RECEIVED

APR 2 1 2018

State Board of Finance	Authorization sections submit the original to:		State Transfer (SDCL 3-9-9) Full-time continuous employment for 6 months.			
Office of Secretary of State 500 E Capitol Ave Pierre SD 57501 Phone: 605-773-3537			Professional Recruitment (SDCL 3-9-12) Attach a written copy of the offer of employment and of payment of			
PLEASE NOTE: The later than 5:00 p.m.	request and all supporting docum CT eight days prior to the E	entation must be received in the Office Board of Finance meeting on the the ad at the next Board of Finance meeting	ird Tuesday of the month.			
	Human Resources policies regarding	ng protection of personally identifiable in Application	•			
Andrew Behren		Instructor of Information Systems	Dakota State University			
Name of Applicant	3	New Position Title	Agency Employed By			
	Montovidoo MNI					
\$50,000.00	Montevideo, MN	Madison, SD	August 2018			
Yearly Salary	City, State Moving From	New Post of Duty (City) 08/22/2018	Expected Month/Year of Move			
00900 Bureau of Human Reson		Employment Date with the State				
	and the second s					
Signature of Applicant		04/86/201 Date	<u>G</u>			
Signature of Applicant	A	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	G			
The undersigned age that the agency ordered The Agent further declar of actual household move.	gent hereby certifies that the above the applicant to move as indicated, res that, to the best of the Agent's ving expenses are true and correct.	Date Ithorization individual is employed in a full-time position, and that the move will be for the benefit knowledge and belief, the request and au	sition with the above agency, t of the State of South Dakota. thorization for reimbursement			
The undersigned age that the agency ordered The Agent further declar of actual household move.	gent hereby certifies that the above the applicant to move as indicated, res that, to the best of the Agent's ving expenses are true and correct.	Date Ithorization individual is employed in a full-time position, and that the move will be for the benefit knowledge and belief, the request and au	sition with the above agency, t of the State of South Dakota. thorization for reimbursement			
The undersigned ag that the agency ordered The Agent further declar of actual household move that the agency ordered The Agent further declar of actual household move that the agency ordered Agency Trust Name of Authorized	gent hereby certifies that the above the applicant to move as indicated, res that, to the best of the Agent's lying expenses are true and correct.	Date Ithorization individual is employed in a full-time position, and that the move will be for the benefit knowledge and belief, the request and au	sition with the above agency, t of the State of South Dakota. thorization for reimbursement			
The undersigned age that the agency ordered The Agent further declar of actual household move.	gent hereby certifies that the above the applicant to move as indicated, res that, to the best of the Agent's lying expenses are true and correct.	Date Ithorization individual is employed in a full-time position, and that the move will be for the benefit knowledge and belief, the request and au	sition with the above agency, t of the State of South Dakota. thorization for reimbursement			
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When Application and Authorization sections	Please check one:
are completed, please submit the original to:	State Transfer (SDCL 3-9-9)
State Board of Finance	Full-time continuous employment for 6 months.
Office of Secretary of State	Professional Recruitment (SDCL 3-9-12)
500 E Capitol Ave	Attach a written copy of the offer of employment and of payment of
Pierre SD 57501 Phone: 605-773-3537	moving expenses.
PLEASE NOTE: The request and all supporting documentation later than 5:00 p.m. CT eight days prior to the Board	
Documentation received after that time will be processed at the	
comply with Bureau of Human Resources policies regarding prof	
Appli	
Debra Gay Anderson	Associate Dean for Rusearch SDSUL
Name of Applicant	New Position Title Agency Employed By
139, dop Lexington KX	Brookings 6/2018 and 6/2019
Yearly Salary City, State Moving From	New Post of Juty (City) Expected Month/Year of Move
$\omega_{3}(0)$	Mail 2018 Shell move ma
Bureau of Human Resources Class Code	Employment Date with the State phases due 10 of
Bureau of Human Resources Class Code	Employment Date with the State phases due to Ap
I hereby request authorization and approval to submit a vo	oucher for reimbursement of actual household moving expenses
subject to the limitations established by South Dakota law. I sh	
expenses.	
	oyee states, "Employer reimbursement of an employee's moving
expenses constitutes fringe benefits excludable from the employ	
employee if they had directly paid or incurred these expenses, (2)	
(3) if the move is 50 miles or more from the employee's former r	
	If the reimbursement by the State of South Dakota for payment of the IRS. While this reimbursement will not be reported as
taxable, I acknowledge that ultimately I am responsible for the pr	
Dolar M. O.	
Mediatayinderson	<u> 377 / 18</u>
Signature of Applicant	Date
Author	ization
The undersigned agent hereby certifies that the above indivi-	dual is employed in a full-time position with the above agency,
that the agency ordered the applicant to move as indicated, and the	
The Agent further declares that, to the best of the Agent's knowledge.	
of actual household moving expenses are true and correct.	
Name of Authorized Agent	The College of Williams
Name of Authorized Agent	Position/ Title of Authorized Agent
1 1- 0	
Nay Jahrenell 3/16/16	Douth Dakota State Univ.
Signature of Authorized Agent Date	Agency of Authorized Agent
Approval by State	Board of Finance
	ZOWA VI I IIIWIIVV
Approved by the State Board of Finance on	
	e of Secretary, State Board of Finance
Signatur	

