State Board of Finance  
Meeting Agenda

Tuesday, May 19, 2020  
2:00 p.m.

Call in information: 1 312 626 6799  
Meeting ID: 835 9717 2659  
Password: 018153

A) Call to order
B) Approve monthly meeting agenda
C) Approve minutes from the meeting on April 21, 2020
D) State Transfers
   • Department of Game, Fish, and Parks
     o Calvin Meyer
     o Jason Nelson
E) Professional Recruitment
   • Department of the Military
     o Mark Koepke
   • Department of Corrections
     o Mateya Huggins
   • Northern State University
     o Michael J. Schmidt
   • South Dakota State University
     o Cadi Kadlec
     o Goran Mitrovich
     o Jon Stauff
     o Alison Wilson
   • University of South Dakota
     o Christopher Adamson
     o James E. Quigley
F) Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2
   • Bureau of Information and Telecommunications
     o BIT directors strategic planning meeting held on February 4, 2020 in Pierre.
     o BIT director strategic planning meeting held on March 6, 2020 in Pierre.
   • Department of Game, Fish, and Parks
     o Wildlife Damage Management meeting held on December 6, 2019 in Pierre.
     o Game, Fish, and Parks leadership and strategic planning meeting held on January 6, 2020
       in Pierre.
     o Missouri River Waterfowl Refuge meeting held on December 19, 2019 in Pierre.
     o Wildlife training officer course for Josh Vanden Bosch for the months of February and
       March 2020.
     o Commission meeting held on March 5, 2020 in Pierre.
G) Action Items
   • Department of Agriculture is requesting excess in-state lodging rate reimbursement for Katie
   • Department of Health is requesting excess in-state lodging rate reimbursement for Melinda

NOTE:  This meeting is being held in a physically accessible place.  Individuals needing assistance, Pursuant to the Americans with Disabilities Act, should contact the Secretary of State’s Office at (605) 773.3537 in advance of the meeting to make any necessary arrangements.
H) Debt Write Off Requests
   - South Dakota School of Mines & Technology is requesting twenty-four debt write offs totaling $37,196.00.

I) Public Comment

J) Adjournment
Household Moving Allowance*
State of South Dakota

*For moves less than 50 miles only

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

Calvin Meyer
Name of Applicant
44345.60                             Watertown, SD
Yearly Salary                             City, State Moving From
90312
Bureau of Human Resources Class Code

Conservation Officer
New Position Title
Webster, SD
New Post of Duty (City)

SDGFP
Agency Employed By
07/19
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.

[Signature]
Signature of Applicant
2/3/2020
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.

[Signature]
Name of Authorized Agent
4/3/2020
Date

[Signature]
Position/Title of Authorized Agent
SDGFP
Agency of Authorized Agent

Approval by State Board of Finance

[Signature]
Approved by the State Board of Finance on
 Date

Signature of Secretary, State Board of Finance

Note: This form is for moves of less than 50 miles only. When completed, retain one copy in employee personnel file and attach original to voucher to be sent to Auditor's Office.
July 20th, 2019

Calvin Meyer  
219 E 6th Ave.  
Apt 1  
Webster, SD 57274

Dear Calvin,

This letter will serve as official confirmation of your appointment to one of the conservation officer positions with the Department of Game, Fish & Parks, Wildlife Division. Your salary has been established at $21.32 per hour, or $44,345.60 annually.

You will be assigned to the Webster duty station. Moving expenses is allowed and will be reimbursed to established limits. I will serve as your immediate supervisor in the Webster duty station. You will be required to travel to Webster on July 20th, 2019, for your first day of work.

Congratulations on your appointment to a rewarding and challenging position. I look forward to working with you.

Sincerely,

Tim McCurdy  
District Conservation Officer Supervisor  
Division of Wildlife
Household Moving Allowance
State of South Dakota

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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 on the Thursday prior to the Board of Finance meeting. 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

JASON NELSON
Name of Applicant

33,000
Yearly Salary

MOORESD, SD
City, State Moving From

CH
Bureau of Human Resources Class Code

NATURALIST
New Position Title

SIoux FALLS
New Post of Duty (City)

6/17
Expected Month/Year of Move

GAME, FISH & PARKS
Agency Employed By

5/24/17
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.

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.

Signature of Applicant

6/17/17
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.

Kelly R. Heper
Name of Authorized Agent

Cabinet Secretary
Position/Title of Authorized Agent

Signature of Authorized Agent

GFP
Agency of Authorized Agent

Approval by State Board of Finance

4/9/20
Date

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.
5/23/17

Jason Nelson
721 3rd Ave. W.
Mobridge, SD 57601

Dear Jason:

We would be honored if you would join our team at SD Game, Fish and Parks as our outreach
naturalist. We can offer you $16.12/hr. and payment of moving expenses. Your starting date will be
May 24.

You will report for work to Thea Miller Ryan, Director of The Outdoor Campus. The address is
4500 S. Oxbow Ave., Sioux Falls, SD 57106-4114.

We will provide uniform shirts and you will be responsible for providing khaki colored shorts or
pants and footwear. A current South Dakota fishing license will also be required.

We're looking forward to having you join our team!

Sincerely,

Thea Miller Ryan
Director, The Outdoor Campus
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.

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Application

Mark Koepke  
Name of Applicant
66,816.00  
Jamestown ND  
Yearly Salary  
City, State Moving From
804003  
Bureau of Human Resources Class Code

Engineer III  
New Position Title
Rapid City  
New Post of Duty (City)
02/11/2020  
Employment Date with the State

Military  
Agency Employed By
February 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

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.

LTC Martin R Yost  
Name of Authorized Agent
39  
Position/Title of Authorized Agent
18 Feb 20  
Signature of Authorized Agent  
Date

Department of the Military  
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
January 31, 2020

Mark Koepke
1314 2nd Ave NE
Jamestown, NE 58401

Dear Mr. Koepke,

This letter is to confirm your acceptance of the Engineer II position with the Department of the Military. The starting salary is $32.00 per hour and will begin on February 25, 2020.

As discussed, the Department of Military will pay a $2,500.00 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 take the time 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:
   Employee ID –
   Employee Password –

This is a secured system that is user name & password protected. 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 will 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 two forms of 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 such as your driver’s license and social security card. 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 the Military! If you have any questions relating to your employment, please contact me or Tammy Binger or in the Pierre Human Resources office at (605) 773-4714.

Sincerely,

Deb Olson
Human Resource Manager

cc: Cullen Jorgensen
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

Mateva Huggins  
Name of Applicant

$ 35,746.56  
Yearly Salary

060336  
Bureau of Human Resources Class Code

Correctional Officer  
New Position Title

Pierre SD  
City, State Moving From

DOC/Womens Prison  
Agency Employed By

New Post of Duty (City)  
4-27-2020  
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.

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  
4-16-2020  
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.

MIKE LEDHOLT  
Name of Authorized Agent

DEPT OF CORRECTIONS SECRETARY  
Position/Title of Authorized Agent

DOC  
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 20191015
April 16, 2020

Mateya Huggins
999 Fortino Blvd Lot 119
Pueblo CO 81008

Dear Mateya:

Welcome to the Department of Corrections!!! This letter will serve as a written follow up to our verbal offer of employment as a Correctional Officer position with the South Dakota Women's Prison at an hourly rate of $17.12. The effective date will be Monday April 27, 2020. Please report to the South Dakota Women's Prison at 8:00am.

The Department of Corrections will allow you reimbursement of moving expenses you accrue up to one month of your salary. In order for the expenses to be reimbursed you must submit the Household Moving Allowance Application, this offer letter and any receipts of payment for moving.

Casual dress attire is preferred.

This offer is contingent upon negative drug screening results.

Also, please be aware that you will be serving a six-month probationary period. During this time period your performance will be reviewed periodically to determine if you will be recommended for status in the South Dakota Career Service system. You will not be eligible to use your accrued vacation leave during this six-month period. Also, please note that your health insurance coverage will not begin until one month and one day after your start date (indicated above).

We look forward to having you on our staff. We hope your employment with South Dakota Women's Prison will be rewarding experience. If there are any questions, please contact the Human Resource Office at 605-369-4427.

Sincerely,

Mary Ann Kloucek
Human Resource Specialist
SD Women's Prison
Mike Durfee State Prison
Department of Corrections

An Equal Opportunity Employer
Household Moving Allowance
State of South Dakota

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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)
☐ 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 the end of the month. Applications received after this date 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

Michael J Schmidt
Name of Applicant

$10,000
Yearly Salary

West Salem, WI
City, State Moving From

Head Football Coach
New Position Title
Northern State
Agency Employed By

Aberdeen, SD
New Post of Duty (City)
May 2020
Expected Month/Year of Move

12/15/20
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.

Michael J Schmidt
Signature of Applicant

4/28/20
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.

Veronica Paulson
Name of Authorized Agent

4/28/2020
Signature of Authorized Agent

Vice President for Finance and Administration
Position/Title of Authorized Agent

Northern 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

Household Moving Allowance 201901015
MEMORANDUM

DATE: December 18, 2019

TO: Mike Schmidt

FROM: Timothy M. Downs, President

RE: Appointment with Athletics, Northern State University

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Head Football Coach in the Athletic Department. The effective date of this appointment is December 11, 2019. Annual appointment dates are July 22, 2019, through June 21, 2020. Your salary is $58,392.00 ($110,000/annual) based on eleven (11) months at 100% time. Josh Moon will be your direct supervisor. As with all employees, you will be evaluated annually.

The administrative employment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause. The administrative appointment shall commence on December 11, 2019 and shall not extend beyond June 21, 2020. The administrative employment may be renewed at the sole pleasure of the Board. If the Board elects to renew an administrative appointment, it may do so under whatever changed or additional terms and conditions it chooses.

This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime. Additionally, a violation of NCAA regulations shall be cause for disciplinary or corrective action as set forth in the provisions of the NCAA enforcement procedures, including suspension without pay or termination of employment for significant or repetitive violations.

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 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 Northern State University. 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 the Human Resources 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 Head Football Coach, your position is eligible for state benefits to include household moving allowance of up to one (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 a signed copy to the attention of Human Resources, Northern State University, 1200 South Jay Street, Aberdeen, SD 57401-7198, no later than December 31, 2019, retaining a copy for your records.

I accept the job offer outlined above.

Michael J. Schmidt
Signature

12/19/19
Date

Index #510430; NE9794
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.

Application

Cadi Kadlecsek
Name of Applicant

$49,500
Yearly Salary

Franklin, Tn
City, State Moving From

SE 16324
Bureau of Human Resources Class Code

South Dakota State University
Agency Employed By

New Position Title
Brookings, South Dakota

New Post of Duty (City)

May 5, 2020
Employment Date with the State

May 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.

Cadi Kadlecsek
Signature of Applicant

May 3, 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.

Rebecca Bott-Knutson
Name of Authorized Agent

5/4/2020 | 11:00 AM
Signature of Authorized Agent Date

Dean
Position/Title of Authorized Agent
South Dakota State University

Vand D. and Barbara B. Fishback Honor's College
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
MEMORANDUM

DATE: May 1, 2020
TO: Cadi Kadlec
FROM: Rebecca Bott-Knutson, Dean, Van D. and Barbara B. Fishback Honors College
South Dakota State University
RE: Appointment with Van D. and Barbara B. Fishback Honors College, South Dakota State University

On behalf of South Dakota State University (SDSU), I am pleased to offer you, subject to approval by the President, an appointment as Coordinator of Programs, Events, and Promotions in the Honors College. The effective date of this appointment is May 5, 2020. Annual appointment dates are June 22 to June 21. Your salary is $49,500 based on 12 months at 100% time. I am 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. As denoted in SDBOR Policy 4:34, the SDBOR manages employee-created intellectual property. The provisions of this policy are enclosed. In addition to the intellectual properties, and in accordance with SDBOR Policy 4:35 on conflicts of interest, there is also enclosed a conflict of interest form that you must complete in full. Please review the policies and forms, sign the forms where indicated, and return the forms fully executed 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 SDBOR and of SDSU. This offer is contingent on SDSU’s verification of credentials and other information required by law and/or SDBOR and SDSU policies, including but not limited to a criminal background check. Withholding statements (W-4’s) and United States employment eligibility verification documents (I-9) are available from the Payroll Office. Your portion of these forms must be completed on or before your first day of employment. The SDBOR requires direct deposit of payroll checks for all employees.

