A) Call to order
B) Approve monthly meeting agenda
C) Approve minutes from the meeting on February 18, 2020
D) State Transfer
   • Department of Transportation
     o Harry W. Johnston
E) Professional Recruitment
   • Dakota State University
     o David Kenley
   • Department of Education
     o Megan Aadland
   • Governor’s Office
     o Maggie (Marguerite) Seidel
   • South Dakota State University
     o Erin Thelander
F) State Hosting Reimbursement Request – SDCL 3-9-2.1
   • Governor’s Office of Economic Development
     o Mary Lehecka Nelson (2 Requests)
     o Matthew Brunner
     o Melissa Andrisen
   • Department of Tourism
     o Katlyn Richter
G) Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2
   • Department of Education
     o Opportunity GAP workgroup meeting held on October 23, 2019 in Pierre.
H) Debt Write Off
   • Department of Transportation submitted nine debt write off requests totaling $8,215.20.
I) Public Comment
J) Adjournment
Household Moving Allowance  
State of South Dakota  

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 Trustee (SDCL 3-9-9)  
☐ Professional Recruitment (SDCL 3-9-12)  
Full-time continuous employment for 6 months.  
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  

Harry W. Johnston  
Name of Applicant  
96,189.98  
Yearly Salary  
Hermosa, SD  
City, State Moving From  
804113  
Bureau of Human Resources Class Code  

Area Engineer  
New Position Title  
Sioux Falls  
City, State Moving To  
1/9/2008  
Employment Date with the State  

SD DOT  
Agency Employed By  
June 2020  
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.  

I understand that household moving allowance is considered taxable income according to IRS regulations, and I am responsible for all applicable payroll taxes. I know I may contact my agency's finance officer for options.  

____________________________  
Signature of Applicant  
____________________________  
Date  
March 6, 2020  

Authorization  

☐ I hereby certify 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.  

____________________________  
Name of Authorized Agent  
____________________________  
Position/Title of Authorized Agent  
SD DOT  

Signature of Authorized Agent  
Date  
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 3.109.10.15
March 9, 2020

Harry Johnston
24208 Dewey Lane
Hermosa, SD 57744

Dear Harry,

This letter is to confirm your appointment to the position of Area Engineer (11-2209) with the Department of Transportation in Sioux Falls. Your employment will begin on March 9, 2020, at an annual salary of $96,189.98. Your immediate supervisor is Travis Dressen, Region Engineer.

As agreed, this position also carries with it payment by the State for your actual moving expenses up to one month’s salary based on the rules established by the Board of Finance. Attached, please find the guidelines for household moving allowances. If you should terminate your employment prior to six months, you would be required to repay the moving allowances. Please find the Household Moving Expense Form at https://sdsos.gov/about-the-office/board-of-finance/bof-docs/HouseholdMovingAllowanceFilling_20191015.pdf. Complete the form and return it to Kimberly Smith, HR Specialist, Bureau of Human Resources, 5316 W. 60th St N, Sioux Falls, SD 57107, for further processing.

Your home station will remain Rapid City Region office until May 23, 2020. From March 24 until May 23, 2020, the department will reimburse lodging expenses up to $1200/month.

Since you are transferring within State government, your leave balances and benefits will carry over. You will not have a probationary period due to your appointment since this was completed with your original employment.

Congratulations on your appointment! If you have any questions, please feel free to contact me or your immediate supervisor.

Sincerely,

[Signature]

Heidi Olson
Human Resources Manager
Department of Transportation

cc: Supervisor
Personnel file

An Equal Opportunity Employer
Household Moving Allowance
State of South Dakota

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 expense.

Application

David Kenley
Name of Applicant

$120,000.00
Yearly Salary

Elizabethtown, PA
City, State Moving From

00230
Bureau of Human Resources Class Code

Dean College of Arts & Sciences
New Position Title

Madison, SD
New Post of Duty (City)

June 22, 2020
Employment Date with the State

Dakota State University
Agency Employed By

June 2020
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 this voucher evidence of actual household moving expenses.

I understand that household moving allowance is considered taxable income according to IRS regulations, and I am responsible for all applicable payroll taxes. I know I may contact my agency's finance officer for options.

David Kenley
Signature of Applicant
February 28, 2020
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 Krusemark
Name of Authorized Agent

Vice President for Business & Administrative Services
Position/Title of Authorized Agent

Dakota State University
Agency of Authorized Agent

3-2-2020
Signature of Authorized Agent
Date

Approval by State Board of Finance

Approved by the State Board of Finance on

Signature of Secretary, State Board of Finance

Household Moving Allowance 20191015
MEMORANDUM

DATE: February 26, 2020
TO: David Kenley
david.kenley01@gmail.com
FROM: José-Marie Griffiths, Ph.D.
Dakota State University President
RE: New Appointment within Dakota State University

Title: Dean of the College of Arts and Sciences
Start Date: June 22, 2020
Annual Salary: $120,000.00 based on 12 months
Supervisor: Dr. Jim Moran, Provost/Vice President for Academic Affairs

SPECIAL TERMS AND CONDITIONS:

Your salary will be $120,000.00 for the period of June 22, 2020, to June 21, 2021, and is based on 12 months at 100%. The fiscal year is defined as June 22, 2020 to June 21, 2021. Contract dates reflect the payroll period which is the 22nd of the month through the 21st of the following month, with deposits issued on the last working day of the month. Therefore, you will receive your first paycheck for June 22nd – July 21st on July 31st. Your supervisor will be Dr. Jim Moran, Provost/Vice President for Academic Affairs. As with all administrative, professional, CSA, and Faculty employees, you will be evaluated annually. This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime.

This appointment and terms of appointment are subject to and governed by federal regulations, the laws and regulations of the State of South Dakota, the policies, rules, and regulations of the South Dakota Board of Regents (“SD BOR”) and corresponding Institutional policies and procedures.

Specific duties during the appointment period will be assigned by the Provost, whether directly or through a designee. The title and duties are subject to reassignment without notice or cause and, where such changes are made, contract length and related compensation may be adjusted accordingly as set forth by SD BOR and corresponding Institutional policies and procedures.

This notice is effective only when executed by the prospective employee and the President, or when approved by the SD BOR, as required by Board policy. Only the President, or designee, of Dakota State University has the authority to extend any offer of employment or reemployment or to modify or to adjust the proffered terms relating to title, assignment, start and end dates, compensation, or special terms or conditions, in conformity with SD BOR policy and corresponding Institutional policies.

This appointment shall automatically terminate upon expiration of its term subject to the right of an employee holding tenure as a faculty member to continuing employment in a faculty role. This agreement creates no obligation of the Institution or SD BOR for continued employment beyond the end date of the appointment and non-renewal of this agreement is not an action which can be grievable under SD BOR or Institutional policy.

