

Household Moving Allowance State of South Dakota

RECEIVED
APR 04 2018
S.D. SEC. OF STATE

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave
Pierre SD 57501 Phone: 605-773-3537

Please check one:

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

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

<u>Trapper Goltz</u>	<u>WILDLIFE DAMAGE SPECIALIST-AERIAL GUNNER</u>	<u>SD GFP</u>
Name of Applicant	New Position Title	Agency Employed By
<u>\$16.92/HR</u>	<u>SQUAW LAKE, MN</u>	<u>FORT PIERRE</u>
Yearly Salary	City, State Moving From	New Post of Duty (City)
<u>WILDLIFE DAMAGE SPECIALIST 090426 GH-H</u>	<u>1/24/18</u>	<u>JANUARY 2018</u>
Bureau of Human Resources Class Code	Employment Date with the State	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.

Trapper Goltz

Signature of Applicant

3/13/18

Date

Authorization

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

Kelly R. Hepler

Name of Authorized Agent

K. R. Hepler

Signature of Authorized Agent

Cabinet Secretary

Position/ Title of Authorized Agent

Game, Fish & Parks

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on _____

Date

Signature of Secretary, State Board of Finance

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Application

<p><u>Alex Rosburg</u> Name of Applicant</p> <p><u>\$ 39,811</u> Yearly Salary</p> <p><u>090212</u> Bureau of Human Resources Class Code</p> <p><u>Spearfish, SD</u> City, State Moving From</p> <p><u>GH</u></p>	<p><u>Wildlife Biologist</u> New Position Title</p> <p><u>Rapid City, SD</u> New Post of Duty (City)</p> <p><u>Jan 6th, 2018</u> Employment Date with the State</p> <p><u>Game, Fish, & Parks</u> Agency Employed By</p> <p><u>March 2018</u> Expected Month/Year of Move</p>
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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.

Alex Rosburg
Signature of Applicant

3/19/18
Date

Authorization

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

Kelly R Hepler
Name of Authorized Agent

[Signature]
Signature of Authorized Agent

3/23/18
Date

Cabinet Secretary
Position/ Title of Authorized Agent

Game, Fish & Parks
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

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

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Application

Robert Richardson

Name of Applicant

\$62,500.00

Yearly Salary

00900

Bureau of Human Resources Class Code

Fort Gratiot, MI

City, State Moving From

Instructor of Computer & Cyber Sciences

New Position Title

Madison, SD

New Post of Duty (City)

08/22/2018

Employment Date with the State

Dakota State University

Agency Employed By

August 2018

Expected Month/Year of Move

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


Signature of Applicant

03/25/2018
Date

Authorization

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

Stacy Krusemark
Name of Authorized Agent

VP Business & Admin.
Position/ Title of Authorized Agent

 4-3-18
Signature of Authorized Agent Date

DSU
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance

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Full-time continuous employment for 6 months.
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Application

<u>Nirmal Parajuli</u> Name of Applicant	<u>Res asst professor</u> New Position Title	<u>Dec 19 2017</u> Agency Employed By
<u>53,000</u> Yearly Salary	<u>Edmonton, Canada</u> City, State Moving From	<u>Vermilion, SD</u> New Post of Duty (City)
<u>00843</u> Bureau of Human Resources Class Code	<u>Dec 19, 2017</u> Employment Date with the State	<u>Dec, 2018</u> 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. 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.

<u><i>Nirmal</i></u> Signature of Applicant	<u>2018 March 12</u> Date
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Authorization

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

<u>Sheila Gestring</u> Name of Authorized Agent	<u>Vice President, Finance</u> Position/ Title of Authorized Agent
<u><i>Sheila Gestring</i></u> Signature of Authorized Agent	<u>The University of South Dakota</u> Agency of Authorized Agent
<u>3-22-18</u> Date	

Approval by State Board of Finance

Signature of Secretary, State Board of Finance

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

Household Moving Allowance
State of South Dakota

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Application

Alexandra Saban Name of Applicant Behavior Specialist New Position Title USD Agency Employed By

51,000 Yearly Salary Denver, Colorado City, State Moving From Sioux Falls New Post of Duty (City) April 2018 Expected Month/Year of Move