As Coordinator of Programs, Events, and Promotions, 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. A Household Moving Allowance form and instructions have been enclosed.

You will report to work remotely through May 31st, 2020, and should set up VPN access for your computer. You will be provided a university computer to use for university-related business for the duration of your employment at SDSU. As negotiated, you will be permitted to work flexible hours through May 15th, and for a two-week period surrounding the time of your relocation to Brookings, SD at a date to be determined. You are expected to complete work related to your employment during these times, but will work with your direct supervisor to establish a flexible schedule which accommodates the needs of Honors College and you for the time periods defined in this paragraph.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing and dating below and returning this signed memo, a signed copy of the enclosed Agreement to Assign Intellectual Property, and a signed copy of the Conflict of Interest Form to my attention no later than May 4, 2020, retaining a copy of these documents for your records.

Rev. 4-13-2020
cc: Supervisor
    Human Resources

I accept the job offer outlined above.

Cash Kadenek May 8, 2020

Signature of Appointee & Date Signed

Encl: Intellectual Property Policy and Intellectual Property Form
    Conflict of Interest Policy and Form
    Household Moving Allowance Form & Instructions
## 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.

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### Application

<table>
<thead>
<tr>
<th>Goran Mitrovich</th>
<th>Training Specialist</th>
<th>SDSU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Applicant</td>
<td>New Position Title</td>
<td>Agency Employed By</td>
</tr>
<tr>
<td>43,680.00</td>
<td>Elk River MN</td>
<td>Brookings SD</td>
</tr>
<tr>
<td>Yearly Salary</td>
<td>City, State Moving From</td>
<td>Feb/Mar 2020</td>
</tr>
<tr>
<td>04-CSA OT Eligible Employee</td>
<td>Agency of Authorized Agent</td>
<td>Expected Month/Year of Move</td>
</tr>
<tr>
<td>Bureau of Human Resources Class Code</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

**Date**

2/12/2020 | 09:48 CST

### Authorization

I, 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.

<table>
<thead>
<tr>
<th>Michael Adelaine</th>
<th>Vice President of Technology and Security</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Authorized Agent</td>
<td>Position/Title of Authorized Agent</td>
</tr>
<tr>
<td>South Dakota State University</td>
<td></td>
</tr>
</tbody>
</table>

**Date**

3/10/2020 | 13:51 CDT

### Approval by State Board of Finance

Approved by the State Board of Finance on

**Date**

Signature of Secretary, State Board of Finance
MEMORANDUM

DATE: 2/12/2020

TO: Goran Mitrovich

FROM: Shouhong Zhang, Director
South Dakota State University

RE: Appointment with Instructional Design Services, South Dakota State University

I am pleased to offer you, subject to approval by the President, an appointment as Training Specialist in Instructional Design Services. The effective date of this appointment is March 2, 2020. Your hourly rate is $21.00 at 100% time. Shouhong Zhang is your direct supervisor.

This position has been identified as overtime eligible and, therefore, subject to the Fair Labor Standards Act (FLSA). The Board of Regents employs a compensatory time policy as permitted by the FLSA. This policy provides for the granting of compensatory time in combination with cash payment for all hours worked above 40 hours in any given work week (Sunday to Saturday). Compensatory time off may be taken at any time with prior approval from your supervisor. Additionally, compensatory time may be carried forward to subsequent pay periods indefinitely, to a maximum accumulation of 80 hours (160 hours for AES employees). The Board of Regents reserves the right, however, to pay cash to the employee for any or all accrued compensatory hours.

Each employee must serve a probationary period before becoming a status Civil Service employee. A written review of your performance should be completed by you and your supervisor at the midpoint and towards the conclusion of your probationary period. After becoming a status employee, your performance will be formally reviewed once per year.

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 (1-9) are available from the 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 Training Specialist, your position is eligible for state benefits to include household moving allowance of up to 1-month salary as outline 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 to my attention no later than February 13, 2020, retaining a copy for your records.

cc: Supervisor
Human Resources

I accept the job offer outlined above.

[Signature]

Signature of Appointee & Date Signed
 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

Jon Stauff
Name of Applicant
130,000
Yearly Salary
Toms River, NJ
City, State Moving From

AVP International Affairs
New Position Title
Brookings
New Post of Duty (City)
August 22, 2019
Employment Date with the State

SDSU
Agency Employed By
August/2019
Expected Month/Year of Move

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.

[Signature of Applicant]

Date 4/23/2020

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.

Dennis D. Hedge
Name of Authorized Agent

Provost and Vice President for Academic Affairs
Position/Title of Authorized Agent

South Dakota State University
Agency of Authorized Agent

[Signature of Authorized Agent]

Date 7/22/19

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 20170701.doc

Note: When completed, retain one copy in employee personnel file and attach original to voucher to be sent to Auditor’s Office.
July 15, 2019

Jon Stauff
1012 Scarlet Oak Avenue
Toms River, NJ 08755

Dear Dr. Stauff:

I am pleased to offer you, subject to approval by the President of South Dakota State University, an appointment to the position of Assistant Vice President for International Affairs. The effective date of this appointment is August 22, 2019, and shall not extend beyond June 21, 2020. This appointment may be renewed at the sole pleasure of the President. If the President elects to renew an administrative appointment, he may do so under whatever changed or additional items and conditions he chooses. Annual appointment dates are June 22nd through June 21st.

Your salary for this administrative (NFE) position shall be at the rate of $130,000 per 12 months. Specific duties will be discussed and assigned by me as your immediate supervisor. As with all employees, you will be evaluated annually. As Assistant Vice President for International Affairs, you are eligible for state benefits to include household moving allowance of up to 1-month salary as outlined in SDCL 3-9-12. A Household Moving Allowance form and instructions have been enclosed. Please sign the form on the "Signature of Applicant" line, date it, and return with your signed acceptance of this job offer. You will also have status as Adjunct Professor in the School of American and Global Studies while appointed as Assistant Vice President for International Affairs at South Dakota State University.

Currently, your designation carries no assigned instructional or research duties. Upon the agreement of your supervisor, you may be allowed to assume specific teaching or research responsibilities at your request with no pay in addition to your administrative salary, provided that you satisfactorily discharge all of your administrative duties. Notwithstanding the foregoing, the University hereby expressly reserves the right to assign specific teaching or research responsibilities to you. If you are required to accept specific teaching or research responsibilities in addition to your administrative responsibilities, compensation for such responsibilities will be subject to negotiation at that time.

This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime. The employment offered herein is subject to and governed by the laws of the State of South Dakota, the policies, rules and regulations of the South Dakota Board of Regents and of South Dakota State University. The provisions of such laws, policies, rules and regulations are deemed to be terms of this contract as though these were fully set forth herein. This offer is contingent on the
University's verification of credentials and other information required by law and/or University and Board 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 the Payroll Office (Morrill Hall Rm 306). 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.

In particular, South Dakota State University manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy set forth in Board Policy No. 4:34. This policy creates both obligations and rights that will survive this employment and this offer of appointment is contingent upon your agreement to execute the agreement to assign intellectual properties attached hereto and hereby incorporated by reference as though fully set forth herein. The provisions of this policy are enclosed. Please review the policy, sign where indicated, and return with this offer, retaining a copy for your records. In addition to the intellectual properties, you will also be required to disclose conflicts of interest and you will be contacted electronically to complete those disclosures.

Laws, policies, rules and regulations are subject to modification in the routine course of legislative, judicial and administrative activities. Where the legislature or other governmental authorities, including the South Dakota Board of Regents, amend laws, policies, rules or regulations or adopt new provisions, such amended or new provisions shall be deemed to modify the terms and conditions of the employments provided herein. Such modifications shall take effect, as though fully set forth herein, at such times and on such conditions as govern the effective date of such statutes, rules, policies or regulations.

The terms set forth herein that relate to positions, titles, salary and length of employment can only be changed, extended or renewed upon the mutual agreement of the same parties. No other official or employee of the South Dakota Board of Regents or South Dakota State University has authority to extend any offer of employment or reemployment or to change or adjust such terms.

If you desire to accept this offer of employment, please sign and return this letter to me at the address above no later than July 29, 2019. If this offer is not signed and returned by this date, you will be regarded as having rejected employment by South Dakota State University.

The signed offer remains subject to approval by the President of South Dakota State University. The proposed employment contract will become effective only upon such approval.

Sincerely,

[Signature]

Dennis D. Hedge, Provost and Vice President

I have read the foregoing offer and understand its provisions. I wish to accept the employment on the terms and conditions offered. I understand that the contract offered herein is for personal services and that I cannot assign my responsibilities to another. I promise to use my best efforts to carry out the responsibilities entrusted to me and to do so consistently with the highest professional standards. I understand that this proposed employment contract will become effective only upon approval by the South Dakota Board of Regents.

Signed: [Signature] Date: 7/15/19
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 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

Alison Wilson
Name of Applicant
67,500 Norman, OK
Yearly Salary
City, State Moving From

Bureau of Human Resources Class Code

Assistant Professor
New Position Title
Brookings, SD
New Post of Duty (City)
August 22, 2020
Employment Date with the State

SDSU
Agency Employed By
August 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.

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.

Jay Trenhaile
Name of Authorized Agent

Department Head, Teaching, Learning & Leadership
Position/Title of Authorized Agent
South Dakota State University
Agency of Authorized Agent

Approved by State Board of Finance

Board of Finance on
MEMORANDUM

DATE: January 14, 2020
TO: Alison Wilson
FROM: Jay Trenhaile, Department Head/Professor
South Dakota State University
RE: Appointment with Teaching, Learning and Leadership Department, South Dakota State University

I am pleased to offer you, subject to approval by the President, an appointment as Assistant Professor in the Teaching, Learning and Leadership Department. The effective date of this appointment is August 22, 2020. Annual appointment dates are August 22nd through May 21st. Your salary is $67,500 based on 9 months at 100% time. As Department Head, I am 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.

If you have not done so, 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 an Assistant Professor, your position is eligible for state benefits to include household moving allowance as outlined in SDCL 3-9-12. A Household Moving Allowance form and instructions are attached.

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 January 24, 2020 retaining a copy for your records.
cc: Supervisor
    Human Resources

I accept the job offer outlined above.

[Signature]
Signature of Appointee

[Date]

Encl: Intellectual Property Policy
      Intellectual Property Form
      Conflict of Interest Form
      Household Moving Allowance Form
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: 605-773-3337

Please check one:
☐ State Transfer (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 Thursday 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

Christopher Adamson
Name of Applicant

$57,000
Yearly Salary

Conyers, GA
City, State Moving From

00560
Bureau of Human Resources Class Code

Ed Tech Integrationist
New Position Title

Vermillion, SD
City, State Moving To

4/2020
Expected Month/Year of Move

04/20/2020
Employment Date with the State

USD CTI
Agency Employed By

4/2020

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.

Ch__c__k__m__k__e__
Signature of Applicant

05/01/2020
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.