When Application and Authorization sections	Please check one:			
are completed, please submit the original to:	State Transfer (SDCL 3-	-9-9)		
State Board of Finance	Full-time continuous emple			
Office of Secretary of State	X Professional Recruitment (SDCL 3-9-12)			
500 E Capitol Ave Pierre SD 57501 Phone: 605-773-3537		ffer of employment and of payment of		
PLEASE NOTE: The Request and all supporting documentar	moving expenses.	e of the Secretary of State no later		
than 5:00 p.m. CT on the Thursday prior to the Board of processed at the next Board of Finance meeting. All docume regarding protection of personally identifiable information.	Finance meeting. Documentation	on received after that time will be		
App	lication			
Robert Lonsinger	Assistant Professor	South Dakota State University		
Name of Applicant	New Position Title	Agency Employed By		
Yearly Salary Stevens Point WI 54482 City, State Moving From	Brookings, SD	June 2018		
Yearly Salary City, State Moving From Bureau of Human Resources Class Code	New Post of Duty (City)	Expected Month/Year of Move		
I hereby request authorization and approval to submit a subject to the limitations established by South Dakota law. I expenses. The IRS regulation for reporting moving expenses for em expenses constitutes fringe benefits excludable from the employee if they had directly paid or incurred these expenses. (3) if the move is 50 miles or more from the employee's forme I certify that I have met the above listed criteria. I understathe eligible moving expense will not be reported as taxable in taxable, I acknowledge that ultimately I am responsible for the Signature of Applicant	shall attach to said voucher evid ployee states, "Employer reimbur oyee's gross income if (1) the am , (2) the employee did not deduct or residence. and the reimbursement by the Stat come to the IRS. While this reim	resement of an employee's moving counts would be deductible by the the expenses in a prior year, and the of South Dakota for payment of bursement will not be reported as		
Autho	orization			
The undersigned agent hereby certifies that the above ages will be for the benefit of the State of South Dakota. The Agent request and authorization for reimbursement of actual househow Name of Authorized Agent Date	ncy ordered the applicant to move further declares that to the best o	f my knowledge and belief the correct.		
Approval by Sta	te Board of Finance			
Approved by the State Board of Finance on	ure of Secretary, State Board of F	inance		

Household Moving Allowance_Lonsinger, Robert_2018.03.21

Note: When completed, retain one copy in employee personnel file and attach original to voucher to be sent to Auditor's Office.

