

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 13, 2020

Karen L Wilson
County Engineering Department

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 20, 2020, during the County Board Staff Meeting in Room 113, on the first floor of the County-City Building:

A. Voucher 675582 on batch 251242 to Karen L Wilson, dated February 5, 2020, in the amount of \$32.00. The claim is for travel during September 25-26, 2019. This claim is 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 February 20, 2020, please contact Kerry Eagan, Chief Administrative Officer, so he can schedule a specific time.

Sincerely,

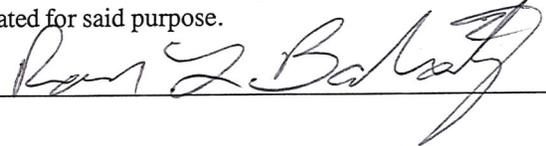


for Dan Nolte
County Clerk's Office

email: Kerry Eagan, County Board Office
Jen Holloway, County Attorney's Office
Ann Ames, County Board Office
Kevin Nelson, County Clerk's Office
Danielle Buck, County Commissioners Office
Pamela Dingman, County Engineer

| Document | G/L Date | Due Date | Co | Address# | Supplier Name | Amounts | | | |
|---------------------|---------------------|------------|----------|----------|-----------------|---------|-----------------|------------------------|----------|
| Ty Number | Item | Inv Date | G/LClass | P.O.# | JE - Remark | | Gross | LT | PC |
| Account Number | Account Description | | | | | | | | |
| Batch Number | 251242 | Type | V | Date | 2/5/2020 | User ID | CFEASW | Transaction Originator | CFEASW |
| 00011 | 2/5/2020 | 10/25/2019 | 00011 | 86573 | | A | | | |
| PV 675582 | 001 | 9/25/2019 | | | | | | | |
| | 9/25/19-9/26/19 | | | | Wilson, Karen L | | | | |
| | | | | 86573 | 6810 Sumner St | | | | |
| | | | | | Lincoln | | | NE 68506 | |
| 7030.64710 | Meals | | | | Travel | | | | 32.00 AA |
| Totals for Document | | | | | | | PV 675582 00011 | | 32.00 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 Wilson, Karen, L | Organization Engineering | Phone Number 402-441-7681 |
|---|-----------------------------|------------------------------|

| | | | | | |
|----------|---------|--------|--------|---------|--------|
| | Date | Time | | Date | Time |
| Departed | 9-25-19 | 8:00am | Return | 9-26-19 | 3:30pm |

Location Traveled To (City and State):
St Joseph, MO

Meals Claimed

| Date | Breakfast | Lunch | Supper | Amount | Date | Breakfast | Lunch | Supper | Amount |
|---------|-----------|-------|--------|--------|------|-----------|-------|--------|--------|
| 9-25-19 | | 16.00 | | 16.00 | | | | | 0.00 |
| 9-26-19 | | 16.00 | | 16.00 | | | | | 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 \$52.00 (\$11 breakfast, \$16 lunch, \$25 supper)

high-cost localities \$65.00 (\$14 breakfast, \$20 lunch, \$31 supper)

Total for meals \$ 32.00

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

IF YES, NUMBER OF MILES CLAIMED: _____ @ 0.580 = \$ 0.00

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 1-13-2020 |
| I certify that I have reviewed and approve this claim. | Signature of Department Head or Designee | Date 1/22/2020 |