This offer is contingent on approval by the South Dakota Board of Regents and successful completion of a pending background authorization check. Should the background report come back with information that would change the contents of this contract, DSU has the right to take additional action which may include requesting additional information from you or rescinding of the job offer.
The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. In addition to the intellectual properties, I have also included a conflict of interest and an employee background check authorization form. Please indicate your acceptance of this appointment by signing this letter of acceptance and all related employment documents through DocuSign, which offers an electronic, legally binding signature. The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of Dakota State University.

As Dean of the College of Arts and Sciences, your position is eligible for state benefits. Benefits will include household moving reimbursement allowance of up to 1 month salary as outlined in SDCL 3-9-12 as long as the State's Auditor Office grants approval. Dakota State University will provide up to $10,000.00 in moving expense reimbursement.

If you desire to accept this offer of employment, please sign below. Acceptance shall be effective upon receipt of the signed contract by the Human Resources Office. This offer is valid for twenty (20) calendar days from the date of offer.

I look forward to having you at Dakota State in this new role.

Sincerely,

José-Marie Griffiths, Ph.D.
Dakota State University President

Enclosures:

Intellectual Property Form
Conflict of Interest Form
Background Authorization Form

cc: Dr. Jim Moran
Human Resources/Payroll
Personnel File

I accept the job offer outlined above.

______________________________
Signature of Appointee (Full legal name)

______________________________
Date

February 28, 2020
Household Moving Allowance  
State of South Dakota

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

Megan Aadland  
Name of Applicant  
55,749.60  Iowa City, IA  
Yearly Salary  City, State Moving From  
010234

Bureau of Human Resources Class Code

Accountabilities Specialist (Management Analyst)

New Position Title  
Pierre

City, State Moving From  
New Post of Duty (City)

June 1, 2020  
Employment Date with the State

Education  
Agency Employed By  
June 2020

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.

I understand that household moving allowance is considered taxable income according to IRS regulations, and I am responsible for all applicable payroll taxes. I know I may contact my agency's finance officer for options.

Megan Aadland  
Signature of Applicant  
2/17/20  
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.

Benjamin F. JONES  
Name of Authorized Agent  
2/5/2000  
Signature of Authorized Agent  
Date

Cabinet Secretary  
Position/Title of Authorized Agent  
Department of Education

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 20190115
February 3, 2020

Megan Aadland
736 Michael St #3
Iowa City IA 52246

Dear Ms. Aadland,

This letter is to confirm your appointment to the position of Accountabilities Specialist (Management Analyst) with the state of South Dakota, Department of Education. Your employment will begin Monday, June 1st, 2020, at an hourly rate of $26.70.

As discussed, the Department of Education will pay a $1,500.00 lump sum for actual moving expenses based on the rules established by the Board of Finance. Receipts are required and expenses must be eligible expenses. Attached, please find the guidelines for household moving allowances and the moving expense form. Please sign the Household Moving Allowance Form and return it to me as soon as possible.

Prior to your first day of work, we invite you to complete the on-line orientation process. Completion of the on-line orientation process is voluntary. If you decide to forego the on-line process prior to beginning work, you will be asked to complete the same process on your first day of work.

Please go to the following link to complete the new employee forms:
http://onlineorientation.sd.gov/new.aspx

You can log into the system using the following ID and password:

*********

*You will be prompted to set and confirm a new password upon entering the above and selecting, "login".

*This is a secured system that is user name & password protected.

NOTE: You can complete this on-line orientation as time permits. You can save the information that you enter as you step through the process. Therefore, if you need to come back to complete the process at a later date or time, you may do so by entering your user ID and password. You may need to disable the pop-up blocker on your computer in order to access the orientation material.

In compliance with the Immigration Reform and Control Act of 1986, the State of South Dakota hires only citizens and nationals of the United States and aliens authorized to work in the United States. Upon reporting to work, you will be required to provide identification and proof of citizenship or authorization to work per the list on the I-9 Form, which you can find on the above website. In addition, please provide us a copy of your social security card for payroll purposes. Direct Deposit is mandatory and you will need to provide a voided check blank to your supervisor.

Welcome to the Department of Education. If you have any questions, please contact me or Tammy Binger in the Human Resource office at (605) 773-4714.

Sincerely,

Deb Olson
Human Resource Manager

Cc: Shannon Malone
Personnel File

An Equal Opportunity Employer
Household Moving Allowance
State of South Dakota

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

Maggie (Marguerite) Seidel
Name of Applicant
$140,375.00 Alexandria, VA
Yearly Salary City, State Moving From
203214 Exempt Professional Z
Bureau of Human Resources Class Code

Senior Advisor/Policy Director
New Position Title
Pierre, SD
New Post of Duty (City)
11/19/2019
Employment Date with the State

Governor’s Office
Agency Employed By
December 2019
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.

I understand that household moving allowance is considered taxable income according to IRS regulations, and I am responsible for all applicable payroll taxes. I know I may contact my agency’s finance officer for options.

Signature of Applicant
1-16-20
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.

Name of Authorized Agent
1-28-2020
Signature of Authorized Agent Date

General Counsel
Position/Title of Authorized Agent

Governor Office
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
February 12, 2020

Maggie Seidel
Pierre, SD 57501

Dear Ms. Seidel,

This letter confirms your employment to the position of Director of Policy and Senior Advisor within the Office of the Governor in Pierre, SD. This position is effective November 19, 2019 at $140,375.00 annually.

This Office has agreed to pay actual moving expenses and will seek approval through the State Board of Finance within the allowable guidelines as provided at SDCL 3-9-12. Reimbursement of expenses up to one month’s salary or based on the rules established by the Board of Finance, is part of this employment offer. Receipts attached must be for eligible expenses. Note that household moving allowance is considered taxable income according to IRS regulations, and you are responsible for applicable payroll taxes. If you should terminate your employment prior to six months, you would be required to repay the moving allowances.

Attached is the household moving expense form. Please sign the form and return it to Bureau of Human Resources, 500 E. Capitol Avenue, Pierre, SD 57501 for further processing.

Congratulations on your hire and welcome to South Dakota and the Office of the Governor!

Sincerely,

Tom Hart
General Counsel

TH:mn
Household Moving Allowance
State of South Dakota

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

Erin Thelander
Name of Applicant

$37,740 St.Cloud, MN
Yearly Salary City, State Moving From

4-H Agri-Workforce Coordinator SDSU Extension
New Position Title Agency Employed By

Brookings, SD February/2020
New Post of Duty (City) Expected Month/Year of Move
2/24/20 Employment Date with the State

Bureau of Human Resources Class Code

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.

I understand that household moving allowance is considered taxable income according to IRS regulations, and I am responsible for all applicable payroll taxes. I know I may contact my agency's finance officer for options.

