

# LANCASTER COUNTY CLERK

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

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

DAN NOLTE  
*Clerk*

June 26, 2018

Deb Schorr  
County Commissioner


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, June 28, 2018, during the County Board Staff Meeting in Room 113, on the first floor of the County-City Building:

A. Voucher 616286 on batch 229881 to Deb Schorr, dated June 22, 2018 in the total amount of \$160.61. The County Board has requested a review of all claims by 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 June 28, 2018, please contact Kerry Eagan, Chief Administrative Officer, so he can schedule a specific time.

Sincerely,

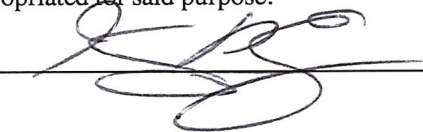
  
Dan Nolte  
County Clerk's Office

email: Kerry Eagan, County Board Office  
Jen Holloway, County Attorney's Office  
Minette Genuchi, County Commissioner's Office

Document Ty	Number	G/L Item	Date	Due Date	G/L Class	Co P.O.#	Address#	Supplier Name	JE - Remark	Amounts	Gross	Ty LT PC	
Account Number	Account Description												
Batch Number	229881	Type	V	Date	6/22/2018	User ID	CCNMMG	Transaction Originator	CCNMMG				
00011	6/22/2018	7/6/2018		00011	9031		A					T	
PV 616286	001	6/6/2018											
06062018	<b>Schorr, Deb</b>												
				9031	6730 Hickory Crest Circle								
					Lincoln			NE 68516					
6130.64710	Meals				milage - NACO Workshop +						20.00	AA	
					suppe								
6130.64725	Mileage				milage - NACO Workshop +						140.61	AA	
					suppe								
Totals for Document										PV 616286 00011	160.61	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 Schorr, Deb	Organization Lancaster County Board of Commissioners	Phone Number 402-441-6860
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Departed	Date 6/6/2018	Time	Return	Date 6/8/2018	Time
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Location Traveled To (City and State):

Meals Claimed									
Date	Breakfast	Lunch	Supper	Amount	Date	Breakfast	Lunch	Supper	Amount
6/6/18			20.00	20.00					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 \$ 20.00

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

IF YES, NUMBER OF MILES CLAIMED: 258 @ 0.545 = \$ 140.61

**DID YOU RECEIVE A TRAVEL ADVANCE:** YES   NO

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

Date	Reimbursable Expenditures (Excluding Meals) Description	Amt Claimed	Allowed
6/6/18 - 6/8/18	Mileage	140.61	140.61

**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 <u>8-19-18</u>
I certify that I have reviewed and approve this claim.	Signature of Department Head or Designee Date <u>8-19-18</u>

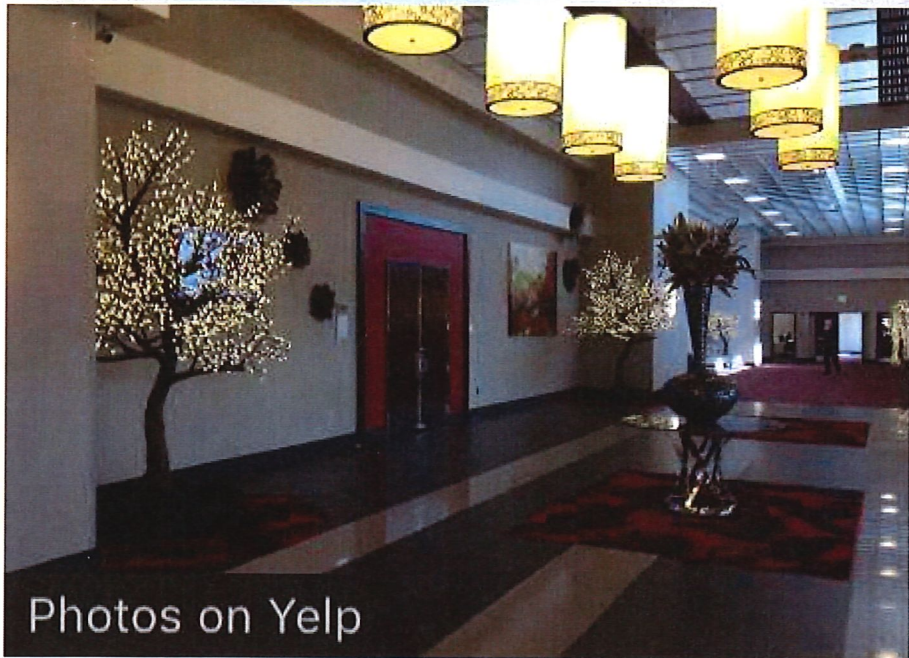



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