00560 Bureau of Human Resources Class Code 4/23/2018 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.

Alexandra Saban Signature of Applicant 1/30/18 Date

Authorization

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

Sheila Gestring Name of Authorized Agent Vice President, Finance Position/ Title of Authorized Agent

Sheila Gestring Signature of Authorized Agent 3-22-18 Date The University of South Dakota Agency of Authorized Agent

Approval by State Board of Finance

Signature of Secretary, State Board of Finance

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

State Hosting Reimbursement Request – SDCL 3-9-2.1

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

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MAR 21 2018

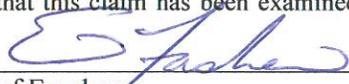
S.D. SEC. OF STATE

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Application

Date: 3/8/18 Agency: GOED
Agency Address: 2329 N Career Ave., Suite 221, Sioux Falls, SD 57107
Agency Phone Number: 605-367-4516
Employee Requesting Reimbursement: Eric Fosheim
Total Amount of Reimbursement: \$41.43
Date(s) of Hosting Expense: 3/8/18
Receipts Attached: Y N
Explanation of official business performed: Business prospect hosting that included the president and vice president of a company.

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while hosting a prospect for business development, trade, or a tourism promotional activity. I certify that the expenses were incurred through necessary duties of my employment with the State of South Dakota and in the furtherance of state's interests, concerns, and activities and are supported by the attached receipts. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.


Signature of Employee

3/9/18
Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's claims were in the furtherance of state interests relating to hosting a prospect for business development, trade, or a tourism promotional activity.

Scott Stern
Name of Department/Office Head

Commissioner
Position/Title of Agency Official


Signature of Department/Office Head

3/12/18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.



Crooked Pint Sioux Falls
2020 West Russell Street
Sioux Falls, SD 57107
605-331-2050
Store # 049

Check 42
Kat M.
Guests 2

Table 71
3/8/2018
12:48 PM

COFFEE	2.99
BURGER BASKET, 	7.99
AMERICAN	1.00
CLASSIC LUCY THURSDAY	8.99
HAM & BRIE FLATBREAD	11.99

Subtotal 32.96
Tax 2.47

TOTAL 35.43

BALANCE DUE 35.43

If split among 2 guests
each pay \$17.72

6.00
41.43

Enjoy \$5 off your next food purchase!
Visit HightopHospitalitySurvey.smg.com.
Take the survey in the next 3 days, and
bring this back with the validation
code in the next 60 days.

Validation Code: _____

Rewards Members: Enter your phone number
(____) - ____ - _____

Not a member? To join, ask your server!

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State Hosting Reimbursement Request – SDCL 3-9-2.1

When Application and Authorization sections are completed, please submit the original to:

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Office of Secretary of State
Capitol Building - 500 E Capitol Ave
Pierre, SD 57501 Phone: 605-773-3537

Application

Date: 3/26/18 Agency: GOED
Agency Address: 2329 N Career Ave, Suite 221, Sioux Falls, SD 57107
Agency Phone Number: 605-367-4516
Employee Requesting Reimbursement: Ira Frerichs
Total Amount of Reimbursement: 36.94 - 11⁽⁵⁾ = \$25.94
Date(s) of Hosting Expense: 3/19/18 Receipts Attached: (Y)N
Explanation of official business performed: Business prospect hosting that included the owner/CEO/President of a company and an executive director of a company.

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while hosting a prospect for business development, trade, or a tourism promotional activity. I certify that the expenses were incurred through necessary duties of my employment with the State of South Dakota and in the furtherance of state's interests, concerns, and activities and are supported by the attached receipts. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Ira Frerichs
Signature of Employee

3-27-18
Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's claims were in the furtherance of state interests relating to hosting a prospect for business development, trade, or a tourism promotional activity.

Scott Stearn
Name of Department/Office Head

Commissioner
Position/Title of Agency Official

Scott Stearn
Signature of Department/Office Head

3/28/18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

Zort's Prime Time
105 S. Derby Lane
North Sioux City, SD 57049
Phone: 605-232-9029

Check#: 2070
Date: 03/19/18 Time: 12:16pm
Table: HB3

—[Seat 1]—
Diet Coke \$1.86
Prime Rib Melt \$9.95
Tax: \$0.89
Amt Due: **\$12.70**

—[Seat 2]—
Water \$0.00
Prime Rib Melt \$10.95
Side Salad
Tax: \$0.82
Amt Due: **\$11.77**

