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MAR 08 2018

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**State Hosting Reimbursement Request – SDCL 3-9-2.1**

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance - Office of Secretary of State  
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501  
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting **documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month.** Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Date: 2/21/18 Agency: GOED  
Agency Address: 2329 N Career Ave., Suite 221, Sioux Falls, SD 57107  
Agency Phone Number: 605-367-4516  
Employee Requesting Reimbursement: Kristen Honey  
Total Amount of Reimbursement: 47.04 - 14<sup>CK</sup> = \$33.04  
Date(s) of Hosting Expense: 2/14/18  
Receipts Attached:  Y  N  
Explanation of official business performed: Business prospect hosting that included the CEO of a company.

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while hosting a prospect for business development, trade, or a tourism promotional activity. I certify that the expenses were incurred through necessary duties of my employment with the State of South Dakota and in the furtherance of state's interests, concerns, and activities and are supported by the attached receipts. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Kristen Honey  
Signature of Employee

2/21/2018  
Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's claims were in the furtherance of state interests relating to hosting a prospect for business development, trade, or a tourism promotional activity.

Scott Stern  
Name of Department/Office Head

Commissioner  
Position/Title of Agency Official

Scott Stern  
Signature of Department/Office Head

2/23/18  
Date

State Board of Finance Approval

Approval Date: \_\_\_\_\_

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

**Honey, Kristen**

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**From:** receipts@receipts.poynt.co on behalf of EDGEWATER GRILL via Poynt <receipts@receipts.poynt.co>  
**Sent:** Wednesday, February 14, 2018 2:56 PM  
**To:** Honey, Kristen  
**Subject:** [EXT] Your receipt from EDGEWATER GRILL

Thank you!

**EDGEWATER GRILL**

(619) 232-7581  
861 W Harbor Dr, San Diego, CA

---

Feb 14th, 2018 @ 12:54 pm

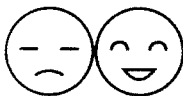
Employee 2014275

Subtotal	\$39.87
Tip	\$7.17
<b>Total Paid</b>	<b>\$47.04</b>

*KJH*

Kristen J Honey  
1001

How was your experience?



*Hosting*

*Derek Dashti, CEO  
D:P Bioinnovations*

*Only  
receipt  
available*



Elavon

This is the only receipt

Equinox Grill  
801 W Harbor Drive  
San Diego, Ca 92101  
(619) 232-7581

SERVER PRINT

Server: Emily      02-14-2016  
Table: 200-1      12:58 PM  
Guests: 2      #20028

Mahi Sandwich      \$5.00  
Shrimp Tacos      \$8.00

Subtotal  
Tax  
Total

Paynt C/D  
Tip  
Total

Please Pay  
Like us on Facebook  
Follow us on Twitter  
Follow us on Instagram

-- Check C/D

Asst. Mgr.  
Maitre D'  
Host  
Exp.  
Tot:

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**Application**

Date: 2/20/18 Agency: GOED  
Agency Address: 2329 N Career Ave, Suite 221, Sioux Falls, SD 57107  
Agency Phone Number: 605-367-4516  
Employee Requesting Reimbursement: Steve Watson  
Total Amount of Reimbursement: 18.03 - .29<sup>(TIP)</sup> = \$17.74  
Date(s) of Hosting Expense: 1/31/18 Receipts Attached: (Y)/N  
Explanation of official business performed: Business hosting that included the president of a company.

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while hosting a prospect for business development, trade, or a tourism promotional activity. I certify that the expenses were incurred through necessary duties of my employment with the State of South Dakota and in the furtherance of state's interests, concerns, and activities and are supported by the attached receipts. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

[Signature]  
Signature of Employee

2/22/18  
Date

**Authorization**

I hereby certify that the above employee was authorized to incur the claimed expenses while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's claims were in the furtherance of state interests relating to hosting a prospect for business development, trade, or a tourism promotional activity.

Scott Stern  
Name of Department/Office Head

Commissioner  
Position/Title of Agency Official

[Signature]  
Signature of Department/Office Head

2/28/18  
Date

**State Board of Finance Approval**

Approval Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

Ramada Hotel & Suites  
Sioux Falls, SD

132 MARGRET

-----  
Tbl 25/1      Chk 6988      Gst 2  
                    Jan31'18 11:55AM  
-----  
2 Salad Bar @ 6.99              13.98  
  
Subtotal                              13.98  
Tax                                      1.05  
12:03PM Total                      **15.03**

Room Number: \_\_\_\_\_

Tip: 3.00

Total: 18.03

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Thank you for joining us!!

Ramada Hotel & Suites  
Sioux Falls, SD

Date: Jan31'18 12:03PM  
Card Type: Discover  
Acct #: XXXXXXXXXXXX9240  
Card Entry: SWIPED  
Trans Type: PURCHASE  
Auth Code: 03138R  
Check: 6988  
Table: 25/1  
Server: 132 MARGRET

Subtotal:                      **15.03**

Tip: \_\_\_\_\_

Total: \_\_\_\_\_

\_\_\_\_\_  
Signature

I agree to pay above total  
according to my card issuer  
agreement.

\*\*\* Customer Copy \*\*\*