00 (\$10 breakfast, \$10 lunch, \$20 supper)

high-cost localities \$50.00 (\$10 breakfast, \$15 lunch, \$25 supper)

Total for meals \$ 0.00

TRAVEL BY PRIVATE AUTO (OWNER/OPERATOR): YES NO

IF YES, NUMBER OF MILES CLAIMED: 264 @ 0.535 = \$ 141.24

DID YOU RECEIVE A TRAVEL ADVANCE: YES NO

IF YES, PAYMENT VOUCHER NUMBER _____ AMOUNT \$ _____ DATE: _____

| Date | Reimbursable Expenditures (Excluding Meals) Description | Amt Claimed | Allowed |
|------|--|-------------|---------|
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Receipts are required for: lodging (detailed), auto rental, airline tickets, out of pocket expenses for County owned vehicle.

| | | |
|---|--|------------------|
| I hereby claim any amount due me. The statements and attachments are true and complete. | Signature of Claimant  | Date 12/18/17 |
| I certify that I have reviewed and approve this claim. | Signature of Department Head or Designee  | Date 12/19/17 |