—[Seat 3]—
Water \$0.00
Tuna Melt \$6.95
Tax: \$0.52
Amt Due: **\$7.47**

Subtotal: \$29.71
Tax: \$2.23
Sbt1 w/Tax: \$31.94
Amt Due: **\$31.94**

Thank You,
Please Come again!!
Della

Customer Copy

Zort's Prime Time
105 S. Derby Lane
North Sioux City, SD 57049
Phone: 605-232-9029

Check Number 2070
Check Date 03/19/18
Card Type VISA
Card Number 3715

Reference Number 00167D

Amount \$31.94

Tip: 5

Total: 36.94

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SD SEC. OF STATE

State Hosting Reimbursement Request – SDCL 3-9-2.1

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State Board of Finance
Office of Secretary of State
Capitol Building - 500 E Capitol Ave
Pierre, SD 57501 Phone: 605-773-3537

Application

Date: 3/26/18 Agency: GOED
Agency Address: 2329 N Career Ave, Suite 221, Sioux Falls, SD 57107
Agency Phone Number: 605-367-4516
Employee Requesting Reimbursement: Ira Frericks
Total Amount of Reimbursement: \$30.00 - .03^(P) - 14^(P) = \$15.97
Date(s) of Hosting Expense: 2/28/18 Receipts Attached: Y / N
Explanation of official business performed: Business prospect hosting that included the owner/CEO/president of a company Steve Watson of GOED was also present

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while hosting a prospect for business development, trade, or a tourism promotional activity. I certify that the expenses were incurred through necessary duties of my employment with the State of South Dakota and in the furtherance of state's interests, concerns, and activities and are supported by the attached receipts. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Ira Frericks
Signature of Employee

3-27-18
Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's claims were in the furtherance of state interests relating to hosting a prospect for business development, trade, or a tourism promotional activity.

Scott Stern
Name of Department/Office Head

Commissioner
Position/Title of Agency Official

Scott Stern
Signature of Department/Office Head

3/28/18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

RUDY NAVARRETE'S

2421 RIVERSIDE BLVD
SIOUX CITY, IA 51108

DATE 02/28/2018 WED
TABLE # #BL1

** SEAT # 01 **

BF ENCHILADA S1	\$5.60
SIDE BEANS S1	\$1.60
SAME PLATE S1	
DT COKE S1	\$1.90
SPACE S1	0.00
TOTAL	\$9.10

** SEAT # 02 **

BF ENCHILADA S2	\$5.60
SPACE S2	0.00
TOTAL	\$5.60

** SEAT # 03 **

BF ENCHILADA S3	\$5.60
SIDE BEANS S3	\$1.60
SAME PLATE S3	
MR PIBB S3	\$1.90
TOSTADA CHIPS S3	\$1.60
TOTAL	\$10.70

*** ALL ***

SUBTOTAL	\$25.40
TOTAL	\$25.40

NO.125214 REG 02 TINA TIME 14:17

CARRY OUT AVAILABLE
CALL (712)252-7795

TAX IS INCLUDED IN PRICE

RUDY NAVARRETE'S MEXICAN FOOD
2421 RIVERSIDE BLVD
SIOUX CITY, IA 51109
712-252-7795

Merchant ID: 520303918
Term ID: 0003

Sale

Application Label: VISA CREDIT
CHASE VISA

VISA

XXXXXXXXXXXX3715

AID: A0000000031010

Entry Method: Chip

Apprvd: Online

Batch#: 000005

02/28/18

14:15:43

Inv#: 00000010

Appr Code: 059610

Amount: \$ 25.40

Tip: \$ 0.00

Total: \$ 25.40

TVR: 0080003000
TSI: F800

Customer Copy

THANK YOU

260
25.40

RECEIVED

APR 04 2018

S.D. SEC. OF STATE

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

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Application

Date: 03/27/2018 Agency: Department of Labor and Regulation
Agency Address: 123 West Missouri Ave., Pierre, SD 57501
Agency Phone Number: 605-773-3101
Employee Requesting Reimbursement: see attached
Total Amount of Reimbursement: 15 meals x \$11.00=\$165.00
Date(s) of Expense: 3/21/18, 3/23/18
Event Leave Time: 8:30 am Event Return Time: 4:30 pm
Explanation of official business performed: _____
All-day meetings to review and improve
upon forms and processes.