Emery Wasley
Name of Authorized Agent

Em_____
Signature of Authorized Agent

5/10/20
Date

Assistant Vice President, HR
Position/Title of Authorized Agent

University of South Dakota
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 20190105
MEMORANDUM
REVISED OFFER LETTER

DATE: February 25, 2020

TO: Christopher Adamson

FROM: Bruce Kelley, Assistant Provost, University of South Dakota

RE: Appointment with the Center for Teaching and Learning, University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, a Non-faculty/Exempt appointment as an Educational Technology Integrationist in the Center for Teaching and Learning. The effective date of this appointment is April 20, 2020. Annual appointment dates are June 22 through June 21. Your salary is $57,000.00 based on 12 months at 100% time. As with all employees, you will be evaluated annually. This offer is contingent on the favorable results of a background check.

The initial administrative appointment shall commence on April 20, 2020 and shall not extend beyond June 21, 2020. You will be issued a follow on annual fiscal year contract for June 22, 2020 through June 21, 2021 at the same rate of pay. The administrative employment may be renewed at the sole pleasure of the Board. If the Board elects to renew an administrative appointment, it may do so under whatever changed or additional terms and conditions it chooses. The administrative employment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause.

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

The University, in accordance with annual salary policy approved by the state legislature, the Board of Regents compensation policies, your performance, and institutional priorities, will determine any future annual pay increases. Payroll dates begin on the 22nd of the month through the 21st with payroll on the last day of the month. Eligible leave will be accrued in accordance with your appointment and all employees are required to request leave through the payroll system to ensure leave is recorded accurately. Benefits are administered through the State of South Dakota and are provided to any employee that is in a regular position that is employed at 50% or greater time.

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. 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 University of South Dakota. 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 Human Resources 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.

Your position is eligible for state benefits to include household moving allowance as outlined in SDCL 3-9-12. The University of South Dakota will provide up to $1,000.00 in moving expenses. Reimbursed moving expenses are considered taxable income.

You are scheduled to attend orientation sessions for new employees. All sessions are held in 104 Slagle Hall at the indicated date and times:

- General Information and Benefits Overview, Wednesday, May 6, 8:15 AM
• Guidelines for Using and Reporting Leave, Wednesday, May 13, 8:15 AM
• Anti-Harassment and Discrimination, Wednesday, April 29, 9:00 AM

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by electronically signing and completing the attached paperwork no later than February 28, 2020.

cc: Carl Gutzman, Human Resources
Bridget Ihnen, Department payroll representative

I accept the job offer outlined above.

[Signature]

2/25/2020

Christopher Adamson

Signature of Appointee & Date Signed
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 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

James E. Quigley
Name of Applicant

55,000
Yearly Salary

Bethesda, MD
City, State Moving From

00 800
Bureau of Human Resources Class Code

Assistant Professor
New Position Title

Vermillion, SD
New Post of Duty (City)

August 22, 2020
Employment Date with the State

USD
Agency Employed By

July-Aug 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.

LEQ1
Signature of Applicant

April 30, 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.

Emery Wasley
Name of Authorized Agent

E2WJ
Signature of Authorized Agent

5/6/20
Date

Assistant Vice President, HR
Position/Title of Authorized Agent

University of South Dakota
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 20191015
DATE: March 27, 2020

TO: James Quigley

FROM: Bruce Kelley, Interim Dean, College of Fine Arts, University of South Dakota

RE: Appointment with Department of Art, University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Assistant Professor of Art, Graphic Design, in the Department of Art. The effective date of this appointment is August 22, 2020. Annual appointment dates are August 22nd through May 21st. Your annual salary is $55,000 based on 9 months at 100% time. Cory Knedler, Department Chair, is your direct supervisor. As with all employees, you will be evaluated annually. This offer is contingent on the favorable results of a background check.

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 the University of South Dakota. 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 Human Resources Office. Your portion of these forms must be completed on or before your first day of employment. The Board of Regents requires direct deposit of payroll checks for all employees.

Your position is eligible for state benefits to include household moving allowance of up to $2,000 as outlined in SDCL 3-9-12. Reimbursed moving expenses are considered taxable income.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by electronically signing this offer and the accompanying documents by April 3, 2020.

I accept the job offer outlined above.

[Signature of Appointee]

4/1/2020

Date
**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

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**Application**

Date: **3-27-2020**
Agency: **BIT**
Agency Address: **700 Governor’s Drive**
Agency Phone Number: **773-4165**
Employee Requesting Reimbursement: **Please see attached list for 36 lunches**
Total Amount of Reimbursement: **$32.00**
Date(s) of Expense: **2-04-2020**
Event Leave Time: **8:00 AM** Event Return Time: **5:00 PM**
Explanation of official business performed: **BIT Directors, ML'S & M2'S - Strategic Planning Meeting**

---

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.

**Heather Perry**
Name of Department/Office Head

**Interim Commissioner**
Position/Title of Agency Official

**Heather Perry**
Signature of Department/Office Head

**3-27-2020**
Date

---

**State Board of Finance Approval**

Approval Date: __________________________
Signature of Secretary, State Board of Finance

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

From: Etkorn, Sarah
Sent: Friday, April 10, 2020 11:06 AM
To: Zimmerman, Mary Kay
Subject: FW: [EXT] You have an invoice waiting (#000229)

From: Branding Iron Bistro <invoicing@messaging.squareup.com>
Sent: Thursday, April 9, 2020 9:55 PM
To: Etkorn, Sarah <Sarah.Etkorn@state.sd.us>
Subject: [EXT] You have an invoice waiting (#000229)

---

Branding Iron Bistro

Invoice Reminder

$432.00
Overdue since March 15, 2020

Pay Invoice

---

Invoice #000229
March 8, 2020
For Meeting on February 4th, 2020

Bill To
Sarah Etkorn
State of South Dakota
sarah.etzkorn@state.sd.us
605-870-0946
We appreciate your business.

Catering $432.00
($12.00 ea.) x 36
Feb 4 Casey Tibbs Lunch
Sour cream enchiladas

Subtotal $432.00
Total Due $432.00
James Quenzer
Brad Samuelson
Jeremy Schultz
Randy Slama
Wade Douglas
Susan Pietrus
Jeff Meyer
Jim Dean
Todd Dravland
Tony Rae
Debbie Lancaster
Todd Mahoney
DJ Hausmann
David Smith
Mark Heier
Ryan Ogan
Dan Maxfield
Heather Perry
Carrie Tschetter
Allen Goodman
Rachel Sundstrom
Teddy Haislip
Bruce Kinder
Tom Hammrich
Andy Ogan
Dan Houck
Jay Etzkorn
Nicholas Penning
Barry Olson
Brent Dowling
Greg Sterk
Ross Uhrig
Heidi Brosz
Eugene Thomas
Rochelle Hyde
John Beranek

36 For Lunch February 4th 2020
<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:10-8:15</td>
<td>Welcome: Heather does welcome and what she hopes will come out of the day.</td>
</tr>
<tr>
<td>8:15-8:25</td>
<td>Context: Being given an opportunity to put your voice to inform the strategic planning. Heather is interested in how this team can work more collaboratively.</td>
</tr>
</tbody>
</table>
| 8:30-9:15 | Triad Discussions:  
- what it is that other people don’t understand about your job and why don’t they get it?  
- what are the types of customers you love working with/what are the types of customers that make you want to pull your hair out? (computer screens department of revenue)  
- what is one thing you need that could help you do your job more effectively?  
- What in your mind do we need to strategically plan for?  
- What would we like our customers to say about us?  
- What it is we do that others could brag about?  
- How could we effectively knock down silos in our department?  
- What our agencies most want from us?  
- Question around how we would like to help them see what they are not seeing. Manipulating our advocacy.  
- How could we get ready for that work? (Consensus workshop question around this) |
| 9:15-9:30 | BREAK |
| 9:30-10:15 | Colors: Discuss the impact on personality on communications, planning |
| 10:15-10:30 | BREAK |
| 10:30-11:00 | Cup Stack: Collaboration activity |
| 11:00-11:15 | Cup Stack ORID follow up:  
- What were the directions  
- How did you get started? Who provided guidance or leadership?  
- What shifted or changed throughout the activity?  
- Where did you struggle?  
- What was key to being successful?  
- What does this remind you of when you think about the activity as the work we do for BIT?  
- What could the rubber band represent?  
- What could the string represent?  
- What guidance would you give to others attempting to build a pyramid?  
- How is that advice similar to what we need to be telling ourselves in the work we do? |
| 11:15-11:25 | BREAK |
| 11:25-12:00 | Ideas & Pitches:  
- “If you were in charge, what constructive changes would you like to see addressed or changed that will have a positive impact on the bureau and move us into the future?” (modernization, new technology, updating)  
- We don’t have authority to pay more, add FTEs or fire someone you don’t like  
- What are your needs to do your job better?  
- What is the best way you would like to be informed/communicated with?  
  - What is working?  
  - What is not working?  
  - What suggestions/recommendations would you give?  
- What are you willing to pitch to Heather and leadership? |
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00-12:15</td>
<td>Pitches Refinement&lt;br&gt;I am going to give you a few minutes to refine your request.&lt;br&gt;&lt;br&gt;Is it realistic?&lt;br&gt;How will it help?&lt;br&gt;What resources will you need to make a reality?</td>
</tr>
<tr>
<td>12:15-12:45</td>
<td>LUNCH&lt;br&gt;12:45-1:15 M2 report out&lt;br&gt;Where are we in the strategic process? What have we uncovered and talked about prior to this meeting?&lt;br&gt;M2's and Directors (5)&lt;br&gt;• Have two people explain the trends from Wave Activity&lt;br&gt;• Reveal the Underlying contradictions&lt;br&gt;• Look for common themes&lt;br&gt;• 2 people Core Values&lt;br&gt;• Review World Café Harvest&lt;br&gt;• 5 min max/ need to have timer; 2 min; 1 min; stop (planned for 1 hour)&lt;br&gt;• Questions about what stood out to them.</td>
</tr>
<tr>
<td>1:15-1:30</td>
<td>Questions &amp; Wonders&lt;br&gt;Underlying Contradictions workshop</td>
</tr>
<tr>
<td>1:30-1:40</td>
<td>BREAK</td>
</tr>
<tr>
<td>1:40-2:10</td>
<td>Five Brother's Puzzle&lt;br&gt;Deductive reasoning/ assumptions we make; competition between groups</td>
</tr>
<tr>
<td>2:10-2:15</td>
<td>Connecting to our Work&lt;br&gt;We need to create a roadmap for each agency. Applications they have, when we think they should work on replacing it, idea of what it will cost.&lt;br&gt;Getting the group together to understand other people's business.&lt;br&gt;Create teams to set the roadmap for each agency. Our leaders in our agency. They don’t talk IT language. WE need to give them the tools and share our expertise. Old pattern we use is&lt;br&gt;• Who has money and what can we do with it?&lt;br&gt;• How can we be proactive?</td>
</tr>
<tr>
<td>2:15-3:30</td>
<td>Consensus Workshop&lt;br&gt;What people, processes and budgeting need to be in place for us to best assess how our agencies can better plan for their IT future?</td>
</tr>
<tr>
<td>3:30-4:30</td>
<td>Deepening the Conversation &amp; Next Steps&lt;br&gt;Describe the need?&lt;br&gt;• What resources are necessary? (be specific)&lt;br&gt;• Who needs to be invited into the conversation? (considering all sides)&lt;br&gt;• What authority/permission, if any, do we need to move forward?&lt;br&gt;• What are we committed to – (trying, doing, implementing)?&lt;br&gt;• What next steps could we take to move this forward? (research, exploration, testing, iterating)</td>
</tr>
<tr>
<td>Report Out</td>
<td>4:30-5</td>
</tr>
<tr>
<td>------------</td>
<td>--------</td>
</tr>
</tbody>
</table>
| • Questions of clarity or wonder  
• What would you add to this conversation?  
• What has been revealed or uncovered in our work today?  
• What has you personally excited around this exploration?  
• What challenges will we need to be aware of?  
• What gives you hope that we are headed in the right direction?  
• What will be different / better / more planned? |
Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

When Application and Authorization sections are completed, please submit the original to:
State Board of Finance
Office of Secretary of State
Capitol Building - 500 E Capitol Ave
Pierre, SD 57501      Phone: 605-773-3537

Application

Date: 3-27-2020                     Agency: BIT
Agency Address: 700 Governors Drive
Agency Phone Number: 773-4165
Employee Requesting Reimbursement: Please see attached list for 23 lunches
Total Amount of Reimbursement: 299.00
Date(s) of Expense: March 6th 2020
Event Leave Time: 8:00 AM          Event Return Time: 5:00 PM
Explanation of office business performed: BIT Directors & MD's Strategic Directions Meeting

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.