3/3/2020 | 12:00 CST
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.

Karla Trautman
Name of Authorized Agent

3/4/2020 | 03:23 PST
Date

Director

Position/Title of Authorized Agent
SDSU Extension
Agency of Authorized Agent

Approval by State Board of Finance

Date

Signature of Secretary, State Board of Finance
MEMORANDUM

DATE: 2/5/2020

TO: Erin Thelander

FROM: Karla Trautman, Director
       SDSU Extension
       South Dakota State University

RE: Appointment with SDSU Extension, South Dakota State University

I am pleased to offer you, subject to approval by the President, an appointment as the 4-H Agri-Workforce Coordinator with SDSU Extension. Annual appointment dates of this appointment is 2/24/2020. Annual appointment dates are 6/22 to 6/21 of each year. Your Salary is $37,740 based upon 12 months at 100% time with your office based at Berg Ag Hall, Brookings. Tim Tanner will be your direct supervisor. As with all employees, you will be evaluated annually.

This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime.

You are required to provide an official transcript for your highest degree within 30 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records. In addition to the intellectual properties, also enclosed is a conflict of interest form, please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records.

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota State University. This offer is contingent on the university's verification of credentials and other information required by law and/or university policies, including but not limited to a criminal background check. Withholding statements (W-4's) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Payroll Office. Your portion of these forms must be completed on or before your first day of employment. BOR requires direct deposit of payroll checks for all employees.
As the 4-H Agri Workforce Coordinator, your position is eligible for state benefits to include household moving allowance of up to 1-month salary as outlined in SDCL 3-9-12.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter, a signed copy of the enclosed agreement to assign Intellectual Property, and the Conflict of Interest Form to my attention no later than 2/11/2020, retaining a copy for your records.

Co: HR
    Karla Trautman

I accept the job offer outlined above.

[Signature of Appointee]

Enc: Intellectual Property Policy
     Intellectual Property Form
     Conflict of Interest Form
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: 2-27-2020
Agency: Governor's Office of Economic Development
Agency Address: 711 E. Wells Ave, Pierre, SD 57501
Agency Phone Number: (605)773-4633
Employee Requesting Reimbursement: Mary Lehecka Nelson
Total Amount of Reimbursement: 392.97
Date(s) of Hosting Expense: 2-19-2020
Receipts Attached: Y / N

Explanation of official business performed: Hosted a CEO, Partner, and Legal Counsel of an out of state business looking to move to South Dakota. The company does business in a heavily regulated industry and the conversation had a lot of focus on South Dakota's laws and regulatory environment.

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 of Employee
3. 3-2020
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.

Signature of Department/Office Head

Commissioner
Position/Title of Agency Official
3/3/2020
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.
# Myril Arch's Cattleman's Club

Steakhouse
29608 Hwy 34
Pierre, SD 57501
www.cattlemensclubsteakhouse.com

**Check #: 151067**
Date: 02/19/20  Time: 05:34pm
Table: BT49  Server: Kerri
Customer Count: 8

---

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<tr>
<th>Item</th>
<th>Price</th>
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</thead>
<tbody>
<tr>
<td>8 oz Top Sirloin</td>
<td>$15.48</td>
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<tr>
<td>AM Fries</td>
<td></td>
</tr>
<tr>
<td>14 oz New York</td>
<td>$32.27</td>
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<tr>
<td>Side Ranch</td>
<td></td>
</tr>
<tr>
<td>Add Grilled Mushroom</td>
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<td>6 oz Filet</td>
<td>$24.29</td>
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<tr>
<td>Bacon on Potato</td>
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<tr>
<td>Cheese on Potato</td>
<td></td>
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<tr>
<td>14 oz New York</td>
<td>$33.77</td>
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<tr>
<td>Add BC Crumbles</td>
<td></td>
</tr>
<tr>
<td>Buffalo Fries</td>
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<tr>
<td>10 oz Prime Rib</td>
<td>$23.97</td>
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<td>Add Grilled Mushroom</td>
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<tr>
<td>Buffalo Fries</td>
<td></td>
</tr>
<tr>
<td>14 oz New York</td>
<td>$30.64</td>
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<tr>
<td>Cheese on Potato</td>
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<tr>
<td>14 oz New York</td>
<td>$31.98</td>
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<tr>
<td>Sweet Potato Fries</td>
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<tr>
<td>14 oz New York</td>
<td>$29.99</td>
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<td>Onion Petals</td>
<td>$4.99</td>
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<tr>
<td>14 oz New York</td>
<td>$33.77</td>
</tr>
<tr>
<td>Add BC Crumbles</td>
<td></td>
</tr>
<tr>
<td>Yam</td>
<td></td>
</tr>
<tr>
<td>Chislic</td>
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<td>$7.99</td>
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<td>Cowboy Bites</td>
<td>$6.29</td>
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<td>Pickle Chips</td>
<td>$5.99</td>
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<tr>
<td>Coffee</td>
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<tr>
<td>Iced Tea</td>
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<td>$2.50</td>
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<td>Room Charge</td>
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**Subtotal:** $323.41

**Tax:** $15.85

**Sbtl w/Tax:** $339.26

**Gratuity:** $53.71

**Amt Due:** $392.97

---

Thank You,

Like us on Facebook!

A 15% tip would be $48.51

A 18% tip would be $58.21

A 20% tip would be $64.68
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: 03/03/2020
Agency Address: 711 E Wells Ave, Pierre, SD 57501
Agency Phone Number: 605-773-4633
Employee Requesting Reimbursement: Mary Lehecka Nelson
Total Amount of Reimbursement: $334.14
Date(s) of Hosting Expense: 02/19/2020
Receipts Attached: Y / N
Explanation of official business performed: Hosted a CEO, Partner and Legal Council of an out of state business looking to move to South Dakota. The company does business in a heavily regulated industry and the conversation had a lot of focus on South Dakota's laws and regulatory environment.

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 of Employee

3-3-2020
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.

