

**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

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: \_\_\_\_\_ Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_

Employee Requesting Reimbursement: \_\_\_\_\_

Total Amount of Reimbursement: \_\_\_\_\_

Date(s) of Expense: \_\_\_\_\_

Event Leave Time: \_\_\_\_\_ Event Return Time: \_\_\_\_\_

Explanation of official business performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

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

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

\_\_\_\_\_  
Signature of Department/Office Head

\_\_\_\_\_  
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.**