

LANCASTER COUNTY CLERK

County-City Building | 555 South 10th Street | Lincoln, NE 68508-2803
402-441-7484 | Fax 402-441-8728

MATT HANSEN
Clerk

February 7, 2023

Terry Wagner, Lancaster County Sheriff

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 9, 2023, during the County Board Staff Meeting, on the first floor of the County-City Building:

- A. Reimbursement claim was submitted for Joanna Dimas in the amount of \$364. This claim includes Sheriff Extradition Meal Reimbursements for July 25-28, 2022, and September 11-13, 2022, which are not in accordance with Resolution R-21-0053.

F. Reimbursement Procedures

2. For Items Not Purchased with a P-Card:

- a. Traveler's Processing of Expenditure Statements. Within ten (10) working days after completion of the authorized travel, the Travelers shall submit to the Agency Head, an itemized claim for travel expenditures, attaching all necessary supporting receipts, and other documentation.

Any additional documentation to support your claim should be submitted to the County Clerk's office prior to the meeting.

Sincerely,



Matt Hansen
Lancaster County Clerk

Email: Dave Derbin, County Board Office
Kristy Bauer, County Board Office
Saige Walker, County Board Office
Kevin Nelson, County Clerk Office
Ashley Bohnet, County Attorney Office
John Ward, County Attorney Office
Candace Berens, County Attorney Office
Sara Sump, County Sheriff Office

Lancaster County Claim for Travel Expenditures

Last Name, First Name, MI Dimas Joanna E				Organization LSO		Phone Number 402-441-8611			
Departed		Date 7-25-22	Time 0700	Return		Date 7-28-22	Time 0700 1900		
Location Traveled To (City and State): Furt Worth Tx									
Is travel subject to federal or state reimbursement (check one)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, supporting receipts for all expenditures including meals is required									
Meals Claimed									
Date	Breakfast	Lunch	Supper	Amount	Date	Breakfast	Lunch	Supper	Amount
7/25/2022	14.00	20.00	30.00	64.00					0.00
7/26/2022		20.00	30.00	50.00					0.00
7/27/2022		20.00	30.00	50.00					0.00
7/28/2022		20.00	30.00	50.00					0.00
				0.00					0.00
				0.00					0.00
				0.00					0.00

Write in the amount to be reimbursed.

Reimbursement for meals is not to exceed:

most localities \$64.00 (\$14 breakfast, \$20 lunch, \$30 supper) high-cost localities \$74.00 (\$16 breakfast, \$24 lunch, \$34 supper)

Total for meals: \$ 214

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 all reimbursable expenditures listed in the section above

I hereby claim any amount due me. The statements and attachments are true and complete.	Signature of Claimant Joanna Dimas	Date 2-6-23
I certify that I have reviewed and approve this claim.	Signature of Department Head or Designee [Signature]	Date 2/6/23

Lancaster County Claim for Travel Expenditures

Last Name, First Name, MI Dimas Joanna E				Organization LSO		Phone Number 402-441-8611			
Departed		Date 9-11-22	Time 1500	Return		Date 9-13-22	Time 2000		
Location Traveled To (City and State): Kansas City MO									
Is travel subject to federal or state reimbursement (check one)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, supporting receipts for all expenditures including meals is required									
Meals Claimed									
Date	Breakfast	Lunch	Supper	Amount	Date	Breakfast	Lunch	Supper	Amount
9/11/2022	14.00	20.00	30.00	64.00 50.00					0.00
9/12/2022		20.00	30.00	50.00					0.00
9/13/2022		20.00	30.00	50.00					0.00
				0.00					0.00
				0.00					0.00
				0.00					0.00
				0.00					0.00

Write in the amount to be reimbursed.

Reimbursement for meals is not to exceed:

most localities \$64.00 (\$14 breakfast, \$20 lunch, \$30 supper) high-cost localities \$74.00 (\$16 breakfast, \$24 lunch, \$34 supper)

Total for meals: \$ ~~100.00~~ \$150

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 all reimbursable expenditures listed in the section above

I hereby claim any amount due me. The statements and attachments are true and complete.	Signature of Claimant Joanna Dimas	Date 2-6-23
I certify that I have reviewed and approve this claim.	Signature of Department Head or Designee [Signature]	Date 2/6/23