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.

Marcia Hultman
Name of Department/Office Head

DLR Cabinet Secretary
Position/Title of Agency Official

M. Hultman
Signature of Department/Office Head

3-28-18
Date

Signature of Department/Office Head

Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

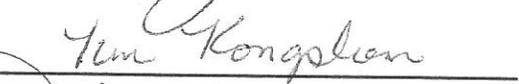
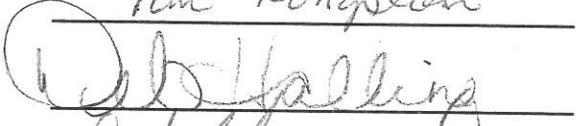
Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

069244

Statement		DATE	3-20-18	TERMS
TO		DLR attn. McKenzie Decker		
IN ACCOUNT WITH		Chaps 212 E. Sioux Ave Pierre, SD 57501		
3-21	10 lunches @ \$11.00 ea.			\$110.00
ONLY COPY AVAILABLE				
3-25	10 lunches @ \$11.00 ea.			\$110.00
Thank you!		RECEIVED MAR 21 2018 LABOR & REGULATION ADMIN SERVICES		
CURRENT	OVER 30 DAYS	OVER 60 DAYS	TOTAL AMOUNT	\$220.00

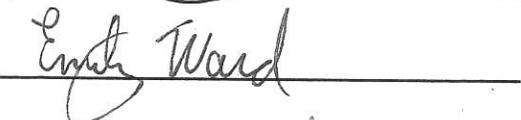
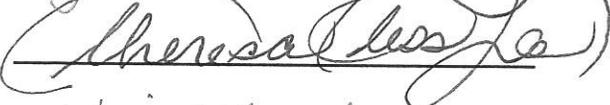
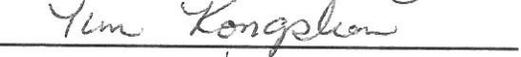
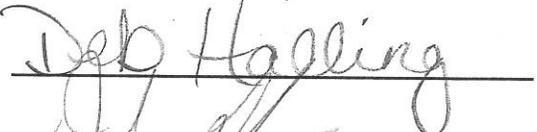
South Dakota Department of Labor and Regulation

Name of Meeting: WIOA Kaizen Event
Date: 03/21/2018
Location: Pierre Sharpe Conference
Meeting Hours: 8:30 AM - 4:30 PM
Explanation of Business:

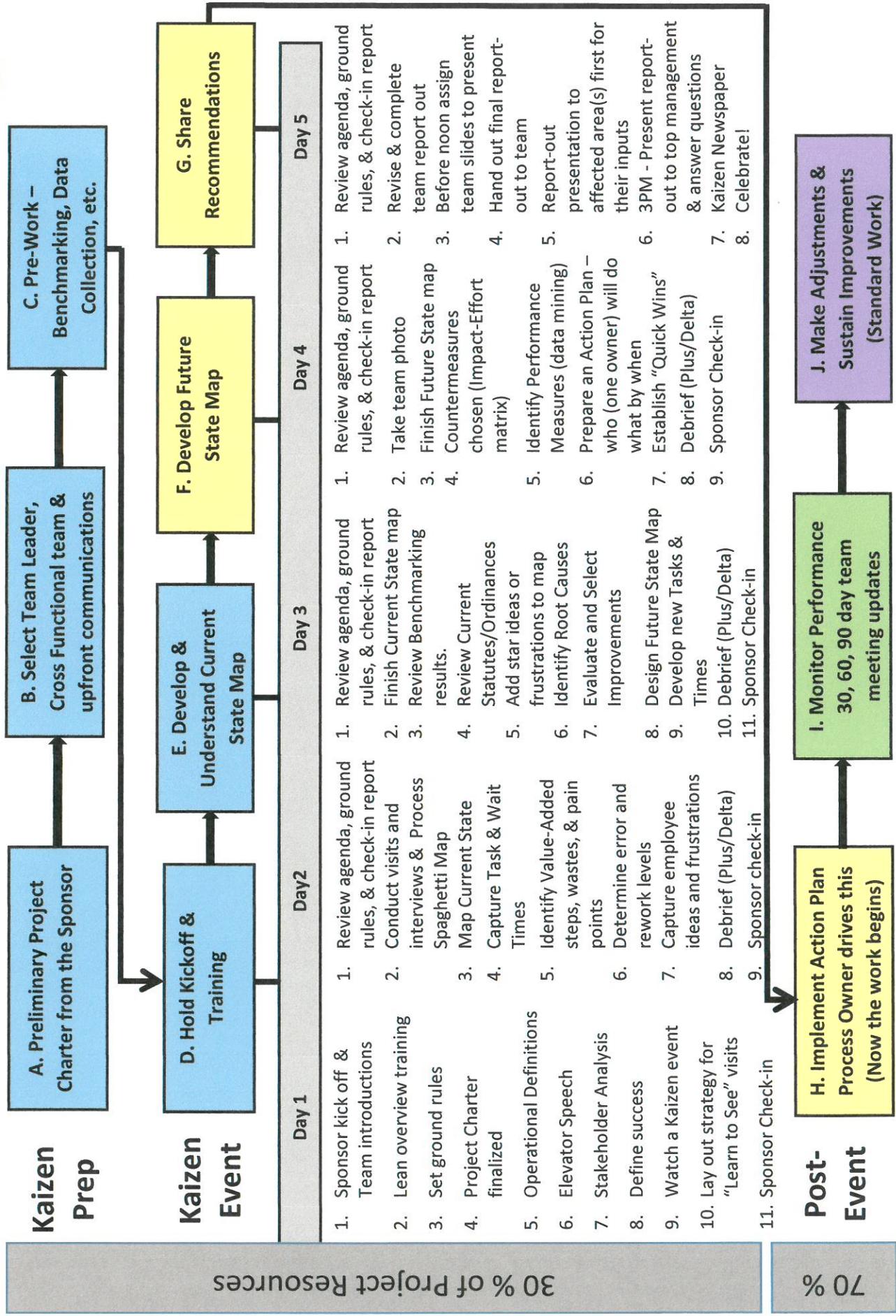
<u>Attendees</u>	<u>Home-Duty Station</u>	<u>Sign-In Signature</u>
Connie Hanson	Pierre	
Danielle Bartlett	Sioux Falls	
Lisa Johnson	Watertown	
Jessica Duval	Pierre	
Tess Lee	Pierre	
Tim Kongslien	Pierre	
Deb Halling	Pierre	
Derek Gustafson	Pierre	
Mackenzie Decker	PIERRE	
Jack Merritt	West Groves, TX	

South Dakota Department of Labor and Regulation

Name of Meeting: WIOA Kaizen Event
Date: 03/23/2018
Location: Pierre Sharpe Conference
Meeting Hours: 8:30 AM - 4:30 PM
Explanation of Business:

<u>Attendees</u>	<u>Home-Duty Station</u>	<u>Sign-In Signature</u>
Connie Hanson	Pierre	
Danielle Bartlett	Sioux Falls	
Emily Ward	Pierre	
Jessica Duval	Pierre	
Tess Lee	Pierre	
Tim Kongslien	Pierre	
Deb Halling	Pierre	
Derek Gustafson	Pierre	
Mackenzie Decker	Pierre	
Jack Merritt	consultant	
		
		
		
		

Kaizen Project Timeline



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

RECEIVED

MAR 14 2018

S.D. SEC. OF STATE

Application

Date: 3/13/18 Agency: Dept of Tourism
Agency Address: 711 East Wells, Pierre, SD 57501
Agency Phone Number: 605. 773. 4991
Employee Requesting Reimbursement: Dakotamart
Total Amount of Reimbursement: \$ 74.41
Date(s) of Expense: 2/8/18
Event Leave Time: 8 Event Return Time: 1 pm
Explanation of official business performed: Meeting with Lawrence #
Schuller, MM64 Global and Miles Media
staff to discuss brand standards,
etc.

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.

Harla Jessop
Signature of Employee

3/13/18
Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Wanda Goodman
Name of Department/Office Head

Deputy Secretary
Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

3-13-18
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.