Steve Westra
Name of Department/Office Head

Commissioner
Position/Title of Agency Official

3/3/2020
Date

Signature of Department/Office Head

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.
**Cancelled Site - RedRossa Italian Grille**
808 W Sioux Avenue - Pierre - SD - 57501 - 605-494-2599 - Fax 605-494-0407

**Banquet Check**

**Account:** Governor's Office of Economic Development  
**Post As:** Governor's Office of Economic Development  
**Address:**  
**Payment Method:**  
**Accounting Information:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Setup</th>
<th>Set</th>
<th>Gtd</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday, 2/18/2020</td>
<td>05:00 PM-09:00 PM</td>
<td>Boardroom/Conference</td>
<td>7</td>
<td></td>
<td>Prairies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Qty</th>
<th>Menu Item</th>
<th>Unit</th>
<th>Total</th>
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<tbody>
<tr>
<td>1.00</td>
<td>Off Menu</td>
<td>$190.80</td>
<td>$190.80</td>
</tr>
<tr>
<td></td>
<td>Food Totals</td>
<td></td>
<td>$190.80</td>
</tr>
<tr>
<td>1.00</td>
<td>Prairies</td>
<td>$100.00</td>
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</tr>
<tr>
<td></td>
<td>Room Totals</td>
<td></td>
<td>$100.00</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Total</td>
<td>$290.80</td>
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<tr>
<td>Service Charge</td>
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<td>Tax</td>
<td>$0.00</td>
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<td>Grand Total</td>
<td>$334.14</td>
</tr>
<tr>
<td>Deposits Received</td>
<td>$0.00</td>
</tr>
<tr>
<td>Amount Due</td>
<td>$334.14</td>
</tr>
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</table>

I have read the above arrangements and the attached Catering Policies and agreed to the terms and conditions. Guarantee number due by

**Folio #:**  
**BEO #:** 945478

---

**Event Representative Authorized Signature**  
**Date**  
**Hotel Representative**  
**Date**
Red Rossa 02/18/2020
Attendees: Hosting
Tony Venhuisen
Matt McCaulley
Tom Hart
1 Company CEO
1 Company Partner
1 Company Legal Council
Steve Westra
Mary Lehecka Nelson
Home Station
Sioux Falls
Sioux Falls
Pierre
Out of State
Out of State
Out of State
Sioux Falls
Pierre
Role
Consultant
Consultant
Governor's Office
Business prospect
Business prospect
Business prospect
GOED
GOED
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

Application

Date: 12/27/17 Agency: GOED
Agency Address: 711 East Wells Ave, Pierre, SD 57501
Agency Phone Number: 605-773-4638
Employee Requesting Reimbursement: Matthew Brunner
Total Amount of Reimbursement: $21.77
Date(s) of Hosting Expense: 12/10-12/11 Receipts Attached: Y/N
Explanation of official business performed:
TVC Hosting - Snacks & Water for guests during travel in & around Rapid City.

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 of Employee

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.

Name of Department/Office Head

Signature of Department/Office Head

Position/Title of Agency Official

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.
Matt Bruner

FAMILY FARE.
KEEPPING IT REAL

TVC Capital Hosting

Store #3253  (605) 343-4326
1516 E SAINT PATRICK ST, RAPID CITY SD

Monday, 12/09/19  2:11 PM
Your Cashier is: MARILYN

JIF PUR UP BARS  1.87 B
  Reg Price  3.99  You Saved  2.12
JIF PU CRMY PNU  1.87 B
  Reg Price  3.99  You Saved  2.12
WATER SPRING
  2 @ 2.99  5.98 B
KIRS SWEET N SALTY
  2 @ 3.49  6.98 B
JIF PUR UP BARS  1.87 B
  Reg Price  3.99  You Saved  2.12
JIF PU CRMY PNU  1.87 B
  Reg Price  3.99  You Saved  2.12
TAX STATE .92
TAX LOCAL .41
Tax  1.33  Total  21.77

CASH  22.00
CHANGE  .23

12/09/19 14:11 Good Afternoon Lane 005
Cashier 166220  Store 3253  Trx 131

Store Coupons  8.48

TOTAL SAVINGS  8.48
You could have saved $$$ today
with a yes card. Sign-up today!

Join our team!
We offer careers where you’ll learn,
grow and thrive. That’s why
SpartaNash is a cut above the rest.
careers.spartannash.com

Info / Offers

Your feedback matters!
For a chance to
WIN A $100 GIFT CARD
30 WINNERS EACH MONTH
Tell us about this visit!
mygroceryfeedback.com
Hablemos Espanol:
supermercadoencuestas.com
or Telephone/Telefon
Toll-Free 1-866-364-0813
Survey number appears below
713253193431411005
Valid for 7 days from visit
Open to all ages 18+ per the
official rules listed at
mygroceryfeedback.com

ELIGIBLE FUEL DISC BASKET TTL  20.44
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: 02/04/2020
Agency: GOED
Agency Address: 711 E. Wells Ave Pierre, SD 57501
Agency Phone Number: 605-773-4633
Employee Requesting Reimbursement: MELISSA ANDRISEN
Total Amount of Reimbursement: $112.92
Date(s) of Hosting Expense: 01/30/2020
Receipts Attached: Y N
Explanation of official business performed: Hosting for a company looking at expanding into SD. The Business Development Manager and a Principal Consultant attended.

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
02/04/2020
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.

[Signature]
Name of Department/Office Head

[Signature]
Signature of Department/Office Head

[Signature]
Commissioner
Position/Title of Agency Official
2/7/20
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.
Tally's Silver Spoon  
530 6th St  
Rapid City, SD 57701  
ph 605-342-7621

PAULY'S  
EST. 1984

Pauly's Pizzeria & Sub Co  
1624 E Saint Patrick St #101  
Rapid City, SD 57701  

MEL: Table 15 - 4 Guests  
Server: Zoe  
30/2020 7:59:05 AM  
Sequence #: 0000006  
ID #: 0607425  
Subtotal: $51.75  
Total Taxes: $3.38  
Grand Total: $55.63

Credit Purchase  
Name: ANDRISSEN/MELISSA J  
C Type: VISA  
C Num: XXXX XXXX XXXX 6538  
Reference: 63389q21rkd4hnm  
Approval: 892513  
Server: Zoe  
Ticket Name: Table 15

Payment Amount: $55.63  
Tip:         
Total:       

X  

AID: A000000031010  
Lela 76

CUSTOMER COPY  
I agree to pay the amount shown above.

Happy Hour Daily 4pm-6pm  
We look forward to seeing you again.