Heather Perry
Name of Department/Office Head

Interim Commissioner
Position/Title of Agency Official

3-27-2020
Date

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 to voucher to be sent to the State Auditor's Office.
From: Branding Iron Bistro <invoicing@messaging.squareup.com>
Sent: Thursday, April 9, 2020 7:17 PM
To: Etzkorn, Sarah <Sarah.Etzkorn@state.sd.us>
Subject: [EXT] You received a new invoice (#000246)

New Invoice

$299.00
Due on April 16, 2020

Pay Invoice

Invoice #000246
April 9, 2020

Bill To
Sarah Etzkorn
State of South Dakota
sarah.etzkorn@state.sd.us
605-870-0946

We appreciate your business.
Catering
($13.00 ea.) x 23
March 6th
Chicken Stir Fry
Salad
Dessert

Subtotal $299.00

Total Due $299.00

Branding Iron Bistro
brandingironbisto@icloud.com
605-494-3333
© 2020 Square, Inc.
Square Privacy Policy | Security
Strategic Directions Meeting
March 6 at Casey Tibbs with M2s and Directors

8 a.m.  Commissioner opening remarks
8:15 a.m.  Triad small group discussions about personal motivations
8:45 a.m.  Review of Underlying Contradictions workshop from Thursday
9:15 a.m.  Strategic Directions workshop
10 a.m.  Break
10:15 a.m.  Strategic Directions workshop (continued)
Noon  Lunch
12:30 p.m.  Timelines, implementation, performance indicators
5 p.m.  Adjourn
Pat Snow
Amanda Jost
Jim Edman
Deanne Booth
Wayne Hayden-Moreland
Tony Rae
Jeff Pierce
Deb Dufour
Scott Kromarek
Tom Wempe
Harold Bruce
Elijah Rodriguez
Lonnie Stoltenburg
Scott Leiferman
Charleen Gill
Miguel Penaranda
Severn Ashes
Brian Wood
Deni Kromarek
Bonnie Bauder
John Baranek
Heather Perry
Sarah Etzkorn
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: 4/4/20
Agency: Game, Fish and Parks
Agency Address: 523 E. Capitol Avenue
Agency Phone Number: 605.773.3718
Employee Requesting Reimbursement: Rachel Comes
Total Amount of Reimbursement: 69.08
Date(s) of Expense: 12/6/2019
Event Leave Time: 11:00 am
Event Return Time: 1:00 pm
Explanation of official business performed:
Wildlife Damage Management Mtg to discuss recommendations from WMI review and create action plan.

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.

Rachel Comes
Signature of Employee

4/4/20
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

4/4/20
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.
**Game Fish and Parks**

**Employee Reimbursement**

Beth

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: _______ ACTION: _______ 04/13/2020 17:24:19

REQUEST: 

==================================================================================================

EMP VOUCHER NBR: _______Z060RB03 DATE: 12/06/2019 MODEL: 

EMP SHORT NAME: COMESRACHELG COMES, RACHEL G CURR: 

EMPLOYEE NUMBER: _______128419 _______ BLUNT CM/DM: I 

TRAVEL BEG DATE: _______12/06/2019 APPROVAL NBR: _______ MULTI PYMT: N 

TERMS CODE: _______ PYMT DUE DATE: 04/13/2020 DO NOT USE: 

REMIT MSG: _______ FOOD_REIMBURSEMENT 

SIGNATURE APPR CD: 

LINE AMOUNT/PERCENT EXP CO ACCOUNT CENTER PROJ-CO NUMBER

VAT QUANTITY UNIT ITEM NUMBER ITEM DESCR PRORATE (T/F/A/D) USE 99 IRC

0001 _______ 69.08 001 3121 52053900 _______ 0601110 _______ NNNN _______ 

0002 

0003 

0004 

0005 

0006 

0007 

0008 

: _______ __________ : 

: _______ __________ GROSS AMOUNT: _______ 69.08 

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.

________________________________________

Claimant Date

Authorization Date

Authorization Date
<table>
<thead>
<tr>
<th>Name: Rachel Comes</th>
<th>Employee #</th>
<th>Advan. Expense</th>
<th>License #</th>
<th>Home Station</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>128419</td>
<td>X</td>
<td></td>
<td>Pierre</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>DESCRIPTION OF TRAVEL DESTINATION</th>
<th>Time</th>
<th>Auto Miles</th>
<th>Trans. Cost</th>
<th>Day Trip Meals</th>
<th>Meals over nights</th>
<th>Lodging</th>
<th>Misc. Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.6.19</td>
<td>WDM Meeting Lunches</td>
<td>10:00 AM</td>
<td>2:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$69.08</td>
</tr>
</tbody>
</table>

PURPOSE OF TRAVEL: __________________________________________

Subtotals

<table>
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<tr>
<th></th>
<th>$0.00</th>
<th>$0.00</th>
<th>$0.00</th>
<th>$0.00</th>
<th>$69.08</th>
</tr>
</thead>
</table>

Grand Total

$69.08

Apply to Advance

$0.00

AMOUNT REIMBURSABLE

$69.08

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. I further agree to comply with the provision of the Civil Rights Act of 1964 and regulations issued thereunder relating to nondiscrimination in Federally assisted programs.

Claimant: Rachel Lives 12/6/19

Authorization: Christi Peterson 12-9-19
Casey's General Store# 3785
1201 N Yellowstone St
Fort Pierre, SD 57532
Register 1

12/6/19 11:39:40
Reg: 1 Cashier: TIFFANY
Receipt  1040517
Type SALE

Lg 1 Top Pizza 9.99
Onion Large Regular  1.75
Black Olive Large Re 1.75
Tomato Large Regular 1.75
Spinach Large Reg 1.75
Lg Pepperoni Pizza 9.99
Lg Pepperoni Pizza 9.99
Large Beef Pizza 9.99
Gatorade Zero Glacie 2.00
Coke Classic 20oz 1.99
Coke Diet 20oz 0.99
Coke Diet 20oz 1.99
Gatorade Blue 20oz 2.00
Dr Pepper 20oz 1.75
Gatorade Fierce Stra 2.00
Sprite 20oz 0.99
Gatorade Zero Orange 2.00
Dr Pepper 20oz 1.75

SubTotal 64.42
State Tax 2.90
Local/City Tax 1.29
Local/City Special T 0.47
Total 69.08

Received
Debit

Debit

Card Num : XXXXXXXXXXXX5767
Chip Read
Terminal : 022003785
USD$ 69.08

I: 81
AIU: A000000980840
TVR: 8080048000
IAD: 06010A03A00000
TSI: 6800
ARC: 00
TC: 814E9EFA8A790E66

Verified by PIN

******************************************************
CASEY'S REWARDS
Guest: Rachel Comes
Rewards Account: XXXXXXXXXX5856
******************************************************
Visit Casey'sFeedback.com
To take a short survey about your visit
And be entered into a monthly drawing
to win a $500 Casey's Gift Card.
Survey # 3785-0001040517-1139
******************************************************

12/6/19
Employee Reimbursement

NEXT FUNCTION: _______ ACTION: _______ 12/09/2019 08:47:38

REQUEST: ____________________________________________________________________________

EMP VOUCHER NBR: _______ 2060RB03 DATE: 12/06/2019 MODEL: ___________________________
EMP SHORT NAME: COMESRACHELG__ COMES, RACHEL G CURR: _______________
EMPLOYEE NUMBER: _____128419___ BLUNT CM/DM: __________
TRAVEL BEG DATE: ___12/06/2019__ APPROVAL NBR: ______________ MULTI PYMT: N
TERMS CODE: ___ PYMT DUE DATE: 12/09/2019 ___ DO NOT USE: ________________
REMIT MSG: ___ FOOD_REIMBURSEMENT_FROM_12/06/2019________________________
SIGNATURE APPR CD: __________

LINE AMOUNT/PERCENT EXP CO ACCOUNT CENTER PROJ-CO NUMBER
VAT QUANTITY UNIT ITEM NUMBER ITEM DESCR PRORATE (T F A D) USE 99 FRG
0001 _______ 69.08 001 3121 52053900 _______ 0601110 _______ _____________
0002 _______ ____________ NNNN __________
0003 _______ ____________ ____________ __________
0004 _______ ____________ ____________ __________

: __________________________: __________________________
: __________________________ GROSS AMOUNT: _______ 69.08

_____________________________________________________________________________________ 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.

_____________________________ Date __________________________________________

Claimant   Authorization   Date

Authorization Date
Attendees: (*Pierre*)
Kelly Hepler*
Kevin Robling*
Tony Leif*
Tom Kirschenmann*
John Kanta – Rapid City
Mark Ohm – Chamberlain
Emmett Keyser – Sioux Falls
Mike Klosowski – Watertown
Jona Ohm – Chamberlain
Keith Fisk*
Delayed Travel Reimbursement Request

Pursuant to the following Administrative Rule of South Dakota, a voucher received by the Office of the State Auditor after 60 days of the last day of a claimant's travel must be accompanied with this form. The below information must be completed and authorized by the agency official listed in the rule.

3:05:03:03.01. Voucher submission timing. A claim for travel expenses must be received by the state auditor within 60 days after the last day of travel. If this timeline is not met, written documentation on a form provided by the state auditor must be submitted by the claimant stating the reason for the delay in submitting the claim prior to determination by state auditor on allowance of the claim. The form must be signed by the head of a state agency, bureau, or any other unit or organization of state government; constitutional officer; or elected official of the office from which the claimant is seeking reimbursement. If the claimant is a department secretary or bureau commissioner, the form must be signed by the Governor.

General Authority: SDCL 4-9-1.1.
Law Implemented: SDCL 3-9-8, 4-9-1.1.

Claimant name: Rachel Comes

Invoice number:

Reason for delay: Wrong form used

Claimant Signature: ____________________________

Date: 4/4/20

Agency Official Authorization: ____________________________

Date: 4/4/20
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: 4/4/20
Agency: Game, Fish and Parks
Agency Address: 523 E. Capitol Avenue
Agency Phone Number: 605.773.3718
Employee Requesting Reimbursement: Game, Fish and Parks
Total Amount of Reimbursement: 63.04
Date(s) of Expense: 12/19/2020
Event Leave Time: 11:00 am
Date Return Time: 3:00 pm
Explanation of official business performed:
Missouri River Waterfowl Refuge Meeting

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.

Rachel Brown
Signature of Employee
4/4/20
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
4/4/20
Signature of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official

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.
Direct Invoice

INVOICE NUMBER: 02192020 DATE: 02/19/2020 MODEL: 

VENDOR SHORT NM: PIZZARANCH TRIPLE J T INC Curr : 

VENDOR NUMBER: 12044918 FORT PIERRE CM/DM: I

PO REFERENCE: APPROVAL NBR: MULTI PYMT: N

TERMS CODE: 001 PYMT DUE DATE: DO NOT USE:

REMIT MSG: __ Ticket_1 FROM 02/19/2020 ________________________________

SIGNATURE APPR CD: __________

LINE AMOUNT/PERCENT EXP CO ACCOUNT CENTER PROJ-CO NUMBER

0001 134.00 001 3122 52053900 0610044

0002

0003

0004

:__ __________:__ __________

:__ __________ GROSS AMOUNT: 134.00

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 all things true and correct.

