

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

Zachary Thomsen

Name of Applicant

Wildlife Conservation Officer

New Position Title

Game Fish and Parks

Agency Employed By

46,800

Yearly Salary

Philip, SD

City, State Moving From

Clark, SD

New Post of Duty (City)

05/05/2018

Expected Month/Year of Move

GH-I

Bureau of Human Resources Class Code

04/09/2013 - 05/09/2018

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.

[Signature]
Signature of Applicant

5/21/18
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

Cabinet Secretary

Position/ Title of Authorized Agent

[Signature]
Signature of Authorized Agent

6/14/18
Date

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

Household Moving Allowance State of South Dakota

RECEIVED
JUN 14 2018
GOV. SEC. OF STATE

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Application

Greg Farley

Name of Applicant

Dean of College of Business and Natural Sciences

New Position Title

Black Hills State University

Agency Employed By

135,000.00

Yearly Salary

Hays, KS

City, State Moving From

Spearfish

New Post of Duty (City)

Jun/July 2018

Expected Month/Year of Move

00230

Bureau of Human Resources Class Code

June 22, 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.

DocuSigned by:

Greg Farley

Signature of Applicant

5/30/2018 | 7:31:02 AM MDT

Date

Authorization

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DocuSigned by:

Brandon Bentley

Name of Authorized Agent

Controller

Position/ Title of Authorized Agent

DocuSigned by:

Brandon Bentley

Signature of Authorized Agent

5/29/2018 | 4:02:08 PM MDT

Date

Black Hills 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
State of South Dakota

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JUN 06 2018

S.D. SEC. OF STATE

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Application

Jacob Harris

Name of Applicant

Acct/Auditor I

New Position Title

BFM

Agency Employed By

41,175.00

Yearly Salary

Carleton, IL

City, State Moving From

Pierre

New Post of Duty (City)

05/2018

Expected Month/Year of Move

5.29.18

Employment Date with the State

Bureau of Human Resources Class Code

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Jacob Harris

Signature of Applicant

6/5/18

Date

Authorization

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Liza Clark

Name of Authorized Agent

Commissioner

Position/ Title of Authorized Agent

Liza Clark

Signature of Authorized Agent

6/6/18

Date

Bureau Finance Mgmt

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance
State of South Dakota

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MAY 25 2018
S.D. SEC. OF STATE

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Application

Ozlem Cosgun

Assistant Professor of Information Systems

Dakota State University

Name of Applicant

New Position Title

Agency Employed By

\$85,000.00

Huntington, WV

Madison, SD

August 2018

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00800

08/22/2018

Bureau of Human Resources Class Code

Employment Date with the State

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Signature of Applicant

05-16-2018

Date

Authorization

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Stacy Krusemark

Name of Authorized Agent

VP for Business & Adm Services

Position/ Title of Authorized Agent

5-22-18

Signature of Authorized Agent Date

Dakota State University

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance

**Household Moving Allowance
State of South Dakota**

**RECEIVED
MAY 25 2018
S.D. SEC. OF STATE**

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Application

Wendy Romero

Associate Professor of Art & Design

Dakota State University

Name of Applicant

New Position Title

Agency Employed By

\$55,000.00

Peosta, IA

Madison, SD

August 2018

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00800

08/22/2018

Bureau of Human Resources Class Code

Employment Date with the State

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Wendy M Romero
Signature of Applicant

5/15/18
Date

Authorization

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Stacy Krusemark
Name of Authorized Agent

VP For Business & Admn. Services
Position/ Title of Authorized Agent

[Signature] 5-22-18
Signature of Authorized Agent Date

Dakota State University
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

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Application

Qiang Zeng (Received prior approval but had the incorrect prior residence listed)	Assistant Professor/Researcher	Dakota State University
Name of Applicant	New Position Title	Agency Employed By
\$85,000	Madison	August 2017
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
00800	August 22, 2017	
Bureau of Human Resources Class Code	Employment Date with the State	

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

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

Qiang Zeng
Signature of Applicant

4/26/2018
Date

Authorization

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

Stacy Krusemark
Name of Authorized Agent

VP Business & Admin
Position/ Title of Authorized Agent

[Signature] 4-26-18
Signature of Authorized Agent Date

Dakota State University
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the
State Board of
Finance on

Date

Signature of Secretary, State Board of Finance

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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MAY 1 2018
S.D. SEC. OF STATE

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For South Dakota, the rules and regulations governing household moving expenses are found in the State of South Dakota law and regulation. SDCL 3-9-9 and 3-9-12. The rules and regulations are found in the State of South Dakota law and regulation. SDCL 3-9-9 and 3-9-12. Documentation required after the time will be processed in the next board authorized meeting. All documentation MUST comply with Bureau of Human Resources policy regarding protection of personally identifiable information.

Application

Glenna R. Burg Nurse III
Name of Applicant Nurse Education DOH Board of Nursing
\$68,549.04 Bozeman MT Sioux Falls SD 5-18
Yearly Salary City, State Moving From New Post of Duty (City) Expected Month/Year of Move

5-24-18
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.

Glenna R. Burg
Signature of Applicant

5-30-18
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.

Gloria Damgaard
Name of Authorized Agent

Executive Director
Position/ Title of Authorized Agent

Gloria Damgaard 5-30-18
Signature of Authorized Agent Date

SD Board of Nursing
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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MAY 24 2018

S.D. SEC. OF STATE

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Application

Joshua Clayton

Name of Applicant

110,115

Yearly Salary

2017106

Bureau of Human Resources Class Code

Shelbyville, IN

City, State Moving From

State Epidemiologist

New Position Title

Pierre, SD

New Post of Duty (City)

11-13-2017

Employment Date with the State

Dept of Health

Agency Employed By

5-2018

Expected Month/Year of Move

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

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

Joshua L Clayton

Signature of Applicant

Digitally signed by Joshua L Clayton
Date: 2018.05.22 09:37:20 -05'00'

5-22-2018

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.

Kim Malsam-Rydon

Name of Authorized Agent

Kim Malsam-Rydon 5/23/18

Signature of Authorized Agent

Date

Dept. Secretary

Position/ Title of Authorized Agent

Dept. of Health

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.

A00227556

Household Moving Allowance State of South Dakota

RECEIVED

JUN 18 2018

S.D. SEC. OF STATE

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Application

Nicholas I. Chott

Name of Applicant

Post-Doctoral Researcher

New Position Title

SD School of Mines & Technology

Agency Employed By

\$53,000.00

Yearly Salary

Wildwood, IL

City, State Moving From

Rapid City

New Post of Duty (City)

June, 2018

Expected Month/Year of Move

00502

Bureau of Human Resources Class Code

June 4, 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.