01/30/20 11:02 AM  
Check #27  
Melissa

Cheese Chicken Salad  
$7.65

Chicken B.L.T. Salad  
$7.00

Turkey & cheese  
$6.00

Ham & Turkey  
$8.75

Turkey & cheese  
$4.45

Antosos  
$1.35

Bagel  
$1.35

Potato chips  
$1.35

Subtotal: $44.51

Tax: $3.31

Total: $47.82

Input Type: C (EMV Chip Read)  
Visa Credit: xxxxxxxxxxxx6338  
Time: 11:02 AM

Transaction Type: Sale  
Authorization: Approved  
Approval Code: 43678

Payment ID: jlhn8MNTNchHn  
Application ID: A000000031010  
Application Label: Visa Credit  
Terminal ID: e3e7e6fed6b2cfc2  
Card Reader: BBPOS

MELISSA J ANDRISSEN
Tally's Silver Spoon  
530 6th St  
Rapid City, SD  57701  
ph 605-342-7621

Guest Check

TABLE: Table 15 - 4 Guests  
Server: Zoe  
2/13/2020 1:53:34 PM  
Sequence #: 0000006  
ID #: 0607425  
Original Time 1/30/2020 8:14:13 AM

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QTY</th>
<th>PRICE</th>
</tr>
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<tbody>
<tr>
<td>Coffee</td>
<td>(3@$2.75)</td>
<td>$8.25</td>
</tr>
<tr>
<td>Two Pancakes</td>
<td>1</td>
<td>$6.50</td>
</tr>
<tr>
<td>Bagel Sandwich</td>
<td>1</td>
<td>$10.50</td>
</tr>
<tr>
<td>Fruit Risotto</td>
<td>1</td>
<td>$11.00</td>
</tr>
<tr>
<td>Meat</td>
<td>1</td>
<td>$4.50</td>
</tr>
<tr>
<td>Two Egg Brkft</td>
<td>1</td>
<td>$11.00</td>
</tr>
</tbody>
</table>

Subtotal       $51.75  
Total Taxes     $3.88  

Grand Total    $55.63  

Prev. Payments  
Amount  
credit (6338)  $66.76

Total Paid:  $66.76

Happy Hour Daily 4pm-6pm  
We look forward to seeing you again.  
Guest Check
**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: 2/28/20

Agency Address: 711 E Wells Ave, Pierre, SD 57501

Agency Phone Number: 605-773-3537

Employee Requesting Reimbursement: Katlyn Richter

Total Amount of Reimbursement: $133.47

Date(s) of Hosting Expense: 2/14, 2/25, 3/26

Receipts Attached: N

Explanation of official business performed: Meeting with travel writers and PR agency to inform on what travel offerings South Dakota has; results to come in national news outlets.

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 of Employee: [Signature]

Date: 2/28/20

---

**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 are in the furtherance of state's interests relating to hosting a prospect for business development, trade, or a tourism promotional activity.

Signature of Department/Office Head: [Signature]

Date: [Date]

Name of Department/Office Head: [Name]

Position/Title of Agency Official: [Title]

Date: [Date]

---

**State Board of Finance Approval**

Approval Date: [Date]

Signature of Secretary, State Board of Finance: [Signature]

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.
<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Corn Esquites</td>
<td>$7.90</td>
</tr>
<tr>
<td>Huevos con Pastor</td>
<td>$6.95</td>
</tr>
<tr>
<td>Gallo Quesadilla</td>
<td>$7.95</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$22.80</strong></td>
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<tr>
<td>Tax</td>
<td>$2.03</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$24.83</strong></td>
</tr>
</tbody>
</table>

Suggested Tip:
- 18% (Tip: $4.10 Total: $28.93)
- 20% (Tip: $4.56 Total: $29.39)
- 25% (Tip: $5.70 Total: $30.53)

Tip percentages are based on the check price before taxes.

**Gracias!**

---

Meal with

**Cassandra, Brooklyn**

25 West 38th Street
New York, NY 10018
(646) 933-9036

---

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
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<tr>
<td>1 Still Water</td>
<td></td>
<td>$8.00</td>
</tr>
<tr>
<td>1 Crispy Cod Tacos</td>
<td></td>
<td>$21.00</td>
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<tr>
<td>1 Side Avocado</td>
<td></td>
<td>$5.00</td>
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<tr>
<td>1 Crispy Cod Tacos</td>
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<tr>
<td>1 Side Avocado</td>
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<td>$5.00</td>
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<td><strong>Subtotal</strong></td>
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<td><strong>$60.00</strong></td>
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<td>Tax</td>
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<td><strong>Total Due</strong></td>
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<td><strong>$65.33</strong></td>
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</tbody>
</table>

---

**Tip:** $5.10

**Total:** $70.43

**Room #:** N/A

**Name:**

**Signature:**

---

**Suggested Gratuity**
- 18% $10.60
- 20% $12.00
- 25% $13.20
Proper West
54 West 39th Street
New York, NY 10018
212.997.9000

Server: Aloha -1
DOB: 02/26/2020
11/1

10:18 PM 02/26/2020

SALE

Transaction ID: #xxxxxxxxxxxxxxxxxx3879
Card Entry Method: S

Approval: 026030

Amount: $23.95
Tip: $0.00
Total: $23.95

Suggested Gratuity (20%) = 5.06

Join us for Happy Hour 4pm-7pm | Mon-Fri
Wine Down Wednesdays 1/2 priced wine bcttl
Bottomless Brunch 11:30am-3:30pm | $35pp

>>Customer Copy<<

---

Proper West
54 West 39th Street
New York, NY 10018
212.997.9000

Server: Aloha -1 02/26/2020
11/1

Guests: 2 10:13 PM 30051

Cheese Dipper (2 @ $11.00) 22.00
Complete Subtotal 22.00
Subtotal 22.00
Tax 1.95
Total 23.95

Balance Due 23.95

Suggested Gratuity (20%) = 5.06

Join us for Happy Hour 4pm-7pm | Mon-Fri
Wine Down Wednesdays 1/2 priced wine bcttl
Bottomless Brunch 11:30am-3:30pm | $35pp

---

I agree to pay the above total amount according to the card issuer agreement.

[Vale]
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: 1/24/2020
Agency: DOE - SPED
Agency Address: 800 Governors Dr Pierre, SD 57501
Agency Phone Number: (605) 773-3678
Employee Requesting Reimbursement: Linda Turner, Wendy Trujillo, Lindsey Bonnboerner
Total Amount of Reimbursement: $33.16
Date(s) of Expense: 1/23/2020
Event Leave Time: 8:30 a.m. Event Return Time: 4:00 p.m.
Explanation of official business performed: SD Advisory Panel on Children with Disabilities Mrg - Mackay Bldg Library Commons

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: 1/24/2020

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: Department of Education

Signature of Department/Office Head

Date: 2/21/2020

Secretary

Position/Title of Agency Official

Signature of Secretary, State Board of Finance

State Board of Finance Approval

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.
Brand Iron Bistro <invoicing@messaging.squareup.com>
Thursday, February 20, 2020 10:01 AM
Bomesberger, Lindsey
[EXT] You have an invoice waiting (#000220)
Jan 23
17 Wraps
Chips
Cookie
Soup

