

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

Eric Hunt
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 675584 on batch 251242 to Eric Hunt, dated February 5, 2020, in the amount of \$173.00. The claim is for travel during September 23-27, 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,

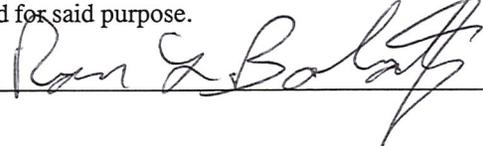


for
Dan Nolte
County Clerk's Office

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	Ty LT PC
Account Number	Invoice Number		Account Description					
Batch Number	251242	Type V	Date 2/5/2020	User ID	CFEASW	Transaction Originator	CFEASW	
00011	2/5/2020	10/23/2019	00011	82170	A			
PV 675584	001	9/23/2019						
	9/23/19-9/27/19				Hunt, Eric			
			82170		1421 SW 9th Street			
					Lincoln	NE 68522		
7030.64710	Meals				Travel		173.00	AA
Totals for Document PV 675584 00011							173.00	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 Hunt, Eric				Organization Engineering		Phone Number 402-441-7797			
		Date	Time	Return		Date	Time		
Departed		9/23/19	7:30am			9/27/19	9:00pm		
Location Traveled To (City and State): Loveland, CO									
Meals Claimed									
Date	Breakfast	Lunch	Supper	Amount	Date	Breakfast	Lunch	Supper	Amount
9/23/19	0.00	16.00	25.00	41.00					0.00
9/24/19	0.00	16.00	25.00	41.00					0.00
9/25/19	0.00	0.00	25.00	25.00					0.00
9/26/19	0.00	0.00	25.00	25.00					0.00
9/27/19	0.00	16.00	25.00	41.00					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 \$ 173.00

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

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 1-13-20
I certify that I have reviewed and approve this claim.	Signature of Department Head or Designee 	Date 1/23/2020