When Application and Authorization sections are completed, please submit the original to: State Board of Finance Office of Secretary of State 500 E Capitol Ave Pierre SD 57501 Phone: 605-773-3537 PLEASE NOTE: The request and all supporting documentation later than 5:00 p.m. CT eight days prior to the Board Documentation received after that time will be processed at the second	of Finance meeting on the thirne next Board of Finance meeting.	of the Secretary of State no Tuesday of the month. All documentation MUST
comply with Bureau of Human Resources policies regarding prof		ormation.
Name of Applicant 142 000 Yearly Salary City State Moving From Bureau of Human Resources Class Code I hereby request authorization and approval to submit a vosubject to the limitations established by South Dakota law. I sh expenses. The IRS regulation for reporting moving expenses for employeemployee if they had directly paid or incurred these expenses, (3) if the move is 50 miles or more from the employee's former of I certify that I have met the above listed criteria. I understand the eligible moving expense will not be reported as taxable incortaxable, I acknowledge that ultimately I am responsible for the procession of Applicant	New Position Title Brookings, 50 New Post of Duty (City) Tuly 1 2018 Employment Date with the State ucher for reimbursement of actual all attach to said voucher evidence by ee's gross income if (1) the amounts 2) the employee did not deduct the desidence. It the reimbursement by the State of the to the IRS. While this reimburse	of actual household moving ent of an employee's moving s would be deductible by the expenses in a prior year, and South Dakota for payment of ement will not be reported as
Author	ization	
The undersigned agent hereby certifies that the above individe that the agency ordered the applicant to move as indicated, and the The Agent further declares that, to the best of the Agent's knowled of actual household moving expenses are true and correct.	at the move will be for the benefit o	f the State of South Dakota.
Name of Authorized Agent Signature of Authorized Agent Date	Position/ Title of Authorized Agent Agency of Authorized Agent	Dakota State
Approval by State Approved by the State Board of Finance on Date Signature	Board of Finance	ve

RECEIVED

APR 23 2018

When Application and Authorizatio	n sections	Please check one:	S.D. SEC. OF STATE			
are completed, please submit the ori		State Transfer (SDCL 3-9-9)				
State Board of Finance		Full-time continuous employment for 6 months.				
Office of Secretary of State		Professional Recruitment (SDCL 3-9-12) Attach a				
500 E Capitol Ave		written copy of the offer of employment and of payment of moving				
Pierre SD 57501 Phone: 605-773		expenses.				
PLEASE NOTE: The request and a than 5:00 p.m. CT eight days prior after that time will be processed at the Resources policies regarding protection.	to the Board of Finance mee e next Board of Finance meeting on of personally identifiable in	ting on the third Tuesday of the ng. All documentation MUST con	e month. Documentation received			
Susan Strobel		Assist. Professor	USD			
Name of Applicant		New Position Title	Agency Employed By			
\$74,825.00	Edina, MN	Vermillion	08/2018			
Yearly Salary	City, State Moving From	New Post of Duty (City)	Expected Month/Year of Move			
0080	08	/22/2018				
Bureau of Human Resources Class Co	de	Employment Date with the State				
constitutes fringe benefits excludable they had directly paid or incurred the 50 miles or more from the employee. I certify that I have met the above lis eligible moving expense will not be acknowledge that ultimately I am res	se expenses, (2) the employee of sections former residence. It is contained to the residence as taxable income to the section of the section	did not deduct the expenses in a p imbursement by the State of South the IRS. While this reimbursement	h Dakota for payment of the will not be reported as taxable, I			
The undersigned agent hereby contract the agency ordered the applicant The Agent further declares that, to the	ertifies that the above individua to move as indicated, and that	ization It is employed in a full-time posite the move will be for the benefit of and belief, the request and auth	f the State of South Dakota.			
of actual household moving expenses		_				
Sheila Gestring		Vice President, Finance				
Name of Authorized Agent Alle Adam Rosheim Er	Sheria 4-20-18	Position/ Title of Authorized A				
Signature of Authorized Agent Da	ite	The University of South Dal Agency of Authorized Agent	cota			
, or grant of the state of the		rigoney of riumorized rigent				
		Board of Finance				
Signature of Secretary, State Board of	Finance					

Note: When completed, retain one copy in employee personnel file and attach original to voucher to be sent to Auditor's Office.