Subtotal $188.00

Total Due $188.00

Branding Iron Bistro
brandingironbisto@icloud.com
605-494-3333
© 2020 Square, Inc.
Square Privacy Policy | Security
<table>
<thead>
<tr>
<th>Name</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda Turner</td>
<td></td>
</tr>
<tr>
<td>Kaitlin Ryan</td>
<td></td>
</tr>
<tr>
<td>Beanie Green</td>
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</tr>
<tr>
<td>Donna Johnson</td>
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<tr>
<td>Marie Livers</td>
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<tr>
<td>Erin Schonk</td>
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<td>Stacy Nemec</td>
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<tr>
<td>Becky Johnson-Fr</td>
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<tr>
<td>Brad Otten</td>
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<tr>
<td>Peggy Waltner</td>
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</tbody>
</table>
South Dakota Advisory Panel on Children with Disabilities

AGENDA

Panel Functions:

- Advise the SEA of unmet needs within the State in the education of children with disabilities
- Comment publicly on any rules or regulations proposed by the state regarding the education of children with disabilities
- Advise the SEA in developing evaluations and reporting on data to the Secretary under section 618 of the Act
- Advise the SEA in developing corrective action plans to address findings identified in Federal monitoring reports under Part B of the Act
- Advise the SEA in developing and implementing policies relating to the coordination of services for children with disabilities
- Review and comment on final due process hearing findings and decisions
- Advise on eligible students with disabilities in adult prisons. The advisory panel also shall advise on the education of eligible students with disabilities who have been convicted as adults and incarcerated in adult prisons

Panel Priority Area:

- Mental Health for the whole child and emotional health

Agenda:

<table>
<thead>
<tr>
<th>Call meeting to order and introductions</th>
<th>Chairperson – Erin Schons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval of the agenda</td>
<td>Advisory Panel</td>
</tr>
<tr>
<td>Approval of the minutes</td>
<td>Advisory Panel</td>
</tr>
<tr>
<td>Public Comment</td>
<td>If you are interested in providing public comment, please send notification to <a href="mailto:Wendy.Trujillo@state.sd.us">Wendy.Trujillo@state.sd.us</a> or call (605)773.3678</td>
</tr>
<tr>
<td>9 - 9:45am Behavioral and Mental Health</td>
<td>Kari Oyen, USD</td>
</tr>
<tr>
<td>By-Law updates</td>
<td>Wendy Trujillo</td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>9:30-9:45am</td>
<td>State Performance Plan/Annual Performance Report Results and Targets</td>
</tr>
<tr>
<td></td>
<td>Discussion</td>
</tr>
<tr>
<td>10:45-11:00am</td>
<td>Lunch (11:45)</td>
</tr>
<tr>
<td>12:30-1pm</td>
<td>12:30-1 Department Secretary</td>
</tr>
<tr>
<td>1-1:30pm</td>
<td>1-1:30pm DOE Project Aware</td>
</tr>
<tr>
<td></td>
<td>DOE mental health initiative</td>
</tr>
<tr>
<td>1:30-2pm</td>
<td>1:30 – 2pm Mental Health Presentation</td>
</tr>
<tr>
<td></td>
<td>Children, Youth and Family Services (CYF) resources</td>
</tr>
<tr>
<td></td>
<td>Department of Education Updates</td>
</tr>
<tr>
<td></td>
<td>• Share final parent rights document</td>
</tr>
<tr>
<td></td>
<td>• Interagency agreements</td>
</tr>
<tr>
<td></td>
<td>Priority Area: Mental Health for the whole child and emotional health</td>
</tr>
<tr>
<td></td>
<td>Develop goal(s) and an action plan</td>
</tr>
<tr>
<td></td>
<td>Meeting Take Away for Annual Report</td>
</tr>
<tr>
<td></td>
<td>Next Meeting and Agenda Items</td>
</tr>
<tr>
<td></td>
<td>Adjudgment</td>
</tr>
</tbody>
</table>

If you wish to participate via South Dakota Public Broadcasting Livestream, please refer to http://www.sd.net/home/.

If you require a reasonable accommodation to participate in the meeting (e.g. sign language interpreter, materials in an alternative format), please submit your request in writing no later than 10 days prior to the meeting to ensure accommodations are available. Address requests to Lindsey.Bomesberger@state.sd.us or call 605-773-3678.
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
Phonc: 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: 02.21.2020
Agency: SD Dept. of Education
Agency Address: 800 Governors Drive, Pierre 57501
Agency Phone Number: 605-773-3134
Employee Requesting Reimbursement: Please see list below in explanation
Total Amount of Reimbursement: 140.00
Date(s) of Expense: 10.23.19
Event Leave Time: 10:00
Event Return Time: 02:30
Explanation of official business performed: Opportunity Gap workgroup meeting. Working lunch needed.

Secretary Ben Jones, Mary Stadick Smith, Daria Bossman, Matt Flett, Ann Larsen,
Shannon Malone, Joe Moran, Becky Nelson, Lisa Rae, Nicol Reiner, Laura Scheibe,

Linda Turner, Jacquie Larson, Holly Robling

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
02-25-20

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.

SecretarY Benjamin F. Jones
Name of Department/Office Head

Signature of Department/Office Head
02.21.2020

Cabinet Secretary
Position/Title of Agency Official

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.
Hi Kayla,

Please see the attached agenda from the meeting. The meeting was held from 10-2:30 p.m.

Holly

From: Dowling, Kayla <Kayla.Dowling@state.sd.us>
Sent: Tuesday, March 10, 2020 9:54 AM
To: Robling, Holly <Holly.Robling@state.sd.us>
Subject: Home Station Request

Holly -

There was a DOE working lunch that was submitted to the Board of Finance, what was the timeframe of the meeting and was there an agenda?

Thank you!

Kayla Dowling
Accountant
Office of the Secretary of State
215 E Prospect Avenue
Pierre, SD 57501
Ph: 605.773.5009
Fax: 605.773.4550
Kayla.Dowling@state.sd.us

This E-mail (including any attachments) is covered by the Electronic Communications Privacy Act, 18 USC Sections 2510-2521, as confidential and may be legally privileged. If you are not the intended recipient, you are hereby notified that any retention, dissemination, distribution, or copying of this communication is strictly prohibited. Please reply to the sender that you received the message in error, then delete it. Thank you.
Reducing the Opportunity Gap

Wednesday, October 23rd, 10 am - 2 pm

MacKay Building
800 Governors Drive,
Pierre, SD 57501

Room: Library Commons

I. 10:00 - Welcome and introductions

II. 10:10 - Understanding current efforts
   a. Education Commission of the States
   b. National perspective, initiatives, and common levers

III. 11:00 - The Opportunity Gap - best practices
   a. Contextualizing the Opportunity Gap in South Dakota
   b. Review of survey results
   c. Discussion and reflections

IV. 11:45 - Working lunch
   a. DOE provided

V. 12:00 - Work Groups
   a. Overarching goals
      i. Improve 3rd grade English language arts proficiency
      ii. Improve 8th grade Mathematics proficiency
   b. Work group focuses
      i. Whole child / family engagement
      ii. Well-rounded education
      iii. Non-mandatory early learning
      iv. Instructional support - educator development

