

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 3, 2018

Deb Schorr
County Commissions

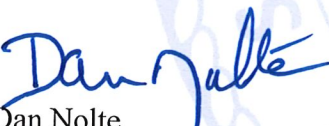
RE: Claim(s) to be reviewed by the Lancaster County Board of Commissioners

The Lancaster County Board of Commissioners will be reviewing the following claim(s) on Thursday, December 6, 2018, during the County Board Staff Meeting in Room 113, on the first floor of the County-City Building:

A. Voucher 633534 on batch 236142 to Deb Schorr, dated November 30, 2018 in the total amount of \$47.52. 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 December 6, 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

Lancaster County Claim for Travel Expenditures

Last Name, First Name, MI <i>Shorr, Dora E</i>				Organization <i>County Board</i>		Phone Number <i>411-7447</i>			
Departed		Date <i>11-15-18</i>	Time <i>8AM</i>	Return		Date <i>11-15-18</i>	Time <i>2PM</i>		
Location Traveled To (City and State): <i>Spirit Lake NE SE NAO Mt</i>									
Meals Claimed									
Date	Breakfast	Lunch	Supper	Amount	Date	Breakfast	Lunch	Supper	Amount
	B	L	S			B	L	S	
	B	L	S			B	L	S	
	B	L	S			B	L	S	
	B	L	S			B	L	S	
	B	L	S			B	L	S	
	B	L	S			B	L	S	
	B	L	S			B	L	S	

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 \$ _____

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

IF YES, NUMBER OF MILES CLAIMED: 88 @ \$540 = \$ 47.52

DID YOU RECEIVE A TRAVEL ADVANCE: YES NO

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

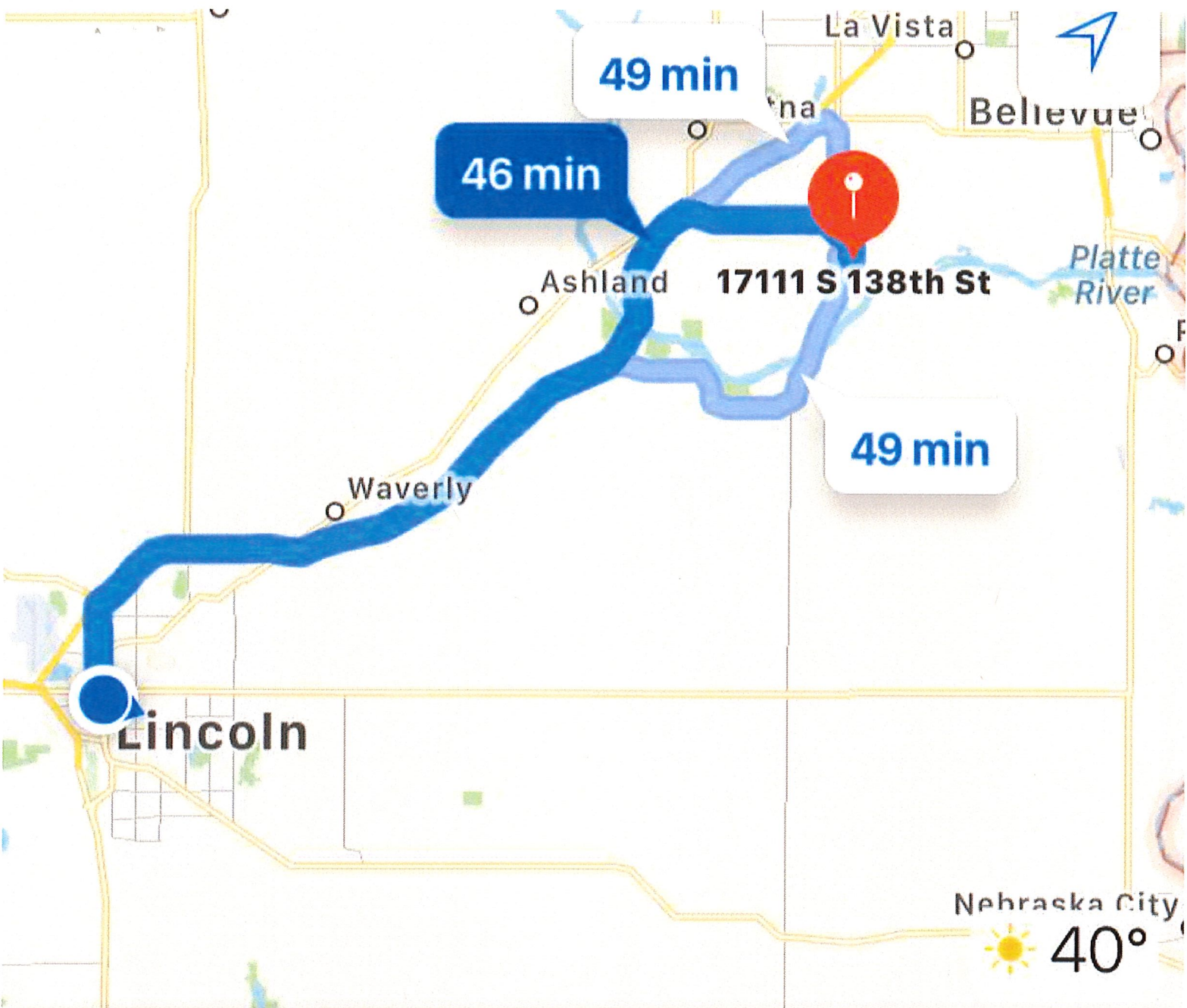
Date	Reimbursable Expenditures (Excluding Meals) Description	Amt Claimed	Allowed

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 <i>D Shorr</i>	Date <i>11-20-18</i>
I certify that I have reviewed and approve this claim.	Signature of Department Head or Designee	Date

Reference: Lancaster County Resolution R-07-0034

Files\ccftjg\word\Lancaster County Travel Claim



To **17111 S 138th St**

From [My Location](#)

46 min

44 mi · Platteview Rd

Fastest route

