

RECEIVED

DEC 19 2017

S.D. SEC. OF STATE

Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

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

Application

Date: 12/14/17 Agency: SDRS  
Agency Address: 222 E. Capitol Ave, Pierre, SD 57501  
Agency Phone Number: 605-773-3731  
Employee Requesting Reimbursement: \_\_\_\_\_  
Total Amount of Reimbursement: \$363.00  
Date(s) of Expense: 12/7/17  
Event Leave Time: 8:30 a.m. Event Return Time: 4:30 p.m.  
Explanation of official business performed: SDRS Board of Trustees Board meeting  
Required staff and consultants to stay and not leave during lunch.

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. 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 of Employee

\_\_\_\_\_  
Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Robert A. Wylie

Executive Director

\_\_\_\_\_  
Name of Department/Office Head

\_\_\_\_\_  
Position/Title of Agency Official

*Robert A. Wylie*  
Signature of Department/Office Head

12-13-17  
Date

State Board of Finance Approval

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

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

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



December 13, 2017


SDRS

Attention: Dawn

December 7, 2017 meeting

Lunches 363.00

Balance Due 363.00

  
Thank you.

Jill

*South Dakota Retirement System*  
222 East Capitol Suite 8  
PO Box 1098  
Pierre, South Dakota 57501-1098  
Telephone (605) 773-3731  
Fax (605) 773-3949  
Toll-free(888)605-SDRS  
[www.sdrs.sd.gov](http://www.sdrs.sd.gov)



December 14, 2017

Teresa Bray  
Deputy Secretary of State  
500 E. Capitol Ave.  
Pierre, SD 57501

RE: Meal Reimbursement for Board of Finance Consideration

Dear Ms. Bray,

The South Dakota Retirement System held their December 7, 2017, meeting in Pierre at View 34. View 34 provided lunch for SDRS staff, SDRS Board members, and consultants.

Sincerely,

*Dawn M. Smith*

Dawn M. Smith  
Executive Assistant  
South Dakota Retirement System  
605-773-4596

**Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2**

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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: 1/8/18 Agency: SOS  
Agency Address: 500 E Capitol Ave Ste 204, Pierre SD  
Agency Phone Number: 773 3537  
Employee Requesting Reimbursement: Kristin Gabriel  
Total Amount of Reimbursement: 22.00  
Date(s) of Expense: 1/8/17 - 1/9/17  
Event Leave Time: 8:00 AM Event Return Time: 5:00 PM  
Explanation of official business performed: 2017 County Auditor  
Workshop Training

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. 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.

Kristin Gabriel  
Signature of Employee

1/8/2018  
Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Shantel Krebs  
Name of Department/Office Head  
Shantel Krebs  
Signature of Department/Office Head

Secretary of State  
Position/Title of Agency Official  
1-9-18  
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.

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Application

Date: 1/8/18 Agency: EOE  
Agency Address: 500 E Capitol Ave Ste 204; Pierre SD  
Agency Phone Number: 773-3537  
Employee Requesting Reimbursement: Kachel Souler  
Total Amount of Reimbursement: 22.00  
Date(s) of Expense: 1/8/17 - 1/9/17  
Event Leave Time: 8:00 AM Event Return Time: 5:00 PM  
Explanation of official business performed: 2017 County Auditor Workshop Training

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. 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.

Kachel Souler  
Signature of Employee

1-8-2018  
Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Shantel Krebs  
Name of Department/Office Head  
Shantel Krebs  
Signature of Department/Office Head

Secretary of State  
Position/Title of Agency Official  
1-9-18  
Date

State Board of Finance Approval

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

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Application

Date: 1/8/18 Agency: SOS  
Agency Address: 500 E Capitol Ave Ste 204; Pierre SD  
Agency Phone Number: 773-3537  
Employee Requesting Reimbursement: Christine Wehrkamp  
Total Amount of Reimbursement: 22.00  
Date(s) of Expense: 1/8/17 - 1/9/17  
Event Leave Time: 8:00 AM Event Return Time: 5:00 PM  
Explanation of official business performed: 2017 County Auditor  
Workshop Training

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. 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.

Christine Wehrkamp  
Signature of Employee

1.8.18  
Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Stantel Krebs  
Name of Department/Office Head  
Stantel Krebs  
Signature of Department/Office Head

Secretary of State  
Position/Title of Agency Official  
1-9-18  
Date

State Board of Finance Approval

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

Signature of Secretary, State Board of Finance

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Application

Date: 1/8/18 Agency: SOS  
Agency Address: 500 E Capitol Ave Ste 204, Pierre SD  
Agency Phone Number: 773.3537  
Employee Requesting Reimbursement: Lea Warne  
Total Amount of Reimbursement: 22.00  
Date(s) of Expense: 1/8/17 - 1/9/17  
Event Leave Time: 8:00 AM Event Return Time: 5:00 PM  
Explanation of official business performed: 2017 County Auditor  
Workshop Training

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Lea Warne  
Signature of Employee

1-8-18  
Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Shantel Krebs  
Name of Department/Office Head

Secretary of State  
Position/Title of Agency Official

Shantel Krebs  
Signature of Department/Office Head

1-9-18  
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.