VI. 1:15 - Whole group share out and consensus forming

VII. 1:50 - Next Steps
From: Branding Iron Bistro <invoicing@messaging.squareup.com>
Sent: Tuesday, January 28, 2020 12:43 PM
To: Robling, Holly
Subject: [EXT] You have an invoice waiting (#000167)

Brandling Iron Bistro

Invoice Reminder

$290.00
Overdue since December 12, 2019

Pay Invoice

Invoice #000167
December 5, 2019

Bill To
Dept Of Education
Dept of Education
holly.robling@state.sd.us
605-773-5669
700 Governors Drive
Pierre, SD 57501

We appreciate your business.
<table>
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<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Catering</td>
<td>$290.00</td>
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<tr>
<td><strong>October 23</strong></td>
<td></td>
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<tr>
<td><strong>29 box lunches</strong></td>
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<p>| Subtotal          | $290.00|
| Total Due         | $290.00|</p>
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<th>Name</th>
<th>Signature</th>
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<tbody>
<tr>
<td>Sioux Falls</td>
<td>Teresa Boysen</td>
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<tr>
<td>Doland</td>
<td>Lana Greenfield</td>
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<tr>
<td>Sioux Falls</td>
<td>Kristin Grinager</td>
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<tr>
<td>Hoven</td>
<td>Jeremy Hurd</td>
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<td>Pierre</td>
<td>Ben Jones</td>
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<td>Sioux Falls</td>
<td>Michelle Madsen</td>
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<td>Pierre</td>
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<td>Alli Moran</td>
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<td>Pierre</td>
<td>Wade Pogany</td>
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<td>Pierre</td>
<td>Tiffany Sanderson</td>
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<td>Colorado</td>
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<td>Pierre</td>
<td>Juliana Taken Alive</td>
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<td>Brookings</td>
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<tr>
<td>Belle Fourche</td>
<td>Steve Willard</td>
<td></td>
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<tr>
<td>Pierre</td>
<td>Holly Robling</td>
<td></td>
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<tr>
<td>Location</td>
<td>Name</td>
<td>Signature</td>
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<tr>
<td>Pierre</td>
<td>Daria Bossman</td>
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<tr>
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<td>Nicol Reiner</td>
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<tr>
<td>Pierre</td>
<td>Laura Scheibe</td>
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<tr>
<td>Pierre</td>
<td>Mary Stadick Smith</td>
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<tr>
<td>Pierre</td>
<td>Linda Turner</td>
<td>Linda Turner</td>
</tr>
<tr>
<td>Pierre</td>
<td>Jacquie Larson</td>
<td>Jacquie Larson</td>
</tr>
</tbody>
</table>
To: Board of Finance
   % Secretary of State's Office

From: Kellie Beck, Director – Finance and Management
      South Dakota Department of Transportation

Subject: Uncollectible Accounts

Date: March 02, 2020

Attached please find nine Debt Write Off Requests. The accounts are being written off due to the fact they were returned from the ORC and the statute of limitations of six years has expired for property damages.

Your favorable consideration is requested.

Attachment
<table>
<thead>
<tr>
<th>Date Delinquent</th>
<th>Account #</th>
<th>Last Name</th>
<th>First Name</th>
<th>Remaining Balance</th>
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<tr>
<td>01/03/2014</td>
<td>14329</td>
<td>Grevoi</td>
<td>Jennifer</td>
<td>333.49</td>
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<tr>
<td>01/16/2014</td>
<td>14354</td>
<td>Jackson</td>
<td>Stephen</td>
<td>202.94</td>
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<tr>
<td>02/24/2014</td>
<td>14409</td>
<td>Egleston</td>
<td>Roy</td>
<td>209.08</td>
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<tr>
<td>02/24/2014</td>
<td>14411</td>
<td>Standing Soldier</td>
<td>Ted</td>
<td>286.61</td>
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<tr>
<td>02/24/2014</td>
<td>14415</td>
<td>Hertz Vehicles LLC</td>
<td></td>
<td>113.44</td>
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<tr>
<td>01/17/2014</td>
<td>14361</td>
<td>Genia</td>
<td>Kathy</td>
<td>62.65</td>
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<tr>
<td>03/14/2014</td>
<td>14457</td>
<td>Jackson</td>
<td>Gary</td>
<td>5,236.90</td>
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<tr>
<td>03/14/2014</td>
<td>14460</td>
<td>Bailey</td>
<td>Sarah</td>
<td>1,390.44</td>
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<tr>
<td>03/21/2014</td>
<td>14471</td>
<td>Williams</td>
<td>Joseph</td>
<td>379.65</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>8,215.20</strong></td>
</tr>
</tbody>
</table>
Debt Write Off Request
State of South Dakota Board of Finance

When complete, 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 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.

Name: Jennifer Grevoy

Requested Write Off Amount: 333.49
Original Amount of Debt: 333.49

Date Debt Became Delinquent: 01/03/2014
(Debt must be at least two years old in order to be considered.)
Current Amount Due: 333.49

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.
Previously turned over to TAG prior to ORC.

□ Death □ Bankruptcy □ Under $25 □ Unverifiable □ Other Government □ Statute of Limitations
□ Other (explain)

Reason for write off request: ☑ Returned from ORC □ Other (explain)

Fiscal Officer Contact Information
Name: Kellie Beck
Agency/Institution: Department of Transportation
Address: 700 E Broadway Ave, Pierre, SD 57501
Telephone: 605-773-4883
Email: kellie.beck@state.sd.us

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance
Debt Write Off Request
State of South Dakota Board of Finance

When complete, please submit the original to:
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Office of Secretary of State
500 E Capitol Ave., Pierre SD 57501
Phone: 605-773-3537

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Name: Stephen Jackson

Requested Write Off Amount: 202.94
Original Amount of Debt: 202.94

Date Debt Became Delinquent: 01/16/2014
Current Amount Due: 202.94

(Debt must be at least two years old in order to be considered.)

Collection Efforts History: Turned over to ORC. Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)
☐ Death ☐ Bankruptcy ☐ Under $25 ☐ Unverifiable ☐ Other Government ☒ Statute of Limitations
☐ Other (explain)

Reason for write off request: ☒ Returned from ORC ☐ Other (explain)

Fiscal Officer Contact Information

Signature: [Signature]
Name: Kellie Beck
Address: 700 E Broadway Ave, Pierre, SD 57501
Telephone: 605-773-4863
Email: kellie.beck@state.sd.us

Agency/Institution: Department of Transportation

Approval by State Board of Finance

Approved by the State Board of Finance on

Date ____________________________

Signature of Secretary, State Board of Finance
Debt Write Off Request
State of South Dakota Board of Finance

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Name: Roy Egleston

Requested Write Off Amount: 209.08

Original Amount of Debt: 209.08

Date Debt Became Delinquent: 02/24/2014
(Debt must be at least two years old in order to be considered.)