Signature of Applicant

5/22/2018

Date

Authorization

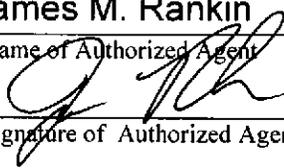
The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best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

James M. Rankin

Name of Authorized Agent

President

Position/ Title of Authorized Agent



Signature of Authorized Agent

5-18-18

Date

South Dakota School of Mines & Technology

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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Application

Lauren B. Torvi

Name of Applicant

\$54,000.00

Yearly Salary

00510

Bureau of Human Resources Class Code

Morris, MN

City, State Moving From

Head Volleyball Coach

New Position Title

Rapid City

New Post of Duty (City)

June 4, 2018

Employment Date with the State

SD School of Mines & Technology

Agency Employed By

June, 2018

Expected Month/Year of Move

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Signature of Applicant

5/14/18

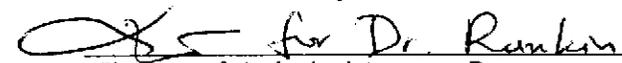
Date

Authorization

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

James M. Rankin

Name of Authorized Agent



Signature of Authorized Agent

Date

President

Position/ Title of Authorized Agent

SD School of Mines & Technology

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

RECEIVED
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Application

Bruce Berdanier	Dean, Jerome J. Lohr	SDSU
Name of Applicant	College of Engineering	Agency Employed By
\$220,000	Fairfield, CT	Brookings, SD
Yearly Salary	City, State Moving From	New Post of Duty (City)
00230	7-2-18	July 2018
Bureau of Human Resources Class Code	Employment Date with the State	Expected Month/Year of Move

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B. Berdanier
Signature of Applicant

5.9.2018
Date

Authorization

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Dennis D. Hedge
Name of Authorized Agent
D. D. Hedge
Signature of Authorized Agent
5-14-2018
Date

Provost/VP Academic Affairs
Position/ Title of Authorized Agent
South Dakota State University
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on _____
Date

Signature of Secretary, State Board of Finance

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Application

Krista A. Ehlert

Name of Applicant

Assistant Professor

New Position Title

South Dakota State University

Agency Employed By

\$70,000

Yearly Salary

Simsbury, CT

City, State Moving From

Rapid City, SD

New Post of Duty (City)

July 2018

Expected Month/Year of Move

00800
Bureau of Human Resources Class Code

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KAEhlert
Signature of Applicant

5/3/2018
Date

Authorization

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

Michele Dudash

Name of Authorized Agent

Department Head

Position/ Title of Authorized Agent

Michele Dudash 8 May 2018
Signature of Authorized Agent Date

Natural Resource Management, SDSU
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.

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)
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

Amber Morseau	Native American Recruitment Coordinator	SDSU
Name of Applicant	New Position Title	Agency Employed By
\$42,023.00	Brookings, SD	April 2018
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
0361	April 23, 2018	
Bureau of Human Resources Class Code	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: [Handwritten Signature] Date: 4/30/2018

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.

April Eastman	Director
Name of Authorized Agent	Position/ Title of Authorized Agent
[Handwritten Signature]	SDBR - American Indian Education
Signature of Authorized Agent	Agency of Authorized Agent
4-30-18	
Date	

Approval by State Board of Finance

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

Household Moving Allowance
State of South Dakota

Jonathan Medrano
RECEIVED
JUN 11 2018

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.

S.D. SEC. OF STATE

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

Jonathan L. Medrano Name of Applicant
56,000.00 Yearly Salary
003100 Bureau of Human Resources Class Code

Training Assoc New Position Title
Spur Falls New Post of Duty (City)
4/29/18 Employment Date with the State

Center for Disability Agency Employed By
Sioux Falls, SD 57105 City, State Moving From
9/20/18 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.

[Signature]
Signature of Applicant

9/23/18
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

[Signature] 5-21-18
Signature of Authorized Agent Date

Vice President, Finance

Position/ Title of Authorized Agent

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.

Household Moving Allowance State of South Dakota

RECEIVED
JUN 11 2018

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) **S.D. SEC. OF STATE**
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

Todd Lee	Head Coach - Men's Basketball	USD
Name of Applicant	New Position Title	Agency Employed By
\$265,000.00	Phoenix, AZ	Vermillion
Yearly Salary	City, State Moving From	New Post of Duty (City)
<u>00510</u>	April 5, 2018	June 2019
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. 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>Todd Lee</u>	<u>4-11-18</u>
Signature of Applicant	Date

Authorization

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

Sheila Gestring	Vice President, Finance
Name of Authorized Agent	Position/ Title of Authorized Agent
<u>Sheila Gestring</u>	The University of South Dakota
Signature of Authorized Agent	Agency of Authorized Agent
<u>5-21-18</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**

RECEIVED

JUN 11 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

Casey Kasperbauer

Director of Operations-Men's Basketball

USD

Name of Applicant

New Position Title

Agency Employed By

\$30,000.00

Carroll, Iowa

Vermillion

April 2018

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00360

April 30, 2018

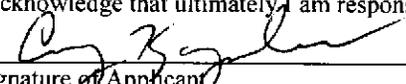
Bureau of Human Resources Class Code

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

5-1-18
Date

Authorization

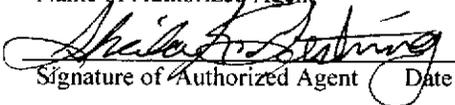
The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best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

Sheila Gestring

Vice President, Finance

Name of Authorized Agent

Position/ Title of Authorized Agent



5-21-18

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.

PLS 0803

Household Moving Allowance State of South Dakota

RECEIVED

JUN 11 2018

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: 605-773-3538

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.

S.D. SEC. OF STATE

Application

Tracy Cleveland

Professor

University of South
Dakota

Name of Applicant

New Position Title

Agency Employed By

\$103,500.00

Springfield, MO

Vermillion, SD

6/2018

Yearly Salary

City, State Moving From

New Post of Duty (City)

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.

Tracy Cleveland
Signature of Applicant

5-9-18
Date

Authorization

I hereby certify that the above stated agency ordered the applicant to move as indicated and that the move will be for the benefit of the State of South Dakota. I further declare that to the best of my knowledge and belief the request and authorization for reimbursement of actual household moving expenses are true and correct.

Sheila Gestring

Vice President, Finance

Name of Authorized Agent

Position/ Title of Authorized Agent

Sheila Gestring
Signature of Authorized Agent

5-21-18
Date

The University of South Dakota

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on _____

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 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

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: 4/24/18 Agency: SD Dept. of Ag
Agency Address: 523 E Capitol Ave. Pierre, SD 57501
Agency Phone Number: 605-773-5436
Employee Requesting Reimbursement: Eric Fosheim
Total Amount of Reimbursement: \$4151
Date(s) of Hosting Expense: 4/12/18

Receipts Attached: Y N

Explanation of official business performed: Cottonseed LLC is a company we have been recruiting to SD for some time. Company Execs. were in Sioux Falls area looking for expansion sites, and I bought them lunch as part of a hosting

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.

Eric Fosheim 4/24/18
Signature of Employee Date

Authorization

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

Mike Jager Secretary of Agriculture
Name of Department/Office Head Position/Title of Agency Official
Mike Jager 5-2-2018
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.