Claimant Date

04/08/2020

Authorization Date

Authorization Date
<table>
<thead>
<tr>
<th>Name &amp; Organization</th>
<th>City &amp; State</th>
</tr>
</thead>
<tbody>
<tr>
<td>George Hendler</td>
<td>Pierre</td>
</tr>
<tr>
<td>Donald Holyfield</td>
<td>Forest City, SD</td>
</tr>
<tr>
<td>Chris Eckert</td>
<td>Pierre</td>
</tr>
<tr>
<td>Bob Kolman</td>
<td>Kenneth City, SD</td>
</tr>
<tr>
<td>Larry Steffen</td>
<td>Pierre</td>
</tr>
<tr>
<td>Rocky Kuehn</td>
<td>Chamberlain</td>
</tr>
<tr>
<td>Alex Ebert</td>
<td>Aberdeen, SD</td>
</tr>
<tr>
<td>Nick Fillius</td>
<td>Harold, SD</td>
</tr>
<tr>
<td>Curt Underhill</td>
<td>Pierre</td>
</tr>
<tr>
<td>Mick Hansen</td>
<td>Lake Andes, SD</td>
</tr>
<tr>
<td>Liz Julian</td>
<td>Lake Andes, SD</td>
</tr>
<tr>
<td>John Olm</td>
<td>Chamberlain</td>
</tr>
<tr>
<td>Mark Olm</td>
<td>Chamberlain</td>
</tr>
<tr>
<td>John Simpson</td>
<td>Pierre</td>
</tr>
<tr>
<td>Paul Lepisto</td>
<td>Pierre</td>
</tr>
<tr>
<td>Tom Kirschenmann</td>
<td>Pierre</td>
</tr>
<tr>
<td>Kevin Robling</td>
<td>Pierre</td>
</tr>
</tbody>
</table>

PLEASE PRINT LEGIBLY
<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large Bronco</td>
<td>27.98</td>
</tr>
<tr>
<td>Large Orig. Crust</td>
<td></td>
</tr>
<tr>
<td>Large Round-Up</td>
<td>27.98</td>
</tr>
<tr>
<td>Large Orig. Crust</td>
<td></td>
</tr>
<tr>
<td>Large Stampede</td>
<td>27.98</td>
</tr>
<tr>
<td>Large Orig. Crust</td>
<td></td>
</tr>
<tr>
<td>Large Stampede</td>
<td>13.99</td>
</tr>
<tr>
<td>Tuscan Roma Thin Crust</td>
<td></td>
</tr>
<tr>
<td>Large Orig. Crust CDN Bacon</td>
<td>25.78</td>
</tr>
<tr>
<td>Large Orig. Crust CDN Bacon</td>
<td></td>
</tr>
<tr>
<td>Large Pepperoni</td>
<td>39.97</td>
</tr>
</tbody>
</table>

Subtotal: 162.88
Delivery Charge: 2.00
Total: 164.88

Ticket #1 (1902011401)
**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

<table>
<thead>
<tr>
<th>Date: 4/4/20</th>
<th>Agency: Game, Fish and Parks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Address: 523 E. Capitol Avenue</td>
<td></td>
</tr>
<tr>
<td>Agency Phone Number: 605.773.3718</td>
<td></td>
</tr>
<tr>
<td>Employee Requesting Reimbursement: Game, Fish and Parks</td>
<td></td>
</tr>
<tr>
<td>Total Amount of Reimbursement: 111.93</td>
<td></td>
</tr>
<tr>
<td>Date(s) of Expense: 1/6/2020</td>
<td></td>
</tr>
<tr>
<td>Event Leave Time: 1/6/20 10:00 am</td>
<td>Event Return Time: 1/7/20 10:00 am</td>
</tr>
</tbody>
</table>

Explaination of official business performed:
**GFP Leadership & Strategic Planning meeting**

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]

Signature of Employee

**Date:** 4/4/20

### 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.

[Signature]

Name of Department/Office Head

**Date:** 4/4/20

### State Board of Finance Approval

Approval Date: ____________________________

[Signature]

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.
Game Fish and Parks

Direct Invoice

Beth

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _______ ACTION: _______ 04/08/2020 11:22:44
REQUEST: _______ 842057 DATE: 01/06/2020 MODEL:

====================================================================================================================================
INVOICE NUMBER: _______942057 DATE: 01/06/2020 MODEL: _______ 
VENDOR SHORT NM: REDROSSAITALIAN FS MIDWEST RESTAURANT VENTURES CURR : ______
VENDOR NUMBER: _12316039 _ PIERRE _ CM/DM : I
PO REFERENCE : _______ APPROVAL NBR: _______ MULTI PYMT: N
TERMS CODE: 001 PYMT DUE DATE: _______ DO NOT USE: _______
REMIT MSG: ____ BEO#_942057_SD_GAME_FISH_AND_PARKS______

SIGNATURE APPR CD: _______

LINE AMOUNT/PERCENT EXP CO ACCOUNT CENTER PROJ-CO NUMBER VAT QUANTITY UNIT ITEM NUMBER DESCRIPTION PRORATE (T F A D) USE 99 IRC 0001 _______198.00 001 3121 5205300008001110

_________________________________________________________ N N N N NO __
0002

_________________________________________________________ N N N N NO __
0003

_________________________________________________________ N N N N NO __
0004

_________________________________________________________ N N N N NO __

: ______________________________ ________________________________ ______________
: ______________________________ GROSS AMOUNT: ______________ 198.00

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.

______________________________ 04/08/2020
Claimant Date

______________________________
Authorisation Date

______________________________
Authorisation Date
RedRossa Italian Grille  
808 W Sioux Avenue - Pierre - SD - 57501 - 605-494-2599 - Fax 605-494-0407  
Banquet Check  

Account: Game, Fish, & Parks  
Post As: Game, Fish, & Parks  
Address:  
Payment Method:  
Accounting Information:  

Event Date: Monday, 1/6/2020  
Contact: Rachel Comes  
Phone: 605-773-3718  
Fax:  
Email: rachel.comes@state.sd.us  
On-Site  
Sales Mgr: Sonia Albers  
Catering Mgr: Sonia Albers  

<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>Monday, 1/6/2020</td>
<td>11:30 AM-11:45 AM</td>
<td>Delivery</td>
<td>23</td>
<td></td>
<td>Off Site (Delivery)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Qty</th>
<th>Menu Item</th>
<th>Unit</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td>Quick Catering Delivery</td>
<td>$180.00</td>
<td>$180.00</td>
</tr>
</tbody>
</table>

Food Totals  
Total $180.00  
Service Charge 1 $18.00  
Tax $0.00  
Grand Total $198.00  
Deposits Received $0.00  
Amount Due $198.00

I have read the above arrangements and the attached Catering Policies and agreed to the terms and conditions. Guarantee number due by 12/30/2019. If a count is not provided to the hotel on the date due, the hotel will use the Set For as the guarantee number, not subject to reduction.

Folio #:  
BEO #: 942057

Event Representative Authorized Signature  Date  Hotel Representative Signature  Date

Only Invoice Available
RedRossa Italian Grille  
808 W Sioux Avenue - Pierre - SD - 57501 - 605-494-2599 - Fax 605-494-0407  
Banquet Event Order  

Status: Tentative  

Account: Game, Fish, & Parks  
Post As: Game, Fish, & Parks  
Address:  
Deposit:  
Method of Payment:  

Event Date: Monday, 1/6/2020  
Contact: Rachel Comes  
Phone: 605-773-3718  
Fax:  
Email: rachel.comes@state.sd.us  
On-Site  
Sales Mgr: Sonia Albers  
Catering Mgr: Sonia Albers  

<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>Monday, 1/6/2020</td>
<td>11:30 AM-11:45 AM</td>
<td>Delivery</td>
<td>23</td>
<td></td>
<td>Off Site (Delivery)</td>
</tr>
</tbody>
</table>

**FOOD**

Time: 11:30 AM  
Qty: 1  
Price: $180.00  
Total: $180.00  
Quick Catering Delivery  

Salad:  
1 Full • Italian Pasta Salad • Penne, Italian Salami, Olive, Tomato, Pepperoncini, Smoked Mozzarella, Roasted Red Pepper, Parmesan, Red Wine Vinaigrette = $65.00  

Artisan Sandwiches:  
Served with Pickle and Individual Bag of Potato Chips $5 Each = $115.00  

8 • Turkey Bruschetta Sandwich • Turkey, Smoked Mozzarella, Lettuce, Roma Mix, Herb Aioli, Ciabatta  

8 • Roast Beef & Cheddar Sandwich • Roast Beef, Cheddar, Lettuce, Tomato, Garlic Aioli, Ciabatta  

7 • Classic Club • Turkey, Bacon, American Cheese, Lettuce, Tomato, Mayo, Ciabatta  

**BEVERAGE**

No Bar Requested  

**ROOM REQUIREMENTS**

To Be Delivered to Game Fish & Parks, located in the Foss Bldg at 523 E Capitol Ave. - 1st Floor at 11:45am  

*Include: plastic plates, plastic forks, napkins, serving utensils  

**AUDIO VISUAL EQUIPMENT**

No AV Requested  

**MISCELLANEOUS**

Delivery Cancellation Clause:  
*Should the entire or partial Catering Order Cancel, RedRossa Pierre will collect as liquidated damages, fees according to the following schedule:  
Cancellation Prior Total Estimated Revenue  
0-14 days 100%  

*TAX EXEMPT/Direct Bill  
**On-Site Contact: Rachel Comes  

---  

**Estimated Charges**

<table>
<thead>
<tr>
<th></th>
<th>Room</th>
<th>Service Charge 1</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>$180.00</td>
<td>$0.00</td>
<td>$18.00</td>
</tr>
<tr>
<td>Beverage</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Audio/Visual</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

Confirmation is required 7 business days in advance of event or the expected attendance (set) above will become the guarantee. RedRossa Italian Grille requires this contract be signed by an authorized representative of your organization and returned by . Should this not occur, the hotel reserves the right of cancelling the contract upon notice to the organization. The hotel reserves the right to reassign meeting rooms based upon final guaranteed numbers, to a room suitable of accommodating the group and requirements. Food, beverage, and all charges are subject to Service Charge and Sales Tax.  

Folio #:  

Only Invoice Available  

Rachel Comes  
1/3/2020  
Event Representative Authorized Signature  

Hotel Representative Signature  

Members:

Alban, Andy
Collignon, William
Comes, Rachel
Hepler, Kelly
Kanta, John
Keyser, Emmett
Kirschenmann, Tom
Klosowski, Mike
Kotilnek, Jon
Lott, John
Nedved, Al
Ohm, Jona
Ohm, Mark
Petersen, Arden (GFP)
Petersen, Chris
Robling, Kevin (GFP)
Simpson, Scott (GFP)
Snyder, Matt
Thompson, Pat (GFP)
Tobin, Ryan
VanMeeteren, Jeff
Villa, Heather
Weyer, Lisa

* Pierre home station (13)

Andy.Alban@state.sd.us
William.Collignon@state.sd.us
Rachel.Comes@state.sd.us
Kelly.Hepler@state.sd.us
John.Kanta@state.sd.us
Emmett.Keyser@state.sd.us
Tom.Kirschenmann@state.sd.us
Mike.Klosowski@state.sd.us
Jon.Kotilnek@state.sd.us
John.Lott@state.sd.us
Al.Nedved@state.sd.us
Jona.Ohm@state.sd.us
Mark.Ohm@state.sd.us
Arden.Petersen@state.sd.us
Chris.Petersen@state.sd.us
Kevin.Robling@state.sd.us
Scott.Simpson@state.sd.us
Matt.Snyder@state.sd.us
Pat.Thompson@state.sd.us
Ryan.Tobin@state.sd.us
Jeff.VanMeeteren@state.sd.us
Heather.Villa@state.sd.us
Lisa.Weyer@state.sd.us
Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

When Application and Authorization sections are completed, please submit the original to:
State Board of Finance
Office of Secretary of State
Capitol Building - 500 E Capitol Ave
Pierre, SD 57501    Phone: 605-773-3537

Application

Date: 03/02/20    Agency: OLEO
Agency Address: 4500 S. Oxbow Ave 57106
Agency Phone Number: 605-362-2700
Employee Requesting Reimbursement: Josh Vander Bosch
Total Amount of Reimbursement: $28.00

Date(s) of Expense: 02/06/20 to 02/29/20
Event Leave Time: 8 am  Event Return Time: 4 pm
Explanation of official business performed: Wildlife training required for his job duties with training officer – eating out in public setting.

