

Household Moving Allowance State of South Dakota

RECEIVED

APR 21 2018

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
500 E Capitol Ave
Pierre SD 57501 Phone: 605-773-3537

Please check one:

- State Transfer (SDCL 3-9-9)
Full-time continuous employment for 6 months.
- Professional Recruitment (SDCL 3-9-12)
Attach a written copy of the offer of employment and of payment of moving expenses.

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

Andrew Behrens

Name of Applicant

\$50,000.00

Yearly Salary

00900

Bureau of Human Resources Class Code

Montevideo, MN

City, State Moving From

Instructor of Information Systems

New Position Title

Madison, SD

New Post of Duty (City)

08/22/2018

Employment Date with the State

Dakota State University

Agency Employed By

August 2018

Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

Andrew Behrens
Signature of Applicant

04/26/2018
Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Stacy Kousemark
Name of Authorized Agent

Stacy Kousemark
Signature of Authorized Agent Date

VP Business & Admin
Position/ Title of Authorized Agent

Dakota State University
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance

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Application

Debra Gay Anderson
Name of Applicant

Associate Dean for Research SDSU
New Position Title Agency Employed By

139,000 Lexington KY
Yearly Salary City, State Moving From

Brookings 6/2018 and 6/2019
New Post of Duty (City) Expected Month/Year of Move

00240
Bureau of Human Resources Class Code

May 1 2018
Employment Date with the State

will move in 2 phases due to spouse not relocating until 2019.

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The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence.

I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement.

Debra Gay Anderson
Signature of Applicant

3/7/18
Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Nancy Fahrenwald
Name of Authorized Agent

Dean, College of Nursing
Position/ Title of Authorized Agent

Nancy Fahrenwald 3/14/16
Signature of Authorized Agent Date

South Dakota State Univ.
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on _____
Date

Signature of Secretary, State Board of Finance

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Application

Robert Lonsinger	Assistant Professor	South Dakota State University
Name of Applicant	New Position Title	Agency Employed By
\$70,000	Stevens Point, WI 54482	Brookings, SD
Yearly Salary	City, State Moving From	New Post of Duty (City)
00800	Bureau of Human Resources Class Code	June 2018
		Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

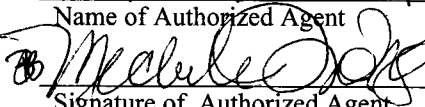
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	3-21-2018
Signature of Applicant	Date

Authorization

The undersigned agent hereby certifies that the above agency ordered the applicant to move as indicated and that the move will be for the benefit of the State of South Dakota. The Agent further declares that to the best of my knowledge and belief the request and authorization for reimbursement of actual household moving expenses are true and correct.

Michele Dudash	Department Head
Name of Authorized Agent	Position/ Title of Authorized Agent
	Natural Resource Management, SDSU
Signature of Authorized Agent	Agency of Authorized Agent
3.21.2018	
Date	

Approval by State Board of Finance

Approved by the State Board of Finance on	Signature of Secretary, State Board of Finance
Date	

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

Household Moving Allowance State of South Dakota

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Application

<u>Melinda M Tinkle</u>	<u>Assoc Dean</u>	<u>SDSU</u>
Name of Applicant	New Position Title	Agency Employed By
<u>142,000</u>	<u>Brookings, SD</u>	<u>May 2018</u>
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
<u>00 240</u>	<u>July 1, 2018</u>	
Bureau of Human Resources Class Code	Employment Date with the State	

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<u>Melinda M Tinkle</u>	<u>March 5, 2018</u>
Signature of Applicant	Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

<u>Nancy Fahrnenwall</u>	<u>Dean College of Nursing</u>
Name of Authorized Agent	Position/ Title of Authorized Agent
<u>Nancy Fahrnenwall</u>	<u>South Dakota State University</u>
Signature of Authorized Agent	Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

**Household Moving Allowance
State of South Dakota**

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APR 23 2018

S.D. SEC. OF STATE

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Application

<u>Susan Strobel</u> Name of Applicant	<u>Assist. Professor</u> New Position Title	<u>USD</u> Agency Employed By
<u>\$74,825.00</u> Yearly Salary	<u>Edina, MN</u> City, State Moving From	<u>08/2018</u> Expected Month/Year of Move
<u>00800</u> Bureau of Human Resources Class Code	<u>08/22/2018</u> Employment Date with the State	

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses. The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence.