STATE OF SOUTH DAKOTA
OFFICE OF SECRETARY OF STATE

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: 5/7/18 Agency: SD Dept. of Ag-Ag Development
Agency Address: 523 East Capitol Ave.
Agency Phone Number: 605-773-5436
Employee Requesting Reimbursement: Eric Fosheim
Total Amount of Reimbursement: \$41.51
Date(s) of Expense: 4/12/18
Event Leave Time: _____ Event Return Time: _____

Explanation of official business performed: Cottonseed LLC is a company based in Lacrosse, WI, that we have been recruiting for some time. Company Execs were in Sioux Falls area looking for expansion sites, and I bought them lunch as part of a hosting

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

5/7/18
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.

[Signature]
Name of Department/Office Head

Secretary of Agriculture
Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

5-7-18
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.

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: 5/7/18 Agency: SD Dept. of Ag-Ag Development

Agency Address: 523 East Capitol Ave.

Agency Phone Number: 605-773-5436

Employee Requesting Reimbursement: Eric Fosheim

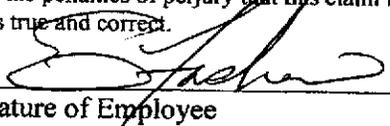
Total Amount of Reimbursement: \$41.51

Date(s) of Expense: 4/12/18

Event Leave Time: _____ Event Return Time: _____

Explanation of official business performed: Cottonseed LLC is a company based in Lacrosse, WI, that we have been recruiting for some time. Company Execs were in Sioux Falls area looking for expansion sites, and I bought them lunch as part of a hosting

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

5/7/18
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.

Name of Department/Office Head

Position/Title of Agency Official

Signature of Department/Office Head

Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form 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 30
 Nicole U.
 Guests 3
 Table 72
 4/12/2018
 12:21 PM

(ERIC)	COKE (2.99)	5.98
	PORK TACOS	12.99
	CLASSIC LUCY THURSDAY	8.99
	Add LETTUCE	0.00
	Add TOMATO	0.00
	Add ONION	0.00
	SUB SOUP OF DAY	3.00
(ERIC)	CLASSIC LUCY THURSDAY	8.99
Subtotal		42.95
Tax		3.42
TOTAL		46.37

BALANCE DUE 45.37

Split among 3 guests
 Each pay \$15.13

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

Rewards Members: Enter your phone number
 (____) - ____ - ____
 To join ask you...

ERIC FOSHEIM \$41.51

ERIC 8.99
 .72 TX
 9.71
 1.65 TIP
 = 11.36

52.87
 -11.36

41.51
 Reimbursement

Customer Copy
 Crooked Pint Sioux Falls

2020 West Russell Street
 Sioux Falls, SD 57107
 605-331-2050

Current Batch: 04122018
 Thu 4/12/2018 12:33:41 PM
 Check 30 Table 72
 Nicole U.
 Station POS5

VISA XXXXXXXXXXXXX7519
 Approval 212133

BASE	\$45.37
TIP	<u>7.50</u>
TOTAL	<u>\$52.87</u>

Customer Copy

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

WWW.CROOKEDPINT.COM

FARMERS
AND
RANCHERS
ASSOCIATION
OF
SOUTH DAKOTA
1000 SEC. OF STATE

State Hosting Reimbursement Request – SDCL 3-9-2.1

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

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

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

Application

Date: May 1 2018 Agency: AG Development
Agency Address: 523 East Capitol Ave Pierre SD
Agency Phone Number: 605 773 5436
Employee Requesting Reimbursement: David Skaggs
Total Amount of Reimbursement: \$162.92
Date(s) of Hosting Expense: March 15, 2018
Receipts Attached: Y N
Explanation of official business performed: Hosted Paul Van Puijenbroek

Dairyman from Lodi California with Eric Forsheim, Mike Daurklar
Jonathan Ydstie To Discuss Dairy Relocation along He 1-29
Dairy Development To help supply for Aquapure Lake Marden Expansion

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] May 1 2018
Signature of Employee Date

Authorization

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

Mike Jasper Secretary of Agriculture
Name of Department/Office Head Position/Title of Agency Official
[Signature] 5-7-18
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 and receipts to voucher to be sent to the State 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

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: May 1 2018 Agency: AG Development
Agency Address: 523 EAST Capital AVE Pierre SD
Agency Phone Number: 605 773 5436
Employee Requesting Reimbursement: David SKAGGS
Total Amount of Reimbursement: \$162.92
Date(s) of Hosting Expense: March 15, 2018
Receipts Attached: Y N

Explanation of official business performed: Hosted Paul VAN Puijenbroek
Dairyman from Lodi California with Eric Forsheim, Mike DANKER
Jonathan Ydstie To Discuss Dairy Relocation along Hwy 1-29
Dairy Development To help supply for Agropors Lake Marden Expansion

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

[Signature]
Signature of Employee

May 1 2018
Date

Authorization

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

Name of Department/Office Head

Position/Title of Agency Official

Signature of Department/Office Head

Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

DAVID SKAGGS
HOSTING

#162.92

240.00
- 42.60 ERIC (STATE EMP)
- 34.48 DAVID (STATE EMP)

162.92 REIMBURSEMENT

Paul

Minerva's
301 South Phillips Ave
Sioux Falls, SD 57104
605-334-0386

Minerva's
301 South Phillips Ave
Sioux Falls, SD 57104
605-334-0386

Server: Kelsey	03/15/2	
Table 5/1	8:03	
Guests: 5	40	
Soft Drink (4 @2.60)	10	- ERIC
Blastic	13	
Coconut Shrimp	13	
Key Lime Pie	28	
Wild Salad Bar		
Asparagus	3	
New York 12	28	DAVID
Lasagna New York	35	
Steak Michael	33	
Loaded Baked Potato		
Wild Salad Bar		
Steak Michael	32	- ERIC
Wild Salad Bar		
Total	195	
Tax	14	
Total	210	
Balance Due	210.00	

Server: Kelsey DOB: 03/15/
Table 5/1 03/15/
4/4

SALE
A 419
Card #XXXXXXXXXXXX4615
Magnetic card present: Yes
Card Entry Method: S
Approval: 832103

Amount: \$ 21
+ Tip: _____
= Total: 240.00

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

Thank You
Tell us how we're doing at
feedback@minervas.net

Thank You
Tell us how we're doing at
feedback@minervas.net

Customer Copy

DAVID 28.00
+ 2.25
4.23

(- 34.48 DAVE)

ERIC 34.60
2.77 TX

37.37
5.23 TIP

(- 42.60 ERIC)

State Hosting Reimbursement Request – SDCL 3-9-2.1

STATE OF SOUTH DAKOTA
DEPT. OF REVENUE
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
Capitol Building - 500 E Capitol Ave
Pierre, SD 57501 Phone: 605-773-3537

Application

Date: 5/10/18 Agency: 60ED
Agency Address: 711 E. Wells Ave.
Agency Phone Number: 773-4633
Employee Requesting Reimbursement: Aaron Scheite
Total Amount of Reimbursement: 36.01
Date(s) of Hosting Expense: 5/4/18 Receipts Attached: (Y)N
Explanation of official business performed: Meeting with Nate Welch to discuss economic development project.

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.