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
03/02/20

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.

Kelly R. Hepler

Name of Department/Office Head

Signature of Department/Office Head

Cabinet Secretary

Position/Title of Agency Official

3/14/20

Date

State Board of Finance Approval

Approval Date:

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form to voucher to be sent to the State Auditor’s Office.
State of South Dakota

VOUCHER

Direct Invoice

kathy
AP

EMPLOYEE EXPENSE WORKSHEET 1

NEXT FUNCTION: ______
ACTION: ______
03/03/2020 14:09:33

REQUEST: ________________________________

EMP VOUCHER NBR: Z0608B09
DATE: 02/29/2020
MODEL: V
146567

EMP SHORT NAME: VANDENBOSCH
VANDEN BOSCH, JOSHUA L

EMPLOYEE NUMBER: 146567
HARRISBURG

TRAVEL BEG DATE: 02/06/2020
APPROVAL NBR: ________________________________

TERMS CODE: ____________
PYMT DUE DATE: 03/03/2020
DO NOT USE: ________________________________

REMIT MSG: ________________
TRAVEL EXPENSE FOR 02/06 TO 02/29/20

SIGNATURE APPR CD: ________________________________

LINE
AMOUNT/PERCENT EXP CO ACCOUNT CENTER PROJ-CO NUMBER

VAT QUANTITY UNIT ITEM NUMBER ITEM DESCR PRORATE (T F A D) USE 99 I’RC
0001 242.00 001 3122 52031400 0610310 ____________

0002 14.00 001 2029 52031400 0610603034 0008 2104

0003 ________________

0004 ________________

: ________________
GROSS AMOUNT: 256.00

__________________________________________
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.

__________________________________________
Claimant

Date

03/03/2020 14:09

__________________________________________
Authorization

Date
# STATE OF SOUTH DAKOTA
## TRAVEL PAYMENT DETAIL

### Original Signature Required

<table>
<thead>
<tr>
<th>Date</th>
<th>Travel Destination and/or Expense Information</th>
<th>Trip Time</th>
<th>Personal Transportation</th>
<th>Proj Code</th>
<th>Co No</th>
<th>Day Taxable Meals</th>
<th>Overnight Meals</th>
<th>Lodging Receipt Required</th>
<th>DB=Direct Bill</th>
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<td>$14.00</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

**TOTAL: $256.00**

### PURPOSE OF TRAVEL:
- Conservation Officer Duties
- WIP training w/ training

---

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. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued thereunder relating to non-discrimination in Federally assisted programs.

**Claimant:**

**Date:**

**Authorization:**

**Date:**
Delivered Travel Reimbursement Request

Pursuant to the following Administrative Rule of South Dakota, a voucher received by the Office of the State Auditor after 60 days of the last day of a claimant’s travel must be accompanied with this form. The below information must be completed and authorized by the agency official listed in the rule.

3:05:03:03.1. Voucher submission timing. A claim for travel expenses must be received by the state auditor within 60 days after the last day of travel. If this timeline is not met, written documentation on a form provided by the state auditor must be submitted by the claimant stating the reason for the delay in submitting the claim prior to determination by state auditor on allowance of the claim. The form must be signed by the head of a state agency, bureau, or any other unit or organization of state government; constitutional officer; or elected official of the office from which the claimant is seeking reimbursement. If the claimant is a department secretary or bureau commissioner, the form must be signed by the Governor.

General Authority: SDCL 4-9-1.1.

Law Implemented: SDCL 3-9-8, 4-9-1.1.

Claimant name: Josh Vanden Bosch

Invoice number: Z060RJBO9

Reason for delay: needed to fill out paperwork
or WTD training

Claimant Signature: [Signature]

Date: 05/03/20

Agency Official Authorization: [Signature]

Date: 03/30/20
Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

When Application and Authorization sections are completed, please submit the original to:
State Board of Finance
Office of Secretary of State
Capitol Building - 500 E Capitol Ave
Pierre, SD 57501 Phone: 605-773-3537

Application

Date: 4/7/20
Agency: DLEO
Agency Address: 4500 S Dakota Ave Sioux Falls
Agency Phone Number: 605-367-2700
Employee Requesting Reimbursement: Josh Vanden Bosch
Total Amount of Reimbursement: $38.00
Date(s) of Expense: 3/2/20 to 3/14/20
Event Leave Time: 7:30 am Event Return Time: 2 pm
Explanation of official business performed: Wildlife training required for his job duties with training officer - eating out in public setting.

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 4/7/20

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.

Kelly R. Heger
Name of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official

Signature of Department/Office Head

Date 4/22/20

State Board of Finance Approval

Approval Date: __________________________ Signature of Secretary, State Board of Finance

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

**Direct Invoice**

**Employee Expense Worksheet 1**

**AP**

**Employee Number:** 146567  
**Current City:** Harrisburg  
**Travel Start Date:** 03/02/2020  
**Approval Number:**  
**Terms Code:**  
**Remit Msg:**  
**Travel Due Date:** 04/07/2020  
**DO NOT USE:**  

**Signature Approver:**

**Line | Amount/Percent | Exp Co Account | Center | Project Number**
--- | --- | --- | --- | ---
0001 | 110.00 | 001 3122 | 52031400 | 0610310 | N N N N | _____ | 
0002 | 14.00 | 001 2029 | 52031400 | 0610330043 | 0008 8103 | N N N N | _____ | 
0003 | | | | | | | | 
0004 | | | | | | | | 

**Gross Amount:** 124.00

---

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.

---

**Claimant**

**Date**

**Authorization**

**Date**

04/07/2020 12:18
### STATE OF SOUTH DAKOTA
### TRAVEL PAYMENT DETAIL

**Original Signature Required**

<table>
<thead>
<tr>
<th>Date</th>
<th>Travel Destination and/or Expense Information</th>
<th>Trip Time</th>
<th>Personal Transportation</th>
<th>Proj Code</th>
<th>Co No</th>
<th>Day Meals Meals</th>
<th>Overnight Meals</th>
<th>Lodging Receipt Required</th>
<th>DB/Direct Bill</th>
<th>Misc Expense Receipt Required</th>
<th>Total Amount</th>
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</thead>
<tbody>
<tr>
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<tr>
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<td>03/14/2020</td>
<td>03/14/2020</td>
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</tr>
</tbody>
</table>

### PURPOSE OF TRAVEL:

- Conservation Officer Duties
- Wildlife Conservation Officer Training Program

I declare and affirm under the penalties of perjury that the claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provision of the Civil Rights Act of 1964 and regulations issued thereunder relating to nondiscrimination in federally assisted programs.

Claimant: [Signature]  Date: [Signature]

Authorization: [Signature]  Date: [Signature]

<table>
<thead>
<tr>
<th>Taxable</th>
<th>Non taxable</th>
</tr>
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<tbody>
<tr>
<td>$124.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Grand Total: $124.00

Apply to Advance: $0.00

AMOUNT REIMBURSABLE: $124.00
Delayed Travel Reimbursement Request

Pursuant to the following Administrative Rule of South Dakota, a voucher received by the Office of the State Auditor after 60 days of the last day of a claimant’s travel must be accompanied with this form. The below information must be completed and authorized by the agency official listed in the rule.

3:05:03:03.1. Voucher submission timing. A claim for travel expenses must be received by the state auditor within 60 days after the last day of travel. If this timeline is not met, written documentation on a form provided by the state auditor must be submitted by the claimant stating the reason for the delay in submitting the claim prior to determination by state auditor on allowance of the claim. The form must be signed by the head of a state agency, bureau, or any other unit or organization of state government; constitutional officer; or elected official of the office from which the claimant is seeking reimbursement. If the claimant is a department secretary or bureau commissioner, the form must be signed by the Governor.

General Authority: SDCL 4-9-1.1.

Law Implemented: SDCL 3-9-8, 4-9-1.1.

---

Claimant name: Josh Vanden Bosch

Invoice number: 20600R10

Reason for delay: Wildlife Conservation Officer Training Program

---

Claimant Signature

Date: 4/17/20

Agency Official Authorization

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

When Application and Authorization sections are completed, please submit the original to:
State Board of Finance
Office of Secretary of State
Capitol Building - 500 E Capitol Ave
Pierre, SD 57501    Phone: 605-773-3537

Application

Date: 03/05/2020    Agency: Game Fish and Parks
Agency Address: 523 E Capitol Ave, Pierre SD 57501
Agency Phone Number: 605-773-5903
Employee Requesting Reimbursement: Game Fish and Parks
Total Amount of Reimbursement: $126.00
Date(s) of Expense: 03/05/2020
Event Leave Time: 8am    Event Return Time: 5pm
Explanation of official business performed:
A Commision meeting that worked through the lunch hour and didn't end until 5pm.

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.

Rachel Oues
Signature of Employee
4/6/20
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. Heper
Name of Department/Office Head
4/6/20
Signature of Department/Office Head
Cabinet Secretary
Position/Title of Agency Official

State Board of Finance Approval

Approval Date: 4/6/20
Signature of Secretary, State Board of Finance

Note: When completed, attach the original form to voucher to be sent to the State Auditor’s Office.
Game Fish and Parks

Direct Invoice

AP

INVOICE WORKSHEET 1

INVOICE NUMBER: 03052020 DATE: 03/05/2020

REQUEST:

VENDOR SHORT NM: RAMKOTA HOTEL PIE REGENCY MIDWEST VENTURES LTD CURR: __

VENDOR NUMBER: __12177768 03 PIERRE CM/DM: I

PO REFERENCE: __ APPROVAL NBR: ___ MULT PYMT: N

TERMS CODE: 001 PYMT DUE DATE: 06/15/2020 DO NOT USE: __________

REMIT MSG: __ SD_GAME_FISH_AND_PARKS

SIGNATURE APPR CD: __________________________

LINE AMOUNT/PERCENT EXP CO ACCOUNT CENTER PROJ-CO NUMBER

0001 199.92 001 3121 52053900 0601150

0002

0003

0004

N N N N M1 __

: __ __________________ : ______________

: __ __________________ GROSS AMOUNT: 199.92

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.

