

LANCASTER COUNTY CLERK

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

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

DAN NOLTE
Clerk

February 2, 2018

Joseph D Nigro
Public Defender

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, February 8, 2018, during the County Board Staff Meeting in Room 113, on the first floor of the County-City Building:

A. Voucher 599452 on batch 223625 to Joseph D Nigro, dated January 25, 2018 in the total amount of \$372.62 for travel related reimbursements. 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 February 8, 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
Monica Ross, Public Defender's Office

GUEST FOLIO

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119 NIGRO/J
Room Name
GK
Type
203

148.00 01/21/18 13:00
Rate Depart Time
95 01/19/18 10:11
Arrive Time

6425 13909
ACCT# GROUP

RWD#: XXXXX3304

| Room Clerk | Address | Payment | CHARGES | CREDITS | BALANCE DUE |
|------------|-----------|----------|---------|----------|-------------|
| DATE | REFERENCE | | | | |
| 01/19 | ROOM | 119, 1 | 148.00 | | |
| 01/19 | STATETAX | 119, 1 | 11.47 | | |
| 01/19 | B OCCPNY | 119, 1 | 11.84 | | |
| 01/19 | GA RMFEE | GA FEE | 5.00 | | |
| 01/20 | ROOM | 119, 1 | 148.00 | | |
| 01/20 | STATETAX | 119, 1 | 11.47 | | |
| 01/20 | B OCCPNY | 119, 1 | 11.84 | | |
| 01/20 | GA RMFEE | GA RMFEE | 5.00 | | |
| 01/21 | MC CARD | | | \$352.62 | |

TO BE SETTLED TO: MASTERCARD - BK CURRENT BALANCE .00

THANK YOU FOR CHOOSING MARRIOTT! TO EXPEDITE YOUR CHECK-OUT, PLEASE USE OUR VOICE MAIL CHECKOUT AT EXT. 7000.

GET ALL YOUR HOTEL BILLS BY EMAIL BY UPDATING YOUR REWARDS PREFERENCES. OR, ASK THE FRONT DESK TO EMAIL YOUR BILL FOR THIS STAY. SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

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This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after checkout, you will owe us interest from the checkout date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X _____

For questions regarding this folio, please call Marriott Business Services toll-free 1-866-435-7627.

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**LANCASTER COUNTY
CLAIM FOR TRAVEL EXPENDITURES**

| | | | | | | | | | |
|--|-----------|------------------------|--|-------------|------|--------------------------------------|---------------------------|--------|-------|
| NAME AND HOME ADDRESS Joe Nigro | | | ORGANIZATION PUBLIC DEFENDER | | | PHONE NUMBER (402)441-7631 | | | |
| DEPARTED | | DATE 1/19/18 | TIME 5:15 A.M. | RETURNED | | DATE 1/21/18 | TIME 10:30 P.M. | | |
| LOCATION TRAVELED TO (CITY AND STATE): ATLANTA, GA - GIDEON'S PROMISE CONFERENCE | | | | | | | | | |
| MEALS CLAIMED | | | | | | | | | |
| DATE | BREAKFAST | LUNCH | SUPPER | \$AMT | DATE | BREAKFAST | LUNCH | SUPPER | \$AMT |
| 1/21 | | | \$20 | \$20 | | | | | |
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Reimbursement for meals is not to exceed:
 for most localities \$40.00 (\$10 breakfast, \$10 lunch, \$20 supper),
 high-cost localities \$50.00 (\$10 breakfast, \$15 lunch, \$25 supper)
 Total for meals \$ 20.00

TRAVEL BY PRIVATE AUTO (OWNER/OPERATOR): YES NO
 IF YES, NUMBER OF MILES CLAIMED: _____ @ _____ = \$ _____
 DID YOU RECEIVE A TRAVEL ADVANCE: YES NO
 IF YES, PAYMENT VOUCHER NUMBER: _____ AMOUNT: \$ _____ DATE: _____

| DATE | REIMBURSABLE EXPENDITURES (EXCLUDING MEALS) DESCRIPTION | AMT CLAIMED | ALLOWED |
|-------------------|--|-----------------|-----------------|
| 1/19-21/18 | HOTEL | \$352.62 | \$352.62 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | \$352.62 | \$352.62 |

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 Joe Nigro | DATE 1/22/18 |
| | SIGNATURE OF DEPARTMENT HEAD OR DESIGNEE [Signature] | DATE 1/25/18 |

Reference: Lancaster County Resolution Number R-07-0034