A. P. Ull 5/10/18
Signature of Employee Date

Authorization

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

Scott Stern Commissioner
Name of Department/Office Head Position/Title of Agency Official
Scott Stern 5/14/18
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 and receipts to voucher to be sent to the State Auditor's Office.

CRAVE
201 E 8th St
Sioux Falls, SD 57103
605-782-2600

Server: Zachary DOB: 05/04/2018
12:38 PM 05/04/2018
404/1 8/80005

SALE

VISA 8388613
Card #XXXXXXXXXX4217
Magnetic card present: SCHEIBE AARON
Card Entry Method: S

Approval: 04666A

Amount: \$29.99
+ Tip: 6.01
= Total: 36.01

X _____

www.craveamerica.com

**** Guest Copy ****

CRAVE

FRESH • VIBRANT • AMERICAN

CRAVE
201 E 8th St
Sioux Falls, SD 57103
605-782-2600

Server: Zachary 05/04/2018
404/1 12:37 PM
Guests: 2 80005

Premium Bento Box 14.95
L-Caprese Flatbread 12.95

=====
Visit KaskaidExperience.smg.com
and enter the 20-digit code below
to complete a brief survey.
Bring back this receipt
with validation code _____
and receive \$15 off a \$30 purchase!!
(Survey valid 7 days from purchase,
offer valid for 60 days.)

=====
| 011 005 800 040 010 153 50 |
=====

CRAVE - SIOUX FALLS (#113)
201 E 8th St
Sioux Falls, SD 57103
605-782-2600
=====

Subtotal 27.90
Tax 2.09

Total 29.99

Balance Due 29.99

www.craveamerica.com

RECEIVED

MAY 24 2018

S.D. SEC. OF STATE

State Hosting Reimbursement Request – SDCL 3-9-2.1

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

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

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

Application

Date: 5/24/18 Agency: Tourism
Agency Address: 711 E. Wells Ave, Pierre, SD 57501
Agency Phone Number: 605-773-3301
Employee Requesting Reimbursement: Keegan Carda
Total Amount of Reimbursement: \$ 141.81 [Hotel: \$55 ; Food: \$ 86.81]
Date(s) of Hosting Expense: 5/15/18 - 5/18/18
Receipts Attached: Y / N
Explanation of official business performed: Hosting journalist Michael Kerr
who was in South Dakota on assignment from the
U.K. newspaper The Telegraph.

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.

Keegan Carda
Signature of Employee

05-24-18
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.

Wanda Erdman
Name of Department/Office Head

Deputy Secretary
Position/Title of Agency Official

Wanda Erdman
Signature of Department/Office Head

5-24-18
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.



Comfort Inn & Suites (SD108)

12454 Old Hill City Road
Hill City, SD 57745
(605) 574-3535
GM.SD108@choicehotels.com

Account: 585821220

Date: 5/24/18

Room: 118 BAR

Arrival Date: 5/17/18

Departure Date: 5/18/18

Check In Time: 5/17/18 7:01 PM

Check Out Time: 5/18/18 9:32 AM

Rewards Program ID:

You were checked out by: vescal0

You were checked in by: vescal

Total Balance Due: 0.00

KERR, MICHAEL
12454 Old Hill City Rd
Hill City, SD 57745

Post Date	Description	Comment	Amount
5/17/18	Room Charge	#118 KERR, MICHAEL	55.00
5/18/18	Discover	XXXXXXXXXXXX1318	(55.00)

Folio Summary 5/17/18-5/18/18

Room Charge	55.00
Discover	(55.00)

Balance Due: 0.00



Thank you for your stay. Visit ChoiceHotels.com/RealGuestReviews to post your comments about your recent experience (Click the 'Write a Review' button)

KRULL'S MARKET

531 E. Main Street
Hill City, SD
605-574-2717



Cedar Pass Lodge
Badlands National Park
20681 SD Highway 240
Interior, SD 57750

(605) 433-5460

5/18/2018 10:07:39 AM

SHERRIE

FRESH CUT VEGGIES	FS 12.90 Tx1
TURKEY AND CHEESE	FS 12.95 Tx1
DE HAM TKY EVRY E3L	FS 14.59 Tx1
ATH ORIGINAL HUMMUS	FS 12.85 Tx1
	FS 10.89 Tx1

SUB TOTAL	\$14.18
Tax 1	10.92

TOTAL	\$15.10
Discover Card	\$15.10

Item count: 5
Trans:265996 Terminal:040103031-001003

Thank you for shopping
with us!!

Date: May16'18 01:07PM
Card Type: Discover
Acct #: XXXXXXXXXXXX1318
Card Entry: SWIPED
Trans Type: PURCHASE
Trans Key: III007278653436
Auth Code: 01631R
Check: 167
Table: 3/3
Server: 2005 Serena R

Subtotal: 11.23

Tip: 2.00

Total: 13.23

I agree to pay above total
according to my card issuer
agreement.

**** Guest Copy ****

KYLE GROCERY

P.O. Box 249
 Kyle, S.D. 57752
 605-455-2824

SALE

MID: 0000000000
 TID: 234978
 05/17/2018 08:28:02
 Entry Method: C
 Seq #: 012234
 Approval Code: 01785R

Discover
 CARD #: XXXXXXXXXXXX1318
 AID: A000001523010
 TVR: 000008000
 IAD: 0105AG8000800000
 TSI: E800
 TC: 604A95BDCCE2FA8C
 Total: USD\$ 13.60

APPROVED BY ISSUER

CUSTOMER COPY

COKE
 MM ORANGE JUICE \$1.79 T F

DAIRY
 CF BAGEL DDELI BLUBR \$2.15 T F
 KR PHIL SFT STRAWBRY \$4.05 T F
 YOP QUI BLK CHRY YOG
 1 @ 2 FOR \$3.00 \$1.50 T F
 YOP QUI FS BLBRY YOG \$1.75 T F

NON FOOD
 BST-CH HVY DTY SPNS \$0.89 T

PRODUCE
 BANANA GREEN DOLE W
 1.11 lb @ \$0.79/ lb \$0.88 T F

BALANCE DUE \$13.60
 Discover \$13.60
 [S] XXXXXXXXXXXX1318
 Auth Code = 01785R

CHANGE \$0.00

TAX-CODE	TAXABLE-VAL	TAX-VALUE
TAX	\$13.01	\$0.59

Total number of items sold = 7

CASHIER NAME: MARIE L
 STORE:09364 REGISTER:001 CASHIER:0012
 TICKET#:3881 17MAY2018 8:28:26

Thank You!
 Please Come Again!



RAPID CITY - 605-341-8620
 05/15/2018 12:43 PM EXPIRES 08/13/18



GROCERY				
071180239	SB FRT STRIP	FT	\$5.50	↓
071200539	QUAKER CHEWY	FT	\$2.00	↓
271400714	DASANI	FT	\$3.00	↓

T = SD TAX 6.5000% on \$10.50 \$0.68
 SUBTOTAL \$10.50
 TOTAL \$11.18

*1318 DISCOVER NETWORK CHARGE \$11.18
 AID: A000001523010
 Discover
 AUTH CODE: 01579R

↓ INDICATES SAVINGS

TOTAL SAVINGS THIS TRIP
 \$1.27

REC#2-8135-2457-0073-2670-1 VCD#752-259-040



Help make your Target Run better.
 Take a 2 minute survey about today's trip.

informtarget.com
 User ID: 7186 4754 3992
 Password: 673 299

CUENTENOS EN ESPAÑOL

Please take the survey within 7 days.