**2017 County Auditor Workshop Training Lunch Sign in Sheet**

Wednesday November 8<sup>th</sup>, 2017

Kea Warne - Kea Y Warne

Christine Lehrkamp - Christine Lehrkamp

Rachel Soulek - Rachel K Soulek

Kristin Gabriel - Kristin Gabriel

Thursday November 9<sup>th</sup>, 2017

Shantel Krebs - Shantel Krebs

Kea Warne - Kea Y Warne

Christine Lehrkamp - Christine Lehrkamp

Rachel Soulek - Rachel K Soulek

Kristin Gabriel - Kristin Gabriel

## Pierre Ramkota Hotel & Conference Center

920 West Sioux Avenue - Pierre - SD - 57501 - 605-224-6877 - Fax 605-224-1042

### Banquet Event Order

**BEO #: 593409**

Status: Definite

Printed on: 11/3/2017 11:18:09 AM

<b>Account:</b> Secretary of State - County Auditor Election Workshop <b>Post As:</b> Secretary of State - County Auditor Election Workshop <b>Address:</b> 500 E Capitol Ave, Ste 204 Pierre, SD 57501  <b>Deposit:</b>  <b>Method of Payment:</b> All catering has been approved for direct bill.	<b>Event Date:</b> <b>Wednesday, 11/8/2017</b> <b>Contact:</b> Kea Warne <b>Phone:</b> 605-773-5003 <b>Fax:</b> 605-773-6580 <b>Email:</b> kea.warne@state.sd.us <b>On-Site</b>  <b>Sales Mgr:</b> Lana Blair <b>Catering Mgr:</b> Chad Botts
---	---

Date	Time	Setup	Set	Gtd	Room
Wednesday, 11/8/2017	07:00 AM-06:00 PM	Classroom	128	117	Gallery A & BC, Convention Office

FOOD	ROOM REQUIREMENTS
Time: 7:30 AM Qty: 1 Water Container (GALLERY BC)  Time: 7:30 AM Qty: 5 Price: \$23.40 Total: \$117.00 Fresh Brewed Coffee & Water (per gallon) **5 gallons of coffee & 1 water container** (LOBBY)  Time: 7:30 AM Qty: 45 Price: \$2.61 Total: \$117.45 Assorted Bagels w/ Flavored Cream Cheese **QUARTER CUT** (LOBBY)  Time: 7:30 AM Qty: 1 Price: \$313.12 Total: \$313.12 Fresh Fruit Tray - Large Fresh chopped seasonal fruit served w/ Honey Yogurt Dip (LOBBY)  Time: 9:45 AM Qty: 1 REFILL WATER (GALLERY BC & LOBBY)  Time: 12:00 PM Qty: 117 Price: \$8.88 Total: \$1,038.96 Deli Sub PLATED LUNCH (GALLERY A) Turkey, ham, pepperoni, tomato, lettuce, provolone cheese, and mayo served on hoagie Served with a cup of soup coffee, water on tables  Time: 3:00 PM Qty: 5 Price: \$18.47 Total: \$92.35 Lemonade (per gallon) **1 container & a refill** (LOBBY)  Time: 3:00 PM Qty: 1 REFILL WATER (GALLERY BC & LOBBY)  Time: 3:00 PM Qty: 50 Price: \$1.91 Total: \$95.50 Brownies **CUT IN HALF** (LOBBY)  Time: 3:00 PM Qty: 50 Price: \$1.91 Total: \$95.50	Time: 7:00 AM Qty: 1 Price: \$200.00 Total: \$200.00 B & C Rental ( valued at \$350.00 ) **Lowered**  Time: 7:00 AM Price: \$300.00 A Rental **Waived with Meals**  (CONVENTION OFFICE & LOBBY) REGISTRATION & BREAKFAST:7:30AM BREAKS:10:15AM & 3:15AM **Have opened & cleaned by 7AM** 1-6ft registration table with 2 chairs in front of Gallery BC entrance 3-6ft break station: 120 coffee cups, plastic cups, BB's, forks, knives & food napkins **Large linen wrapped trash can & tray jack**  (GALLERY BC) **HAVE OPENED @ 7AM** MEETING:8AM-6PM classroom for 120 3-6ft head-table for 7 with 2 microphones on table top stands **Lav. Microphone with Extra Batteries** standing podium with Wireless Microphone 2 screens on round tables 2 equipment tables/ext. cords/power-strips 2 projectors hooked together with a splitter box **Tape down all cords or use rugs** 2-6ft water station: 125 water glasses  (GALLERY A) LUNCH:12PM 16 rounds of 8 standing podium/Wireless microphone  <h3 style="text-align: center;">AUDIO VISUAL EQUIPMENT</h3> Time: 7:00 AM Qty: 1 Price: \$40.00 Total: \$40.00 Lav Mic (GALLERY BC)  Time: 7:00 AM Qty: 2 Price: \$20.00 Total: \$40.00 Portable Screen - 6 ft x 8 ft (GALLERY BC)  Time: 7:00 AM Qty: 2 Price: \$40.00 Total: \$80.00