Lynn's Dakotamart Pierre
 120 W. Sioux Ave.
 Pierre, SD 57501

Date: 3/1/2018
 Page No. 1



S.D. TOURISM
 711 EAST WELLS
 Pierre, SD 57501



Statement

Account #000000001101

Date	Invoice	Reference	Type	Amount	Balance
01/31/2018	Previous Balance	from 05/24/2013 to 01/31/2018	Bal Forwd	37.45	37.45
	TAX EXEMPT #1	STORE CHARGE [K] 1101 \$54.94			
	PRODUCE \$30.49 T F	CHANGE \$0.00			
	PRODUCE	TAX EXEMPT #1			
	STORE BAKERY \$24.45 T F	Total number of items sold = 2			
	STORE BAKERY	TAX FORGIVEN \$3.57			
	BALANCE DUE \$54.94				
					02/08/2018 002000100813 00465* Charge 54.94
					92.39
02/12/2018	003000581143		Payment	(17.98)	74.41

Breakfast items

water ↑

Team/Department Code: 22
 Project Number: _____
 Approval #1: _____ #2: Hj
 Date: 3.8.18



Wanda Goodman
 Deputy Secretary, Dept. of Tourism
 Approval: _____
 Date: 3-13-18

<u>Current</u>	<u>Past 30</u>	<u>Past 60</u>	<u>Past 90</u>	<u>Past 120</u>
74.41	0.00	0.00	0.00	0.00

Please Pay This Amount >>> \$74.41
By 03/30/2018
 Thank you for paying promptly!

Breakfast Meeting Attendee List

1. Erin Weinzettel – LAWRENCE AND SCHILLER
2. Tara Locke – LAWRENCE AND SCHILLER
3. Brett Summers – LAWRENCE AND SCHILLER
4. Leslie McDonough – MMGY Global
5. Mackenzie Davidson – MMGY Global
6. Rachael Root – Miles Partnership
7. Carey Seaborg – Miles Partnership
8. Jennifer Duncan – Miles Partnership
9. James Hagen, Tourism
10. Mike Gussiaas, Tourism
11. Katlyn Richter, Tourism
12. Ann DeVany, Tourism

Lynn's **Dakotamart**

120 West Sioux Avenue
Pierre, SD 57501
605-224-8871

www.Lynnsdakotamart.com

TAX EXEMPT #1

GROCERY - EDIBLE

AQUAFINA 24 PACK

3 @ \$6.49 EA

\$19.47 T F

BALANCE DUE

\$19.47

STORE CHARGE

\$19.47

[K] 1101

CHANGE

\$0.00

TAX EXEMPT #1

Total number of items sold = 3

TAX FORGIVEN

\$1.27

CASHIER NAME: Cheyene

STORE:00002 REGISTER:007 CASHIER:0485

TICKET#:0166 16JAN2018 20:18:43

Thank-You
for
Shopping with US!

Water

for

carb

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

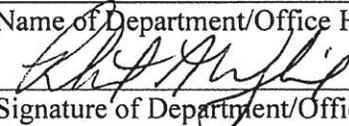
Date: 4/6/18 Agency: SDRS
Agency Address: 222 E. Capitol Ave, Pierre, SD 57501
Agency Phone Number: 605-773-3731
Employee Requesting Reimbursement: _____
Total Amount of Reimbursement: \$308.00
Date(s) of Expense: 4/5/18
Event Leave Time: 8:30 a.m. Event Return Time: 3:00 p.m.
Explanation of official business performed: SDRS Board of Trustees quarterly Board meeting
Required staff and consultants to stay and not leave during lunch.

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.

Robert A. Wylie Executive Director
Name of Department/Office Head Position/Title of Agency Official
 4-6-18
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.

April 5, 2018

SDRS

P.O. Box 1098

Pierre, SD 57501

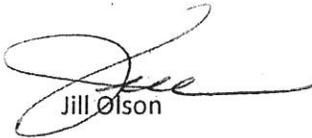
Meeting April 5, 2018

Invoice 4518-2

Lunches 308.00

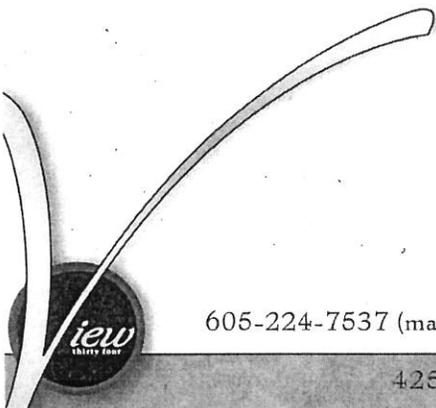
Balance Due 308.00

Thank you.