KYLE GROCERY
 P.O. Box 249
 Kyle, S.D. 57752
 605-455-2824

SALE

MID: 00000000000
 TID: 234978
 05/17/2018 08:47:37
 Entry Method: C
 Seq #: 012239
 Approval Code: 01799R

Discover
 CARD #: XXXXXXXXXXXX1318
 AID: A0000001523010
 TVR: 0000008000
 IAD: 0105A08000000000
 TSI: E800
 TC: 07D9C1BAD59A6172

Total: USD\$ 1.83

APPROVED BY ISSUER

CUSTOMER COPY

FROZEN
 SMALL BAG ICE \$1.75 T F

BALANCE DUE \$1.83
 Discover \$1.83
 [S] XXXXXXXXXXXX1318
 Auth Code = 01799R

CHANGE \$0.00

TAX-CODE	TAXABLE-VAL	TAX-VALUE
TAX	\$1.75	\$0.08

Total number of items sold = 1

CASHIER NAME: MARIE L
 STORE:09364 REGISTER:001 CASHIER:0012
 TICKET#:3891 17MAY2018 8:47:57

Thank You!
 Please Come Again!

Woolly's Grill and Cellar
 www.woollys.com
 745-6414

NAME: MAK
 TABLE # 17
 SPLIT 1
 CHECK# 90044.1

DATE/TIME: 5/18/2018 6:38:57 PM
 CASHIER: 100102
 STATION: 07
 PARTY SIZE: 2

Visit the MAMMOTH SITE today. Located right next door.

1	PESTO PASTA W/ CHICKE* Grilled Chicken	\$15.00
1	1/4 JALEPENO BACON BU* Fries	\$10.00

Subtotal \$25.00
 Tax \$1.87
 Total before tip: \$26.87

Tip amount: \$5.00
 Grand total: \$31.87

CREDIT CARD PURCHASE \$26.87

Card Type: Discover
 *****1318 XX/XX
 Name: CARDA, K.
 Transaction Type: PRE-AUTH
 Auth Code: 01802R
 Card Entry Method : Swiped
 AP01802R

Opened: 5/18/2018 5:53:06 PM

We no longer accept personal checks.
 We accept cash and all major credit cards.

Thank you for your patronage,
 the following are pre tax suggested
 gratuity amounts for your convenience:

18% = \$4.50, Total = \$31.37

RECEIVED

MAY 24 2018

S.D. SEC. OF STATE

State Hosting Reimbursement Request – SDCL 3-9-2.1

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

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

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

Application

Date: 5/23/18 Agency: Tourism
Agency Address: 711 E Wells Ave.
Agency Phone Number: 605-773-3301
Employee Requesting Reimbursement: Vicky Engelhaupt
Total Amount of Reimbursement: \$33.00
Date(s) of Hosting Expense: 5/20/18
Receipts Attached: Y N
Explanation of official business performed: Hosting Michael Kerr - journalist from UK - writes for Daily Telegraphs

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}
Vicky Engelhaupt
Signature of Employee

5/23/18
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.

Wanda Goodman
Name of Department/Office Head
Wanda Goodman
Signature of Department/Office Head

Deputy Secretary
Position/Title of Agency Official
5-24-18
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.

RECEIVED

JUN 17 2018

OFF. SEC. OF STATE

State Hosting Reimbursement Request – SDCL 3-9-2.1

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

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

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

Application

Date: 5/14/18 Agency: Tourism
Agency Address: 711 E Wells Ave
Agency Phone Number: 605-773-3301
Employee Requesting Reimbursement: Stephanie Palmer
Total Amount of Reimbursement: \$60.71
Date(s) of Hosting Expense: 5/14/18
Receipts Attached Y N
Explanation of official business performed: Hosting social media influencers in South Dakota.

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.

Stephanie Palmer 5/17/18
Signature of Employee Date

Authorization

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

Wanda Goodman Deputy Secretary
Name of Department/Office Head Position/Title of Agency Official
Wanda Goodman 5-17-18
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 and receipts to voucher to be sent to the State Auditor's Office.

Date	Amount	Guests	
	\$60.71		83421
Alpine Inn Hill City, SD Receipt			5/14/18 me
			Guest Receipt

RECEIVED

JUN 06 2018

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

S.D. SEC. OF STATE

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: 6/5/18 Agency: Tourism

Agency Address: 711 E Wells Ave, Pierre SD 57501

Agency Phone Number: 605-773-3301

Employee Requesting Reimbursement: Katlyn Richter for Circle View Guest Ranch

Total Amount of Reimbursement: \$140 / meals only on this request

Date(s) of Hosting Expense: 5/8/18

Receipts Attached: Y N

Explanation of official business performed: Hosted journalists from Midwest Living Magazine at Circle View Guest Ranch for an authentic ranch stay, meal prepared from the ranch beef and wheat.

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: Katlyn Richter

Date: 6/5/18

Authorization

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

Name of Department/Office Head: James Hagen

Position/Title of Agency Official: Sec. Dept of Tourism

Signature of Department/Office Head: James S. Hagen

Date: 6-6-18

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.



Circle View Guest Ranch
Badlands of South Dakota
605-433-5582
www.circleviewranch.com

SD Road Rally
Katlyn Richter
May 7, 2018

Lodging	
7 single rooms @ \$125 each	\$875
* Meals	
7 guests @ \$20 each	\$140
Horseback Riding	
5 riders @ \$53 each	\$265
Hosting Services	\$50
Subtotal	\$1,330
6% Sales Tax	exempt
<hr/>	
Grand Total	\$1,330

State Hosting Reimbursement Request – SDCL 3-9-2.1

RECEIVED
MAY 14 2018
SD. SEC. OF STATE

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: 5/14/18
Agency: Tourism
Agency Address: 711 E. WILSON AVE, Pierre SD 57501
Agency Phone Number: 605 773 3301
Employee Requesting Reimbursement: Kathryn Richter
Total Amount of Reimbursement: 77.11
Date(s) of Hosting Expense: 5/11/18
Receipts Attached: Y N
Explanation of official business performed: _____

Hosting of Midwest Living Magazine. Hosted the group for breakfast in deadwood

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.

Kathryn Richter 5/14/18
Signature of Employee Date

Authorization

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

South Dakota Dept. of Tourism/Tourism Secretary of Tourism
Name of Department/Office Head Position/Title of Agency Official
[Signature] 05.14.2018
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.