APR 19 2018

Home Station Per Diem Reimbursement Request - SDCL 3-9-2.2 S.D. SEC. OF STATE

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

mormation.	
<u>.</u>	olication
Date: 3/31/2018 Agency Address: 523 E. Capitol F	Agency: SD GF 4 P
Agency Address: 523 E. Capitol F	ive Pierre 3D 57501
Agency Phone Number: <u>605 - 773 - 338</u>	
Employee Requesting Reimbursement: Kendyl	Jones
Total Amount of Reimbursement:	
Date(s) of Expense: $03/18 - 03$	5/31/18
	Event Return Time: 10500000 11:30 PM
Explanation of official business performed:	
training	
- Makining	****
	nt of expenses, set forth in the voucher attached hereto, that were
	s station or place of residence. I certify that the event extended led a meal provision for which I was billed. I declare and affirm
under the penalties of perjury that this claim has been exam	ined by me, and to the best of my knowledge and belief, is in al
things true and correct.	4/4/19
Signature of Employee	Date 1/7/10
and the state of t	
	prization
	cur the claimed expenses at their headquarters station or place of yment on behalf of the State of South Dakota. I attest that the
employee's participation in the event was in the furtherance of	f state interests.
Kelly R. He plex	Cabinet Seenelary
Name of Department/Office Head	Position/Title of Agency Official
1) W lu	4/10/16
Signature of Department/Office Head	Date
Glada Danala G	7: 1
	Finance Approval
Approval Date:	Cionatina of Countamy State Dead of Cineses
	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.

STATE O F SOUTH DAKOTA

Invo	ice ID	Date	Employee	No	Return	Date	Adv	Exp	License No.	Home Station	
	3RB02	3/6/2018	15410		3/31/2	018	N		36E591		Pierre
Dates Mo/Day	De	escription of Tra Misc Expense,	ivel, Destination DOT Coding	Tii Leave	me Return	Auto Miles	Trans. Cost	Overnight Meals	Non-Over- Ngt Meals	Lodging	Miscellaneou Expense
3-4	Ha	arrold to Ft Pierr	e Pre-Academy	4:00PM		35	\$14.70		\$15.00		
3-5	Pierre-Pre-A								\$32.00		
3-6	Pierre-Pre-A	cademy							\$32.00		
3-7	Pierre-Pre-A								\$32.00		
3-8	Pierre-Pre-A								\$32.00		
3-9	Pierre-Pre-A	cademy			1:00PM	35	\$14.70	w=====================================	\$17.00		
3-11	Harrold to P	ierre LET Acade	amv	4:00PM		25	614 70		£ 15.00		
3-12	Pierre-LET A		emy	4.000101		35	\$14.70		\$ 15.00		
3-13	Pierre-LET A			_							
3-14	Pierre-LET A	···									
3-15	Pierre-LET A										
3-16	Pierre-LET A								\$15.00		
3-17	Pierre-LET A							-,	\$32.00		
3-18	Pierre-LET A								\$32.00		
3-19	Pierre-LET /			-					\$02.00		
3-20	Pierre-LET A	Academy									
3-21	Pierre-LET A	Academy									
3-22	Pierre-LET A	Academy									
3-23	Pierre-LET A	Academy							\$15.00		
3-24	Pierre-LET A								\$32.00		
3-25	Pierre-LET A								\$32.00		
3-26	Pierre-LET A										
3-27	Pierre-LET A										
3-28	Pierre-LET A										
3-29	Pierre-LET A										
3-30	Pierre-LET A							,	\$15.00		
3-31	Pierre-LET A	Academy			11:30PM				\$32.00		
				-							
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	1										
			OLIDTOT.			10-					
IDDOOF 1	NE TO 41 /=:	1 1	SUBTOTA Academy	ALS		105	\$44.10	\$0.00	\$380.00	\$0.00	\$0.
JRPOSE C	OF TRAVEL	LEIF	1 cademy						RAND TOTAL		\$424.
						APPLY TO ADVANCE					
			-					AMOUNT REIMBURSABLE		6404	
			···········	-			Į	KE	IMBURŞABLI	<u> </u>	\$424
	affirm under s true and cor		f perjury that this claim	n has been exan	nined by me,	and to the	best of my	Knowledge a	nd belief,		1

		APPLY TO ADVANCE	
		AMOUNT	
		REIMBURSABLE	\$424.10
been examined b	y me, and to the best of my	Knowledge and belief,	
1/15/18 Date	b (Ayr	horization	4/17/18/ Date
	Aut	horization	 Date