Claimant Date

Authorisation Date

04/13/2020
Rakota Pierre

Guest:

Area: DR - River Run Restaurant

Chit #: RC038103

Date: 3/5/2020 11:04:47 AM

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<th>Item</th>
<th>Amount</th>
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<td>Beef Burger</td>
<td>$32.00</td>
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<tr>
<td>4</td>
<td>Tropical Hawaiia</td>
<td>$48.00</td>
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<tr>
<td>2</td>
<td>Bacon Mush ChzB</td>
<td>$24.00</td>
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<tr>
<td>1</td>
<td>Beef Burger</td>
<td>$8.00</td>
</tr>
<tr>
<td>1</td>
<td>Beef Patty Melt</td>
<td>$9.00</td>
</tr>
<tr>
<td>1</td>
<td>Cajun Chicken S</td>
<td>$10.50</td>
</tr>
<tr>
<td>2</td>
<td>Cajun Chicken S</td>
<td>$18.00</td>
</tr>
<tr>
<td>2</td>
<td>Cajun Chicken S</td>
<td>$18.00</td>
</tr>
</tbody>
</table>

----------

Sub Total: $167.50

----------

Food Sales Tax $10.91
Food City Tax $1.68

Restaurant Charged $32.42

----------

Chit Total: $180.09

---------- 199.92

Restaurant Room Cha $212.51

----------
Commission Meeting March 5, 2020 10a – 5p

Gary Jensen – Rapid City
Russ Olson – Wentworth
Mary Anne Boyd – Yankton
Jon Locken – Bath
Doug Sharp – Watertown
Robert Whitmyre – Webster
Travis Bies – Fairburn
Chuck Spring – Union Center
Kelly Hepler – Pierre
Kevin Robling – Pierre
Tom Kirschenmann – Pierre
Scott Simpson – Pierre
Jon Kotlinek – Pierre
Rachel Comes – Pierre
Nick Harrington – Pierre
Allie Hoeft – Pierre
Stewart Adams – Pierre

Rachel Comes | Executive Secretary
South Dakota Game, Fish and Parks
523 East Capitol Avenue | Pierre, SD 57501
605.773.3718 | rachel.comes@state.sd.us
May 7, 2020

Secretary of State
SD Board of Finance
500 East Capitol Avenue
Pierre, SD 57501

Board of Finance:

Katie Nold went to Brookings for applicator training on behalf of the Department of Agriculture and ended up stranded due to a blizzard.

Country Inn & Suites Brookings hotel charged a rate of $96.00 per night and is not willing to honor the State Rate of $75.00.

We are asking for approval to reimburse Katie Nold (direct billed) for the additional $42.00.

Thank you for your consideration of this matter.

Kim Vanneman
Secretary of Agriculture

Cc: Ashley Waibel

Encl.
Country Inn & Suites Brookings

SD DEPT OF AGRICULTURE
523 E CAPITOL AVE
Pierre SD 57501
United States

Date: 04-06-20
A/R Account Number: 00022
Amount Paid: $

<table>
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<th>Inv. No.</th>
<th>Bill No.</th>
<th>Description</th>
<th>Debit</th>
<th>Credit</th>
<th>Balance</th>
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<tbody>
<tr>
<td>01-19-20</td>
<td>1773</td>
<td>9963</td>
<td>NOLD, KATIE</td>
<td>196.00</td>
<td>-154.00</td>
<td>42.00</td>
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Balance Due: 42.00

Aging Summary:

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<th>Up to 30</th>
<th>31 - 60</th>
<th>61 - 90</th>
<th>91 - 120</th>
<th>121 - 150</th>
<th>151 and Over</th>
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<td>42.00</td>
<td>0.00</td>
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</table>

This stay took place on a weekend when the rate was $96.00. Will the foundation be paying the balance? Please advise. This is now past due 2 months.
<table>
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<tr>
<th>Date</th>
<th>Text</th>
<th>Charges</th>
<th>Credits</th>
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<td>Room</td>
<td>96.00</td>
<td>0.00</td>
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<tr>
<td>01-17-20</td>
<td>City of Brookings-Occ Tax</td>
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<td></td>
</tr>
<tr>
<td>01-18-20</td>
<td>Room</td>
<td>96.00</td>
<td></td>
</tr>
<tr>
<td>01-18-20</td>
<td>City of Brookings-Occ Tax</td>
<td>2.00</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>198.00</td>
<td>0.00</td>
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<tr>
<td><strong>Balance</strong></td>
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<td>198.00</td>
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</table>

Radisson Rewards: Members enjoy Member Only Rates, have access to exclusive benefits, and earn towards free nights across Radisson Hotel Group™ portfolio of hotels. Enroll and learn more at the front desk or at radissonhotels.com/rewards.

Thank You For Staying With Us

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature __________________________

Country Inn & SuiteS Brookings by Radisson
3000 LeFevre Drive
Brookings SD 57006
Telephone: (605)692-3500
cx_brSD@countryinns.com
April 01, 2020

Secretary of State
Board of Finance

Dear Board Members,

We are requesting approval to reimburse Melinda Zeimet for the remaining portion of her hotel bill for $99.30. She was reimbursed for $167.56, which includes the instate rate plus taxes. Melinda is a new employee and did not know she could request higher hotel rates in advance. Melinda was unable to receive state rate for her stay due to Summit League Conference. She is now educated and will have prior approval when unable to receive state rates. Please add to your agenda for the April 21\textsuperscript{st} meeting.

Thank you for your consideration in this matter.

Sincerely,

Amanda Shoop
Accountant II – Accounts Payable
South Dakota Dept. of Health

Enclosure
### State of South Dakota

**TRAVEL PAYMENT DETAIL**

(Not Valid Unless Accompanied By Approved Voucher)

<table>
<thead>
<tr>
<th>Invoice ID</th>
<th>Date</th>
<th>Employee Number</th>
<th>Return Date</th>
<th>Advance</th>
<th>Expense</th>
<th>License No.</th>
<th>Home Station</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>03/08/2020</td>
<td>165355</td>
<td>03/11/2020</td>
<td>X</td>
<td></td>
<td>596228</td>
<td>Pierre</td>
</tr>
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</table>

#### Description of Travel, Destination, Miles, Misc expense etc.

<table>
<thead>
<tr>
<th>Date</th>
<th>From</th>
<th>To</th>
<th>Time</th>
<th>Auto Miles</th>
<th>Trans Cost</th>
<th>Meals</th>
<th>Lodging</th>
<th>Miscellaneous Expense</th>
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</thead>
<tbody>
<tr>
<td>03/08/2020</td>
<td>from=Pierre; to=Sioux Falls</td>
<td>12:00 PM</td>
<td>225</td>
<td>51.75</td>
<td>NC</td>
<td>NC</td>
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<tr>
<td>03/09/2020</td>
<td>from=Hotel; to=SDSP</td>
<td>0</td>
<td>0</td>
<td>0.00</td>
<td>40.00</td>
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<td>100.00</td>
<td>33.43</td>
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<tr>
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<td>from=Hotel; to=SDSP</td>
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<td>0</td>
<td>0.00</td>
<td>40.00</td>
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<td>100.00</td>
<td>33.43</td>
</tr>
<tr>
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<td>from=Sioux Falls; to=Pierre</td>
<td>04:00 PM</td>
<td>225</td>
<td>81.75</td>
<td></td>
<td>20.00</td>
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</table>

#### SUBTOTALS: 450 103.50 100.00 200.00 66.80

**Purpose of Travel:** Training in Sioux Falls.

No state rates at hotels due to the Summit Tournament in Sioux Falls. Lodging was $133.43 per night.

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.

Melinda Zeimet 3/21/2020

[Handwritten note]

Jen - the form wouldn't let me put the total amount of the hotel in, so I put the remainder in miscellaneous expense. melinda
**Folio (Detailed)**

**Name:** ZEIMET, MELINDA SUE  
**Address:** 205 YUCCA RIDGE TRAIL  
Pierre, SD 57501 US  
**Room:** 222  
**Rate Plan:** SDOP  
**Arrival:** 3/9/2020 (Mon)  
**Room Type:** NIC, 1 KING BED, HEARING IMPAIRED  
**Daily Rate:** $119.49  
**Departure:** 3/11/2020 (Wed)  
**Nights:** 2  
**GTD:** VI - VISA  
**Guests:** 2/0

**Room Rate:**  
3/9/2020 (Mon) - 3/10/2020 (Tue)  
$119.49 + $13.94 Tax per night

<table>
<thead>
<tr>
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<th>Code</th>
<th>Description</th>
<th>Amount</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/9/2020</td>
<td>RM</td>
<td>ROOM CHARGE</td>
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<td>$119.49</td>
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<tr>
<td>3/9/2020</td>
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<td>STATE SALES TAX</td>
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<td>3/9/2020</td>
<td>TAX2</td>
<td>CITY SALES TAX</td>
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<td>STATE TOURISM TAX</td>
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<td>CITY LODGING TAX</td>
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<td>3/9/2020</td>
<td>TAX6</td>
<td>CITY OCCUPANCY TAX</td>
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<td>ROOM CHARGE</td>
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<td>CITY GROSS RECEIPTS TAX</td>
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<td>3/10/2020</td>
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<td>STATE TOURISM TAX</td>
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<td>VI</td>
<td>VISA (7494)</td>
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**Summary**

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<th>Other</th>
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<th>Cash</th>
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<td>$(260.89)</td>
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<tr>
<td>Name</td>
<td>Amount</td>
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<tr>
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<td>----------</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>1 Eric Thompson</td>
<td>$434.60</td>
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<tr>
<td>2 Cody Schad</td>
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<td>3 Covin Inc.</td>
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<td>5 Rodney Randall</td>
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<td>8 Micheal Anderson</td>
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</table>

$37,196.00
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: Eric Thompson

Requested Write Off Amount: $434.60
Original Amount of Debt: $434.60
Date Debt Became Delinquent: June 2012
Current Amount Due: $434.60

Collection Efforts History: Debt has been sent to General Revenue Corp. for collections and ORC. Neither collection agency has been able to collect anything on this account.

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: Emily Milek
Address: 501 E. St. Joseph St., Rapid City, SD 57701
Telephone: (605) 394-6601
Email: emily.milek@sdsmt.edu

Agency/Institution: South Dakota School of Mines & Tech.

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

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Name: Cody Schad

Requested Write Off Amount: $514.10
Original Amount of Debt: $498.20

Date Debt Became Delinquent: August 2010
(Debt must be at least two years old in order to be considered.)
Current Amount Due: $514.10

Collection Efforts History: Debt has been sent to General Revenue Corp. for collections and ORC. Neither collection agency
has been able to collect anything on this account.

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: __________________________
Name: Emily Milek
Agency/Institution: South Dakota School of Mines & Tech.
Address: 501 E. St. Joseph St., Rapid City, SD 57701
Telephone: (605) 394-8601
Email: emily.milek@sdsmte.edu

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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Name: Covin Inc.

Requested Write Off Amount: $434.60
Original Amount of Debt: $434.60

Date Debt Became Delinquent: February 2010
(Debt must be at least two years old in order to be considered.)
Current Amount Due: $434.60

Collection Efforts History: Debt has been sent to General Revenue Corp. for collections and ORC. Neither collection agency has been able to collect anything on this account.

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: Emily Milek
Address: 501 E. St. Joseph St., Rapid City, SD 57701
Telephone: (605) 394-6601
Email: emily.milek@sdmst.edu
Agency/Institution: South Dakota School of Mines & Tech.

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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State of South Dakota Board of Finance

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Name: Christopher Bontje (A0011774/1923253)

Requested Write Off Amount: 780.49
Original Amount of Debt: 1880.00

Date Debt Became Delinquent: 05/15/2011
(Debt must be at least two years old in order to be considered.)
Current Amount Due: 780.49

Collection Efforts History:

Inhouse collection efforts, sent to Affiliated collection agency then to ORC when ORC was formed.

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: Dawn Miller
Address: 501 E St Joseph St
Telephone: 605-394-1216
Email: Dawn.Miller@sdsmt.edu

Agency/Institution: SD School of Mines and Technology

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

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Name: Rodney Randall (A00138640/7113512)

Requested Write Off Amount: 2260.65
Original Amount of Debt: 2260.65

Date Debt Became Delinquent: 12/15/2011
(Debt must be at least two years old in order to be considered.)
Current Amount Due: 2260.65

Collection Efforts History:

Inhouse collection efforts, sent to Affiliated collection agency then to ORC when ORC was formed.