100 Pine Crest Lane
 Deadwood, SD 57732
 605.584.4800

1140 Kiera M

Tbl 320/1 Chk 8553 Gst 5
 May 11 '11 03:26AM

Oggie's
 4 COFFEE 10.00
 1 HOT TEA 2.50
 1 Wranglers Burrit 9.00
 1 Legends Omelette 10.00
 2 Eggs/Ssg/Tst 15.00
 2 Breakfast Fruit 7.00
 1 Legends Omelette 10.00
 NO CHZ/S.C.
 MESSAGE

Food Total 61.50
 Tax Total 4.61
 08:50AM Total Due 66.11

THANK YOU!
 PLEASE PAY YOUR SERVER!

For your convenience we are
 providing the following
 gratuity calculations:

18% @ \$11.90
 10% @ \$13.22
 15% @ \$15.50



100 Pine Crest Lane
 Deadwood, SD 57732
 605.584.4800

Date: May 11 '11 03:03AM
 Card Type: VISA
 Acct #: XXXXX XXX XXXX3879
 Card Entry: SWIPED
 Trans Type: PURCHASE
 Auth Code: 011743
 Check: 8553
 Table: 320/1
 Server: 1140 Kiera M

Subtotal 66.11

TIP

11.00

TOTAL

77.11

SIGNATURE

THIS IS A DUPLICATED COPY

SECRET
MAY 2018
OFFICE OF THE SECRETARY OF STATE

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

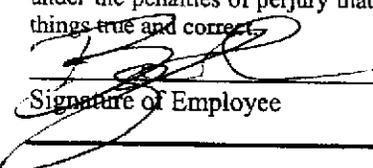
When Application and Authorization sections are completed, please submit the original to:
State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

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: 5-3-18 Agency: SDDA- AG DEVELOPMENT
Agency Address: 523 E CAPITOL AVE, PIERRE SD 57501
Agency Phone Number: 605 - 773 - 5436
Employee Requesting Reimbursement: DAVID SKAGGS, KIMBERLY STURM, HOLLY ZUBER
Total Amount of Reimbursement: \$133.00
Date(s) of Expense: 5-3-18
Event Leave Time: 10:00 Event Return Time: 3:00
Explanation of official business performed: _____
ALL AG DEVELOPMENT STAFF MEETING IN PIERRE
WITH WORKING 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

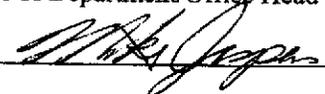
May 4, 2018
Date

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.

Mike Jasper
Name of Department/Office Head

Secretary of Agriculture
Position/Title of Agency Official


Signature of Department/Office Head

5-7-18
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.

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

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

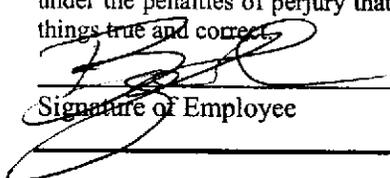
State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

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: 5-3-18 Agency: SDDA- AG DEVELOPMENT
Agency Address: 523 E CAPITOL AVE, PIERRE SD 57501
Agency Phone Number: 605 - 773 - 5436
Employee Requesting Reimbursement: DAVID SKAGGS, KIMBERLY STURM, HOLLY ZUBER
Total Amount of Reimbursement: \$33.00
Date(s) of Expense: 5-3-18
Event Leave Time: 10:00 Event Return Time: 3:00
Explanation of official business performed: ALL AG DEVELOPMENT STAFF MEETING IN PIERRE WITH WORKING 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

May 4, 2018
Date

Authorization

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

Name of Department/Office Head

Position/Title of Agency Official

Signature of Department/Office Head

Date

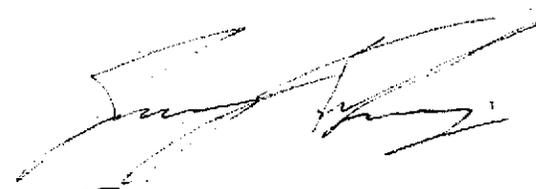
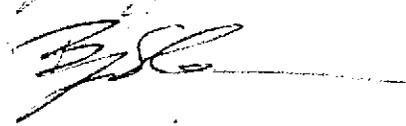
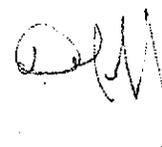
State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

AG DEVELOPMENT STAFF MEETING
MAY 3, 2018

- | | | |
|-------------------|--|--------|
| ① JEREMY FREKING |  | SF |
| ② BRYAN SANDERSON |  | Ethan |
| ③ DAVID SKAGGS |  | Pierre |
| ④ BOB WEYRICH |  | RC |
| ⑤ TERRI LABRIE |  | RC |
| ⑥ ERIC FOSHEIM |  | SF |
| ⑦ KIMBERLY STURM | Kimberly Sturm | Pierre |
| ⑧ HOLLY ZUBER |  | Pierre |



SOUTH DAKOTA DEPARTMENT OF AGRICULTURE

AGRICULTURAL DEVELOPMENT DIVISION

523 East Capitol Avenue

Pierre, SD 57501

Phone: 605.773.5436 Fax: 605.773.3481

sdda.sd.gov

Ag Development Division Meeting

Thursday, May 3, 2018

DENR Conference Room, 1st Floor Foss Building

Agenda

10:00: Welcome and Introductions

10:10: Governor Daugaard

10:25: Secretary Jaspers

10:40: Team Job Descriptions and Role overview

12:00: Working Lunch

12:45: Ag Development Team direction

2:00: Question/Answer

3:00: End/Follow-ups

APR 20 2018
SEC. OF STATE

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: April 20, 2018 Agency: SD DENR
Agency Address: 523 E. Capitol Ave, Pierre SD 57501
Agency Phone Number: (605) 773-3351
Employee Requesting Reimbursement: Ray Woodworth
Total Amount of Reimbursement: \$26.00
Date(s) of Expense: April 11-12, 2018
Event Leave Time: 7:45AM 4-11-18 Event Return Time: 12:00PM 4-12-18
Explanation of official business performed: Attended the 2018 SDNWA Wastewater Seminar

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.

Ray Woodworth
Signature of Employee

4/20/2018
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.

Steven Pinner
Name of Department/Office Head
[Signature]
Signature of Department/Office Head

Dept. Secretary
Position/Title of Agency Official
5/10/18
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.

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

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Application

Date: April 20, 2018 Agency: SD DENR
Agency Address: 523 E. Capitol Ave, Pierre SD 57501
Agency Phone Number: (605) 773-3351
Employee Requesting Reimbursement: Tim Flor
Total Amount of Reimbursement: \$26.00
Date(s) of Expense: April 11-12, 2018
Event Leave Time: 7:45 AM 4-11-18 Event Return Time: 12:00 PM 4-12-18
Explanation of official business performed: Attended the 2018 SDWWA Wastewater Seminar

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

4-20-18
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.

Steven Pirner
Name of Department/Office Head
[Signature]
Signature of Department/Office Head

Dept. Secretary
Position/Title of Agency Official
5/10/18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

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Application

Date: April 20, 2018 Agency: SD DENR
Agency Address: 523 E Capitol Ave, Pierre SD 57501
Agency Phone Number: (605) 773-3351
Employee Requesting Reimbursement: Kathleen Grigg
Total Amount of Reimbursement: \$26.00
Date(s) of Expense: April 11-12, 2018
Event Leave Time: 7:45AM 4-11-18 Event Return Time: 12:00PM 4-12-18
Explanation of official business performed: Attended the 2018 SDWNA Wastewater Seminar

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.