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<u></u> Signature of Applicant	<u>03/30/2018</u> Date
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Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

<u>Sheila Gestring</u> Name of Authorized Agent	<u>Vice President, Finance</u> Position/ Title of Authorized Agent
<u></u> Signature of Authorized Agent	<u>The University of South Dakota</u> Agency of Authorized Agent
<u>Adam Rosheim for Sheila 4-20-18</u> Date	

Approval by State 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.

RECEIVED

APR 19 2018

S.D. SEC. OF STATE

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

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Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

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Application

Date: 3/31/2018 Agency: SD GF + P
Agency Address: 523 E. Capitol Ave Pierre, SD 57501
Agency Phone Number: 605-773-3387
Employee Requesting Reimbursement: Kendyll Jones
Total Amount of Reimbursement: \$ 424.10
Date(s) of Expense: 03/ /18 - 03/31/18
Event Leave Time: 4:00 PM Event Return Time: ~~00:00~~ 11:30 AM
Explanation of official business performed: attend required law enforcement 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.

Kendyll Jones
Signature of Employee

4/4/18
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.

Kelly R. Hepler
Name of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

4/18/18
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.

STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL

NAME Kendyll Jones
ADDRESS _____

ORGANIZATION Game Fish and Parks
BUDGET ENTITY _____

Invoice ID	Date	Employee No	Return Date	Adv	Exp	License No.	Home Station		
Z068RB02	3/6/2018	154101	3/31/2018	N		36E591	Pierre		
Dates Mo/Day	Description of Travel, Destination Misc Expense, DOT Coding	Time		Auto Miles	Trans. Cost	Overnight Meals	Non-Over-Ngt Meals	Lodging	Miscellaneous Expense
		Leave	Return						
3-4	Harrold to Ft Pierre Pre-Academy	4:00PM		35	\$14.70		\$15.00		
3-5	Pierre-Pre-Academy						\$32.00		
3-6	Pierre-Pre-Academy						\$32.00		
3-7	Pierre-Pre-Academy						\$32.00		
3-8	Pierre-Pre-Academy						\$32.00		
3-9	Pierre-Pre-Academy		1:00PM	35	\$14.70		\$17.00		
3-11	Harrold to Pierre LET Academy	4:00PM		35	\$14.70		\$ 15.00		
3-12	Pierre-LET Academy								
3-13	Pierre-LET Academy								
3-14	Pierre-LET Academy								
3-15	Pierre-LET Academy								
3-16	Pierre-LET Academy						\$15.00		
3-17	Pierre-LET Academy						\$32.00		
3-18	Pierre-LET Academy						\$32.00		
3-19	Pierre-LET Academy								
3-20	Pierre-LET Academy								
3-21	Pierre-LET Academy								
3-22	Pierre-LET Academy								
3-23	Pierre-LET Academy						\$15.00		
3-24	Pierre-LET Academy						\$32.00		
3-25	Pierre-LET Academy						\$32.00		
3-26	Pierre-LET Academy								
3-27	Pierre-LET Academy								
3-28	Pierre-LET Academy								
3-29	Pierre-LET Academy								
3-30	Pierre-LET Academy						\$15.00		
3-31	Pierre-LET Academy		11:30PM				\$32.00		

SUBTOTALS

105 \$44.10 \$0.00 \$380.00 \$0.00 \$0.00

PURPOSE OF TRAVEL LET Academy

GRAND TOTAL	\$424.10
APPLY TO ADVANCE AMOUNT REIMBURSABLE	\$424.10

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

Kendyll Jones
Claimant

4/15/18
Date

Bob Jones
Authorization

4/17/18
Date

Authorization

Date