Jill Olson

View 34



605-224-7537 (main) 605-224-7538 (events) 605-224-7539 (pub) 605-224-9312 (fax)

4251 E Hwy 34 Pierre, SD 57501 www.viewthirtyfour.com



SDRS BOARD OF TRUSTEES LUNCH

April 5, 2018

Kathy Greenaway	
Joe O'Leary	
Jon R	
Murray Johnson	
Matt Clark	
E. Stur	
JAMES JONES	
Jim Appl	
Karl Roberts	
Doug Fiddler	
Rob Wylie	
Joshua Franze	
Paul Schreiner	
Liliana Faith	
Jacque Gorn	
Travis Adams	
Sherry Nelson	
Jan Roth	
KJ Peterson	
Raymond Zinday Jr	
D. O. Adams	
Stuart Anderson	
Gene Ben	
Gene W. Adams	
Dawn Smith	
Matt Clark	
Jebrey Mehlhoff	
Travis Adams	
Brittanie Adamson	



March 8, 2018

South Dakota Board of Finance
State of South Dakota
500 E. Capitol Avenue
Pierre, SD 57501

RECEIVED
MAR 13 2018
S.D. SEC. OF STATE

Dear South Dakota Board of Finance,

The South Dakota School of Mines & Technology (SD Mines) respectfully requests permission to rent 12 hotel rooms in Rapid City, SD for the evening of September 8, 2018, at a rate of \$93/night + tax. We are hosting an event on the SD Mines campus and these rooms will be used for our presenters. There are a handful of rooms available in Rapid City at the Fair Value Inn which are within the authorized state rate of \$55/night + tax, but there aren't enough rooms to accommodate all of our presenters, who are traveling together. The Holiday Inn Rushmore Plaza has agreed to give us a nearly 50% discount off their advertised rate for that evening.

Below is a sample of room rates found in Rapid City for the night in question. The information was compiled by searching the website Hotels.com.

Fair Value Inn	\$ 40.00	only 9 rooms left
Motel 6	\$ 60.00	
Microtel Inn & Suites	\$ 73.00	only 1 rooms left
Canyon Lake Resort	\$ 79.00	only 3 rooms left
AmericInn Lodge & Suites	\$ 93.00	only 3 rooms left
Days Inn I-90	\$ 102.00	only 2 rooms left
Sleep Inn & Suites	\$ 103.00	
La Quinta Inn & Suites	\$ 109.00	
Country Inn & Suites	\$ 129.00	only 3 rooms left
Days Inn	\$ 135.00	
Holiday Inn Rushmore Plaza	\$ 181.00	

Thank you for your consideration.

Sincerely,

Dr. James Rankin, President

Debt Write Off Request
State of South Dakota Board of Finance

RECEIVED

MAR 23 2018

S.D. SEC. OF STATE

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 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.

Name: Katrina Moir

Requested Write Off Amount: 328.44 **Date Debt Became Delinquent:** 06-23-2011
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 328.44 **Current Amount Due:** 328.44

Collection Efforts History:

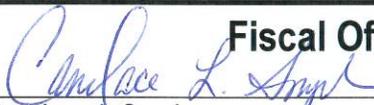
Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain): _____

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

Acct#15948 1005669 2011-005405

Fiscal Officer Contact Information

Signature: 
Name: Candace L Snyder **Agency/Institution:** SD Department of Corrections
Address: 3200 East Highway 34 Suite 6
Pierre SD 57501
Telephone: 605-773-3478
Email: Candace.Snyder@state.sd.us

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

Debt Write Off Request
State of South Dakota Board of Finance

RECEIVED

MAR 23 2018

S.D. SEC. OF STATE

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 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.

Name: Ericia Busselman
Requested Write Off Amount: 891.19 **Date Debt Became Delinquent:** 01/30/2014
(Debt must be at least two years old in order to be considered.)
Original Amount of Debt: 742.66 **Current Amount Due:** 891.19

Collection Efforts History:

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)

Acct#25721 1008140 2011-007921

Fiscal Officer Contact Information

Signature: 
Name: Candace L Snyder **Agency/Institution:** SD Department of Corrections
Address: 3200 East Highway 34 Suite 6
Pierre SD 57501
Telephone: 605-773-3478
Email: Candace.Snyder@state.sd.us

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