Event Representative Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Hotel Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

## Pierre Ramkota Hotel & Conference Center

920 West Sioux Avenue - Pierre - SD - 57501 - 605-224-6877 - Fax 605-224-1042  
**Banquet Event Order**

**BEO #: 593410**

Status: Definite

Printed on: 11/3/2017 11:18:10 AM

<b>Account:</b> Secretary of State - County Auditor Election Workshop <b>Post As:</b> Secretary of State - County Auditor Election Workshop <b>Address:</b> 500 E Capitol Ave, Ste 204 Pierre, SD 57501  <b>Deposit:</b>  <b>Method of Payment:</b> All catering has been approved for direct bill.	<b>Event Date:</b> Thursday, 11/9/2017 <b>Contact:</b> Kea Warne <b>Phone:</b> 605-773-5003 <b>Fax:</b> 605-773-6580 <b>Email:</b> kea.warne@state.sd.us <b>On-Site</b>  <b>Sales Mgr:</b> Lana Blair <b>Catering Mgr:</b> Chad Botts
---	---

Date	Time	Setup	Set	Gtd	Room
Thursday, 11/9/2017	07:30 AM-05:00 PM	Classroom	128	120	Gallery A & BC, Convention Office

<p style="text-align: center;"><b>FOOD</b></p> <p>Time: 7:30 AM Qty: 1                  Water Container                  (GALLERY BC)</p> <p>Time: 7:30 AM Qty: 5 Price: \$23.40 Total: \$117.00                  Fresh Brewed Coffee &amp; Water (per gallon)                  **5 gallons of coffee &amp; 1 water container**                  (LOBBY)</p> <p>Time: 7:30 AM Qty: 50 Price: \$3.30 Total: \$165.00                  Caramel Rolls                  **CUT IN HALF**                  (LOBBY)</p> <p>Time: 7:30 AM Qty: 1 Price: \$313.12 Total: \$313.12                  Fresh Fruit Tray - Large                  Fresh chopped seasonal fruit served w/ Honey Yogurt Dip                  (LOBBY)</p> <p>Time: 9:45 AM Qty: 1                  REFILL WATER                  (GALLERY BC &amp; LOBBY)</p> <p>Time: 12:00 PM Qty: 120 Price: \$10.33 Total: \$1,239.60                  Pasta Buffet                  LUNCH BUFFET - 1 LINE                  (GALLERY A)                  Penne Pasta, Cheese Tortellini, Alfredo Sauce,                  Red Meat Sauce, Italian Garden Salad, Breadsticks                  coffee, water on tables</p> <p style="text-align: center;"><b>BEVERAGE</b></p> <p>No Bar Requested</p>	<p style="text-align: center;"><b>ROOM REQUIREMENTS</b></p> <p>Time: 7:00 AM Qty: 1 Price: \$200.00 Total: \$200.00                  B &amp; C Rental ( valued at \$350.00 )                  **Lowered**</p> <p>Time: 7:00 AM Price: \$300.00                  A Rental                  **Waived with Meals**</p> <p>(CONVENTION OFFICE &amp; LOBBY)                  BREAKFAST:7:30AM                  BREAK:10AM                  same set                  3-6ft break station: 120 coffee cups, plastic cups,                  BB's, forks &amp; food napkins                  **Large linen wrapped trash can &amp; tray jack**</p> <p>(GALLERY BC)                  **HAVE OPENED @ 7AM**                  MEETING:8AM-3PM                  same set                  2-6ft water station: 125 water glasses</p> <p>(GALLERY A)                  LUNCH:12PM                  same set                  **ADD a 3-6ft buffet line**</p> <p style="text-align: center;"><b>AUDIO VISUAL EQUIPMENT</b></p> <p>Time: 7:00 AM Qty: 1 Price: \$40.00 Total: \$40.00                  Lav Mic                  (GALLERY BC)</p> <p>Time: 7:00 AM Qty: 2 Price: \$20.00 Total: \$40.00                  Portable Screen - 6 ft x 8 ft                  (GALLERY BC)</p> <p>Time: 7:00 AM Qty: 2 Price: \$40.00 Total: \$80.00                  Projector                  (GALLERY BC)</p> <p style="text-align: center;"><b>MISCELLANEOUS</b></p>
---	--