Kathleen Grigg
Signature of Employee

4/20/2018
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.

Steven Pirner
Name of Department/Office Head
[Signature]
Signature of Department/Office Head

Dept. Secretary
Position/Title of Agency Official
5/10/18
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.

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

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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

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Application

Date: April 20, 2018 Agency: SD DENR
Agency Address: 523 E. Capitol Ave, Pierre SD 57501
Agency Phone Number: (605) 773-3351
Employee Requesting Reimbursement: Scott Hipple
Total Amount of Reimbursement: \$26.00
Date(s) of Expense: April 11-12, 2018
Event Leave Time: 7:45 AM 4-11-18 Event Return Time: 12PM 4-12-18
Explanation of official business performed: Attended the 2018 SDWA wastewater Seminar

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.

Scott Hipple _____ Date 4/20/18
Signature of Employee

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.

Steven Pirner _____ Position/Title of Agency Official Dept. Secretary
Name of Department/Office Head
[Signature] _____ Date 5/10/18
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.

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: April 20, 2018 Agency: SD DENR
Agency Address: 523 E Capitol Ave Pierre SD 57501
Agency Phone Number: (605) 773-3351
Employee Requesting Reimbursement: Al Spangler
Total Amount of Reimbursement: \$210.00
Date(s) of Expense: April 11-12, 2018
Event Leave Time: 7:45AM 4-11-18 Event Return Time: 12PM 4-12-18
Explanation of official business performed: Attended the 2018 SDWWA Wastewater Seminar

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

4/20/18
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.

Steven Pirner
Name of Department/Office Head
[Signature]
Signature of Department/Office Head

Dept. Secretary
Position/Title of Agency Official
5/10/18
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.

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: April 10, 2018 Agency: SD DENR
Agency Address: 523 E Capital Ave Pierre SD 57501
Agency Phone Number: (605) 773-3351
Employee Requesting Reimbursement: Tina McFarling
Total Amount of Reimbursement: \$26.00
Date(s) of Expense: April 11-12, 2018
Event Leave Time: 745AM 4-11-18 Event Return Time: 12PM 4-12-18
Explanation of official business performed: Attended the 2018 SDWWA Wastewater Seminar

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.

Tina McFarling
Signature of Employee

4/20/2018
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.

Steven Pirner
Name of Department/Office Head
[Signature]
Signature of Department/Office Head

Dept. Secretary
Position/Title of Agency Official
5/10/18
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.



SOUTH DAKOTA WATER AND WASTEWATER ASSOCIATION

P.O. BOX 353
PIERRE, SOUTH DAKOTA 57501-0353

2018 SDWWA/SDWEA WASTEWATER SEMINAR
REGISTRATION RECEIPT

Al Spangler
DENR-SWQ
523 E Capitol-DENR
Pierre, SD 57501-3181

SDWWA Member Seminar Registration w/ Credit Card.....\$93.00

Seminar registration includes Wednesday luncheon and dinner.

Thank you for attending the 2018 SDWWA Wastewater Seminar.

2018 SDWWA Conference
The Lodge at Deadwood-September 12-14, 2018

See www.sdwwa.org for details on SDWWA seminars and the Annual Conference.



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P.O. BOX 353
PIERRE, SOUTH DAKOTA 57501-0353

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REGISTRATION RECEIPT

Tina McFarling
DENR-SWQ
523 E Capitol-DENR
Pierre, SD 57501-3181

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The Lodge at Deadwood-September 12-14, 2018

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SOUTH DAKOTA WATER AND WASTEWATER ASSOCIATION

P.O. BOX 353
PIERRE, SOUTH DAKOTA 57501-0353

2018 SDWWA/SDWEA WASTEWATER SEMINAR
REGISTRATION RECEIPT

Scott Hipple
DENR-SWQ
523 E Capitol
Pierre, SD 57501-

SDWWA Non-Member Seminar Registration w/ Credit Card..\$103.00

Seminar registration includes Wednesday luncheon/dinner plus SDWWA membership until Sept 2018.

Thank you for attending the 2018 SDWWA Wastewater Seminar.

2018 SDWWA Conference
The Lodge at Deadwood-September 12-14, 2018

See www.sdwwa.org for details on SDWWA seminars and the Annual Conference.

"I understand that if I do not attend the workshop for a reason other than through no fault of my own that I am responsible for reimbursing the state for any portion of this registration fee which is non-refundable."

Signed: Kathleen Shigo Date: 3/13/2018

Signed: Ray Wulder Date: 3/13/2018

Signed: [Signature] Date: 3/13/18

Signed: [Signature] Date: 3/13/18

Signed: Tan McFadden Date: 3/13/18

Signed: Scott H. Hill Date: 3/13/18

Signed: Neel Buxner Date: 3/14/2018

SDWWA Wastewater Seminar-Pre-Registration April 11-12, 2018-Pierre, SD

Name _____ OpCert # _____

Company/System _____ Email _____

Address/City/State/Zip _____

Please check one - Member-\$90.00 Non-Member -\$100.00

One registration per form. Make duplicate forms if necessary. Please send this form along with payment by March 20, 2018 to: SDWWA, Box 353, Pierre SD 57501

South Dakota Water and Wastewater Association 2018 Annual Wastewater Seminar

**WEDNESDAY APRIL 11
REGISTRATION LOBBY-7:45
GENERAL SESSION-8:30**

- Welcome
- Oil Pipelines in South Dakota
- PVC/HDPE Fittings for Pressure and Non-Pressure Applications
- SD DENR Update
- Unique Way to Reduce Phosphorus in Lagoons
- Aberdeen Water Rec Improvements
- Sioux Falls Outfall Sewer Project

LUNCHEON AND AWARDS CEREMONY-NOON

AFTERNOON SESSION-1:00

- Portable Anaerobic Digestion Technology
- Where to Start When You Need System Repairs
- Storm Water BMPs
- Collection System GIS Mapping/Modelling
- Manhole Rehabilitation

Take off 22400 meals.

- Cost of Service Analysis for Utility Rate Setting

5:00 Paddleboat Cruise on Missouri River w/ Dinner

8:00 Bean Bag Toss Competition for SDWWA Scholarship Fund

THURSDAY April 12

**Breakfast 7:30
General Session-8:00**

- Biosolids Regulations
- Path-STREAM: A Tool for Assessing Pathogenic Potential
- Aquatic Invasive Species
- Automated Solutions for Optimizing Aeration Blowers
- Environmental Effects of Styrene Pipe Lining
- Watertown Lab Replacement
- Slide Gate Applications: Getting it Right From the Start

Registration and Fees

You may pre-register with the form on this brochure or the form found on the SDWWA Web Site-www.sdwwa.org. Pre-registration is due by March 20, 2018. All those pre-registering will be entered into a prize drawing.

You may also register at the door beginning at 7:45 a.m. on April 11.