Current Amount Due: 209.08

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)
☐ Death ☐ Bankruptcy ☐ Under $25 ☐ Unverifiable ☐ Other Government ☑ Statute of Limitations
☐ Other (explain)

Reason for write off request: ☑ Returned from ORC ☐ Other (explain)

________________________
Signature: Kellie Beck

Fiscal Officer Contact Information
Name: Kellie Beck
Address: 700 E Broadway Ave, Pierre, SD 57501
Telephone: 605-773-4863
Email: kellie.beck@state.sd.us

Agency/Institution: Department of Transportation

Approval by State Board of Finance
Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance
Debt Write Off Request
State of South Dakota Board of Finance

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Name: Ted Standing Soldier

Requested Write Off Amount: 286.61

Date Debt Became Delinquent: 02/24/2014
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 286.61

Current Amount Due: 286.61

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)
☐ Death    ☐ Bankruptcy    ☐ Under $25    ☐ Unverifiable    ☐ Other Government
☒ Statute of Limitations
☐ Other (explain)

Reason for write off request: ☒ Returned from ORC    ☐ Other (explain) ______________________________________

__________________________________________________________________________________________

Signature: __________________________

Fiscal Officer Contact Information
Name: Kellie Beck
Address: 700 E Broadway Ave, Pierre, SD 57501
Telephone: 605-773-4863
Email: kellie.beck@state.sd.us

Agency/Institution: Department of Transportation

Approval by State Board of Finance
Approved by the State Board of Finance on

Date __________________________

Signature of Secretary, State Board of Finance __________________________
Debt Write Off Request
State of South Dakota Board of Finance

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Name: Hertz Vehicles LLC

Requested Write Off Amount: 113.44

Date Debt Became Delinquent: 02/24/2014
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 113.44

Current Amount Due: 113.44

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Precedingly turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)
☐ Death ☐ Bankruptcy ☐ Under $25 ☐ Unverifiable ☐ Other Government ☒ Statute of Limitations
☐ Other (explain)

Reason for write off request: ☒ Returned from ORC ☐ Other (explain)

________________________________________________________________________________________

Fiscal Officer Contact Information

Name: Kellie Beck
Address: 700 E Broadway Ave, Pierre, SD 57501
Telephone: 605-773-4853
Email: kellie.beck@state.sd.us

________________________________________________________________________________________

Approval by State Board of Finance

Approved by the State Board of Finance on

Date ____________________________  Signature of Secretary, State Board of Finance ____________________________
Debt Write Off Request
State of South Dakota Board of Finance

When complete, please submit the original to:
State Board of Finance
Office of Secretary of State
500 E Capitol Ave., Pierre SD 57501
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Name: Kathy Genia

Requested Write Off Amount: $62.65

Original Amount of Debt: $812.63

Date Debt Became Delinquent: 01/17/2014

(Debt must be at least two years old in order to be considered.)

Current Amount Due: $62.65

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)
☐ Death  ☐ Bankruptcy  ☐ Under $25  ☐ Unverifiable  ☐ Other Government  ☑ Statute of Limitations
☐ Other (explain)

Reason for write off request: ☑ Returned from ORC  ☐ Other (explain) ______________________

______________________________
Signature:

Fiscal Officer Contact Information

Name: Kellie Beck
Agency/Institution: Department of Transportation
Address: 700 E Broadway Ave, Pierre, SD 57501
Telephone: 605-773-4853
Email: kellie.beck@state.sd.us

Approval by State Board of Finance

Approved by the
State Board of
Finance on

Date ____________________________

Signature of Secretary, State Board of Finance
Debt Write Off Request
State of South Dakota Board of Finance

When complete, please submit the original to:
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500 E Capitol Ave., Pierre SD 57501
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Name: Gary Jackson

Requested Write Off Amount: 5,236.90
Original Amount of Debt: 5,236.90

Date Debt Became Delinquent: 03/14/2014
Current Amount Due: 5,236.90

(Debt must be at least two years old in order to be considered.)

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

 Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)
☐ Death ☐ Bankruptcy ☐ Under $25 ☐ Unverifiable ☐ Other Government ☒ Statute of Limitations
☐ Other (explain)

Reason for write off request: ☒ Returned from ORC ☐ Other (explain)

__________________________
Signature: [Signature]

Fiscal Officer Contact Information
Name: Kellie Beck
Agency/Institution: Department of Transportation
Address: 700 E Broadway Ave, Pierre, SD 57501
Telephone: 605-773-4863
Email: kellie.beck@state.sd.us

__________________________
Approval by State Board of Finance
Approved by the State Board of Finance on

Date ________________________

__________________________
Signature of Secretary, State Board of Finance
Debt Write Off Request
State of South Dakota Board of Finance

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Name: Sarah Bailey

Requested Write Off Amount: 1,390.44
Original Amount of Debt: 1,390.44

Date Debt Became Delinquent: 03/14/2014
(Debt must be at least two years old in order to be considered.)
Current Amount Due: 1,390.44

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.
Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)
☐ Death ☐ Bankruptcy ☐ Under $25 ☐ Unverifiable ☐ Other Government ☒ Statute of Limitations
☐ Other (explain)

Reason for write off request: ☒ Returned from ORC ☐ Other (explain)

Fiscal Officer Contact Information

Signature: Kellie Beck
Name: Kellie Beck
Address: 700 E Broadway Ave, Pierre, SD 57501
Telephone: 605-773-4863
Email: kellie.beck@state.sd.us

Agency/Institution: Department of Transportation

Approval by State Board of Finance

Approved by the State Board of Finance on

Date ____________________________

Signature of Secretary, State Board of Finance ____________________________
Debt Write Off Request
State of South Dakota Board of Finance

When complete, 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 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.

Name: Joseph Williams

Requested Write Off Amount: 379.65
Original Amount of Debt: 379.65

Date Debt Became Delinquent: 03/21/2014
(Debt must be at least two years old in order to be considered.)
Current Amount Due: 379.65

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)
☐ Death ☐ Bankruptcy ☐ Under $25 ☐ Unverifiable ☒ Other Government ☐ Statute of Limitations
☐ Other (explain)

Reason for write off request: ☐ Returned from ORC ☐ Other (explain)

Fiscal Officer Contact Information

Signature: [Signature]
Name: Kellie Beck
Address: 700 E Broadway Ave, Pierre, SD 57501
Telephone: 605-773-4963
Email: kellie.beck@state.sd.us

Agency/Institution: Department of Transportation

Approval by State Board of Finance

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