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: Dawn Miller 3/06/2020
Name: Dawn Miller
Address: 501 E St Joseph St
Telephone: 605-394-1216
Email: Dawn.Miller@sdsmte.edu

Agency/Institution: SD School of Mines and Technology

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

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Name: Natasha Brandenburger (A00080093/1749196)

Requested Write Off Amount: 1932.00
Original Amount of Debt: 1932.00

Date Debt Became Delinquent: 01/15/2012
(Debt must be at least two years old in order to be considered.)
Current Amount Due: 1932.00

Collection Efforts History:
Inhouse collection efforts, originally sent to Affiliated collection agency then to ORC when ORC was formed

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: Dawn Miller
Address: 501 E St Joseph St
Telephone: 605-394-1216
Email: Dawn.Miller@sdsmt.edu
Agency/Institution: SD School of Mines and Technology

Approval by State Board of Finance

Approved by the State Board of Finance on

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Name: Daniel Barnard (A00132719/1987934)

Requested Write Off Amount: 1880.00
Original Amount of Debt: 1880.00

Date Debt Became Delinquent: 05/15/2012
(Debt must be at least two years old in order to be considered.)
Current Amount Due: 1880.00

Collection Efforts History:
Inhouse collection efforts, originally sent to Affiliated collection agency then to ORC when ORC was formed

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: D. Miller  [Signature]

Fiscal Officer Contact Information
Name: Dawn Miller
Address: 501 E St Joseph St
Telephone: 605-394-1216
Email: Dawn.Miller@udsmt.edu

Agency/Institution: SD School of Mines and Technology

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

Date

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Name: Michael Anderson (A00135015/1946699)

Requested Write Off Amount: 2032.00

Original Amount of Debt: 2032.00

Date Debt Became Delinquent: 05/15/2012

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

Current Amount Due: 2032.00

Collection Efforts History:

Inhouse collection efforts, originally sent to Affiliated collection agency then to ORC when ORC was formed

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: Dawn Miller
Address: 501 E St Joseph St
Telephone: 605-394-1216
Email: Dawn.Miller@sdsmt.edu

Agency/Institution: SD School of Mines and Technology

Approval by State Board of Finance

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Name: Jared Lind (A00138606/7027535)

Requested Write Off Amount: 2011.14
Date Debt Became Delinquent: 05/15/2012
(Debt must be at least two years old in order to be considered.)
Original Amount of Debt: 2011.14
Current Amount Due: 2011.14

Collection Efforts History: Inhouse collection efforts, originally sent to Affiliated collection agency then to ORC when ORC was formed

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: Dawn Miller
Address: 501 E St Joseph St
Telephone: 605-394-1216
Email: Dawn.Miller@sdsmt.edu
Agency/institution: SD School of Mines and Technology

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Name: Kalumba Mulenga (A00104433/1264319)

Requested Write Off Amount: 488.85
Date Debt Became Delinquent: 12/15/2012
(Debt must be at least two years old in order to be considered.)
Original Amount of Debt: 488.85
Current Amount Due: 488.85

Collection Efforts History:

Inhouse collection efforts, originally sent to Affiliated collection agency then to ORC when ORC was formed

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: _________________________________
Name: Dawn Miller 3/1/2020
Agency/Institution: SD School of Mines and Technology
Address: 501 E St Joseph St
Telephone: 605-394-1216
Email: Dawn.Miller@sdsmnt.edu

__________________________________________
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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State of South Dakota Board of Finance

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Name: Garrett Peterson (A00112860/1900296)

Requested Write Off Amount: 877.70

Original Amount of Debt: 1880.00

Date Debt Became Delinquent: 12/15/2012
(Debt must be at least two years old in order to be considered.)

Current Amount Due: 877.70

Collection Efforts History: Inhouse collection efforts, sent to Affiliated collection agency then to ORC when ORC was formed.

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: Dawn Miller
Address: 501 E St Joseph St
Telephone: 605-394-1216
Email: Dawn.Miller@sdsmt.edu

Agency/Institution: SD School of Mines and Technology

Approval by State Board of Finance

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Name: Travis Long Fox (A00124426/7003345)

Requested Write Off Amount: 4221.00
Original Amount of Debt: 4221.00

Date Debt Became Delinquent: 09/15/2012
(Debt must be at least two years old in order to be considered.)
Current Amount Due: 4221.00

Collection Efforts History:
Inhouse collection efforts, originally sent to Affiliated collection agency then to ORC when ORC was formed

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: Dawn Miller
Address: 501 E St Joseph St
Telephone: 605-394-1216
Email: Dawn.Miller@sdsmt.edu

Agency/Institution: SD School of Mines and Technology

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

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State of South Dakota Board of Finance

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Name: Alexsey Brik (A00509918/7195570)

Requested Write Off Amount: 3535.80
Original Amount of Debt: 3535.80

Date Debt Became Delinquent: 09/15/2012
(Debt must be at least two years old in order to be considered)
Current Amount Due: 3535.80

Collection Efforts History:
Inhouse collection efforts, originally sent to Affiliated collection agency then to ORC when ORC was formed

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: Dawn Miller
Address: 501 E St Joseph St
Telephone: 605-394-1218
Email: Dawn.Miller@sdsmt.edu
Agency/Institution: SD School of Mines and Technology

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

Date

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State of South Dakota Board of Finance

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Name: Beau White (A00103975/1003699)  
Requested Write Off Amount: 488.85  
Original Amount of Debt: 488.85

Date Debt Became Delinquent: 12/15/2013
(Debt must be at least two years old in order to be considered.)
Current Amount Due: 488.85

Collection Efforts History: Inhouse collection efforts, sent to Affiliated collection agency then to ORC when ORC was formed.

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: Dawn Miller
Address: 501 E St Joseph St
Telephone: 605-394-1216
Email: Dawn.Miller@sdsmt.edu

Agency/Institution: SD School of Mines and Technology

Approval by State Board of Finance

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Name: Kent Huxel (A00157352/7157747)

Requested Write Off Amount: 1199.32
Original Amount of Debt: 1199.32
Date Debt Became Delinquent: 05/15/2013
(Debt must be at least two years old in order to be considered.)
Current Amount Due: 1199.32

Collection Efforts History:

Inhouse collection efforts then sent 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] 8/1/2020
Name: Dawn Miller
Address: 501 E St Joseph St
Telephone: 605-394-1216
Email: Dawn.Miller@sdsm.edu

Agency/Institution: SD School of Mines and Technology

Approval by State Board of Finance

Approved by the State Board of Finance on 

Date 

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State of South Dakota Board of Finance

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Name: Travis Hoover (A00097810/1889599)

Requested Write Off Amount: 881.00
Original Amount of Debt: 881.00

Collection Efforts History:
Inhouse collection efforts then sent 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: Dawn Miller
Address: 501 E St Joseph St
Telephone: 605-394-1216
Email: Dawn.Miller@sdsmte.edu
Agency/Institution: SD School of Mines and Technology

Approval by State Board of Finance

Approved by the State Board of Finance on

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Date Signature of Secretary, State Board of Finance
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Name: Jean-Luc Van Surksum (A00132897/1949825)

Requested Write Off Amount: 510.50
Original Amount of Debt: 510.50

Date Debt Became Delinquent: 12/15/2013
(Debt must be at least two years old in order to be considered.)
Current Amount Due: 510.50

Collection Efforts History:

Inhouse collection efforts then sent 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] Date: 3/1/2020
Name: Dawn Miller
Address: 501 E St Joseph St
Telephone: 605-394-1216
Email: Dawn.Miller@sdmt.edu

Agency/Institution: SD School of Mines and Technology

Approval by State Board of Finance

Approved by the
State Board of
Finance on

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Name: Sean Casey (A000381885/1374465)

Requested Write Off Amount: 657.74

Date Debt Became Delinquent: 09/15/2013
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 657.74

Current Amount Due: 657.74

Collection Efforts History:

Inhouse collection efforts then sent 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: Dawn Miller 3/16/2020

Name: Dawn Miller
Agency/Institution: SD School of Mines and Technology
Address: 501 E St Joseph St
Telephone: 605-394-1216
Email: Dawn.Miller@sdsmte.edu

Approved by the State Board of Finance on

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Name: Juliet Schmidt (A00132223/1621355)

Requested Write Off Amount: 3658.53
Original Amount of Debt: 3658.53

Collection Efforts History: Inhouse collection efforts then sent to ORC

Date Debt Became Delinquent: 01/15/2014
(Debt must be at least two years old in order to be considered.)
Current Amount Due: 3658.53

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: Dawn Miller
Address: 501 E St Joseph St
Telephone: 605-394-1216
Email: Dawn.Miller@sdsmnt.edu

Agency/Institution: SD School of Mines and Technology

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Approved by the State Board of Finance on

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Name: Timothy Vancrey (A00099343/1847307)

Requested Write Off Amount: 1656.95

Original Amount of Debt: 1656.95

Date Debt Became Delinquent: 05/15/2014
(Debt must be at least two years old in order to be considered.)

Current Amount Due: 1666.95

Collection Efforts History: ________________________________

Inhouse collection efforts then sent 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: Dawn Miller
Address: 501 E St Joseph St
Telephone: 605-394-1216
Email: Dawn.Miller@sdsmt.edu

Agency/Institution: SD School of Mines and Technology

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: Jason Herron (A00132882/7027338)

Requested Write Off Amount: 2465.00
Original Amount of Debt: 2465.00

Date Debt Became Delinquent: 01/15/2014
(Debt must be at least two years old in order to be considered.)
Current Amount Due: 2465.00

Collection Efforts History:

Inhouse collection efforts then sent 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] 3/4/2020
Name: Dawn Miller
Address: 501 E St Joseph St
Telephone: 605-394-1216
Email: Dawn.Miller@sdsmte.edu

Agency/Institution: SD School of Mines and Technology

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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Name: De'Andre Bolden (A00152498/7169834)

Requested Write Off Amount: 1830.00
Original Amount of Debt: 1830.00

Date Debt Became Delinquent: 05/15/2014
(Debt must be at least two years old in order to be considered.)
Current Amount Due: 1830.00

Collection Efforts History:

Inhouse collection efforts then sent 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: Dawn Miller
Address: 501 E St Joseph St
Telephone: 605-394-1216
Email: Dawn.Miller@ndsmt.edu

Agency/Institution: SD School of Mines and Technology

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: Isabella Torrez (A001658777/7223717)

Requested Write Off Amount: 288.44
Original Amount of Debt: 288.44

Date Debt Became Delinquent: 01/15/2014
(Debt must be at least two years old in order to be considered.)

Current Amount Due: 288.44

Collection Efforts History:
Inhouse collection efforts then sent 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: Dawn Miller
Address: 501 E St Joseph St
Telephone: 605-394-1216
Email: Dawn.Miller@sdsmte.edu

Agency/Institution: SD School of Mines and Technology

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: Theresa Zajac (A00512141/7301766)

Requested Write Off Amount: 2156.74
Original Amount of Debt: 2156.7

Date Debt Became Delinquent: 05/15/2014
(Debt must be at least two years old in order to be considered.)
Current Amount Due: 2156.74

Collection Efforts History:

Inhouse collection efforts then sent 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: ____________________________
Name: Dawn Miller
Address: 501 E St Joseph St
Telephone: 605-394-1216
Email: Dawn.Miller@sdsmte.edu

Agency/Institution: SD School of Mines and Technology

Approval by State Board of Finance

Approved by the State Board of Finance on

Date ____________________________

Signature of Secretary, State Board of Finance