Event Representative Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Hotel Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

# 2017 COUNTY AUDITOR ELECTION WORKSHOP AGENDA

Pierre, Ramkota November 8-9, 2017

## Wednesday, November 8, 2017 – Galleries B & C

- 7:30 Registration & Breakfast
- 8:00 Welcome & Introductions – Secretary of State Shantel Krebs
- 8:15 2018 HAVA Title II Reimbursements & Grants – Kristin Gabriel, HAVA Coordinator
- 8:45 Cyber Security Overview – Kristin Gabriel
- 9:15 Voter Registration Lists – Kristin Gabriel
- Selling a voter file
  - Creating precinct voter registration lists
- 9:45 New Election Night Reporting Website – Kristin Gabriel and Kea Warne, Deputy Secretary of State, Election Services
- 10:15 Break
- 10:30 Precinct Workers – Kea Warne
- 10:45 Provisional Ballots – Kea Warne
- 11:00 Resolution Boards – Kea Warne
- 11:30 County and State Canvass – Elaine Jensen, Butte County Auditor & Kea Warne
- 12:00 Working Lunch – Gallery A – Guest Speaker Nate Bacchus, Federal Voting Assistance Program (FVAP), State Legislative Affairs Specialist
- 1:00 Absentee Voting – Kea Warne, Kristin Gabriel and Nate Bacchus
- Absentee Ballot Application Form
  - Federal Post Card Application (FPCA)
  - Federal Write-in Absentee Ballot (FW
  - Federal Voting Assistance Program (F
  - Absentee Ballot Precincts
  - USPS – Electionmail.org, Green Tags
- UOCAVA Electronic Voter Registration (EL  
Gabriel
- 3:15 Break
- 3:30 SeaChange – Doug Sunde
- Quick Reference Guide
  - Q&A

WORKSHOP

pay-breakdown

52% ~~59%~~ general

41% HAVA

48%

**Statement of Account**

**Ramkota Hotel - Pierre  
920 W Sioux Avenue**

**Pierre, SD 57501  
(605)224-6877**

SECRETARY OF STATE  
Kea Warne

500 E CAPITOL AVE  
PIERRE, SD 57501

Page 1

Account Number: 1064  
Account Balance: \$4,424.60  
SECRETARY OF STATE

Invoice	Date	Dept	Reference	Folio	Invoice Amount	Invoice Balance
329646	Dec 13, 17	DR	SECRETARY OF STATE 11	269899	\$4,424.60	\$4,424.60
<b>Total:</b>					<b>\$4,424.60</b>	<b>\$4,424.60</b>

PLEASE INCLUDE YOUR  
ACCOUNT NUMBER  
WITH PAYMENT

# Ramkota Hotel - Pierre

920 W Sioux Avenue

Dec 15, 2017  
10:38 am

Pierre, SD 57501

Telephone: (605)224-6877 Fax: (605)224-1042

SECRETARY OF STATE 11/17 OWN  
RACHEL SCHMIDT

Pierre, SD 57501

Arrival Date: November 07, 2017

/ Departure Date: November 09, 2017

Folio #: 269899

Pay Method: 4P

Date	Department	Reference	Voucher	Room	Debit	Credit
11/8/2017	Meeting Room TE	room rental			\$170.94	
11/8/2017	Banquet Food TE	banquet food			\$888.00	
11/8/2017	Refreshments TE	refreshments			\$710.19	
11/8/2017	Equipment TE	equipment rental			\$136.75	
11/8/2017	Service Charge-TE	service charge			\$324.00	
11/9/2017	Meeting Room TE	room rental			\$170.94	
11/9/2017	Banquet Food TE	banquet food			\$1,059.49	
11/9/2017	Refreshments TE	refreshments			\$508.65	
11/9/2017	Equipment TE	equipment rental			\$136.75	
11/9/2017	Service Charge-TE	service charge			\$318.89	
12/13/2017	Direct Bill	Acct #1064 SECRETARY OF STATE				\$4,424.60

Thank you for staying with The Ramkota Hotel and Conference Center.

Balance:

Signature \_\_\_\_\_