SDWWA Member \$ 90.00
Non-Member \$100.00

The basic registration fee for the Seminar is \$90.00 for SDWWA members and \$100.00 for non-members. This includes lunch and dinner on Wednesday.

Non-member registration includes SDWWA membership until September 2018.

Be prepared to pay for your registration with credit card, check, cash, or voucher. No bills or invoices will be sent.

Accommodations

Clubhouse Hotel and Suites
605-494-2582
Ramkota 605-224-6877

For more information on the SDWWA Wastewater Seminar

Please contact Dave Van Cleave
605-394-4174

Verhelst, Sandy

From: Buscher, Kelli
Sent: Tuesday, April 24, 2018 11:24 AM
To: Verhelst, Sandy
Subject: FW: [EXT] SDWWA Follow-Up

FYI – the hotel offered a continental breakfast, so they didn't do anything separate for breakfast.

From: Horner, Dawn [<mailto:dhorner@hrgreen.com>]
Sent: Tuesday, April 24, 2018 11:23 AM
To: Buscher, Kelli
Subject: RE: [EXT] SDWWA Follow-Up

We did not do the caramel rolls this year. I didn't hear any complaints. There is the continental breakfast so we tried to save money.

Dawn Horner, PE
Principal/Project Manager - Water
HR GREEN, INC.



431 N Phillips Avenue | Suite 400 | Sioux Falls, SD 57104
Main 605.334.4499 | **Fax** 605.338.6124 | **Direct** 605.221.2654 | **Cell** 605.351.2711
HRGREEN.COM

The contents of this transmission and any attachments are confidential and intended for the use of the individual or entity to which it is addressed. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is prohibited.

From: Buscher, Kelli [<mailto:Kelli.Buscher@state.sd.us>]
Sent: Tuesday, April 24, 2018 11:22 AM
To: Horner, Dawn
Subject: SDWWA Follow-Up

Check question – did we serve a breakfast on Thursday, April 12th at the SDWWA Seminar? I didn't try to get down there in time for it, so I wasn't even sure.

CONFLIST.TXT

SOUTH DAKOTA
 WATER AND WASTEWATER ASSOCIATION
 WASTEWATER SEMINAR-PIERRE SD
 APRIL 19-20, 2017
 03/29/2018

Name	Employer	SDWWA Member?	Op#	One Day
Andersen	Tyler	Y	2984	
Anderson	Chris	Y	2564	
Badger	Gary	Y	836	
Badten	Peggi	Y	910	
Bakeberg	Richard		3203	
Boerger	Mike	Y	1216	
Brattmiller	Robert	Y	759	
Breitag	Casey	Y	3333	
Buscher	Kelli	Y		
Buskohl	Nate	Y	2523	
Coldsmith	Kevin	Y	2746	
Dewald	Rich	Y	114	
Dykstra	Curt	Y	2827	
Dykstra	Doug	Y	1245	
Fink	Dan	Y	145	
Flor	Tim	Y		
Gaecke	Ethan		3303	
Goodmanson	Kyle	Y	2159	
Grigg	Kathleen	Y		
Hahn	Rick			
Hanson	Tanner	Y	3008	
Hauge	Jon	Y	2823	
Hierholzer	Mark	Y	2830	
Hipple	Scott			
Horner	Dawn	Y		
Howard	Larry	Y	1283	
Johnson	Cheryl	Y	238	
Johnson	Michael	Y		
Jones	Clyde	Y	1496	
Jordan	Mark	Y	2443	
Ladwig	Gary	Y	1704	
Langner	Scott	Y	1573	
Leitheiser	Jesse	Y	2921	
Mason	Dan	Y	2143	
McClung	Mark	Y	3031	
McComb	Nathan	Y	3247	
McFarling	Tina	Y		
McGruder	Major		3482	
Mitchell	Don	Y	1179	
Mix	Marshall	Y	2122	
Montana	Joey	Y	2398	
Pajl	Matt	Y		
Patton	Lynn	Y		
Pearson	Shane	Y		
Penrod	Jay	Y	1213	
Perry	Mark	Y		
Phifer	Wiphawi	Y		
Piersol	Trevor	Y		
Plooster	Kerry	Y	946	
Preheim	Dustin	Y	3267	
Reber	Lany	Y	2500	
Reimnitz	Jedidiah	Y		
Rousel	Rob	Y	558	

CONFLIST.TXT				
Schilling	Dean	Mobridge	Y	428
Shrake	Chancey	Brosz Engineering	Y	
Sikkink	Cody	Centerville		3470
Spangler	Al	DENR-SWQ	Y	
Stotesbery	Darren	Sioux Falls WW		3366
Thomas	John	Sioux Falls WW		3332
Thorson	Vern	Fort Pierre	Y	688
Townley		Pierre		
Ueke	Chad	Sioux Falls WW	Y	2291
Van Cleave	David	Rapid City WW	Y	732
Vermeulen	Jon	Mitchell	Y	1218
Wagaman	Eugene	Mitchell	Y	1297
wagoner	Jacob	Pierre	Y	3368
Walk	John	Spearfish		3513
Waterland	Ron	Contract Operator	Y	516
Webb	Hyrum	Pierre	Y	3246
Witte	Tracey	Watertown	Y	2493
Woodworth	Ray	DENR-SWQ	Y	
Yanez-Soria	Luis	Sioux Falls WW		3510
SDWWA Members Excluding Reps Registered-				61
SDWWA Non-Members Excluding Reps Registered-				11
SDWWA Members-One Day Registration-				0
SDWWA Non-Members-One Day Registration-				0
Manufacturers Reps				0
Total Registrants-				72

MAY 16 2018
S. SEC. OF STATE

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

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Application

Date: 5/1/18 Agency: Game Fish & Parks
Agency Address: 523 E. Capitol Ave Pierre, SD 57501
Agency Phone Number: (605) 773-3387
Employee Requesting Reimbursement: Kendyll Jones
Total Amount of Reimbursement: \$359.00
Date(s) of Expense: 4/1/18 - 4/30/18
Event Leave Time: 5:59am Event Return Time: 8:00pm
Explanation of official business performed: attending required law enforcement training

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Kendyll Jones
Signature of Employee

May 1, 2018
Date

Authorization

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

Kelly R. Hepler
Name of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

5/1/18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

**STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL**

Name: Kendyll Jones		Employee #	Fed Code	State Code	Expense	License #	Mileage	Home Station			
		154101		AD=ADMIN. LE=LAW WL=WILDLIFE HB=HABITAT FS=FISHERIES	X	36E591	Claim if Personal Vehicle Was Used	Pierre			
Date Mo. Day	DESCRIPTION OF TRAVEL DESTINATION Miles, Misc. Expense, etc.	Time		Proj Code	State Code	Day Trip Meals	Overnight Meals	Miles	Amount Claimed	Lodging	Misc. Expense
		Leave	Return								
4/1	Pierre- LET Academy	5:59AM		ST	LE		\$32.00				
4/2	Pierre- LET Academy			ST	LE						
4/3	Pierre- LET Academy			ST	LE						
4/4	Pierre- LET Academy			ST	LE						
4/5	Pierre- LET Academy			ST	LE						
4/6	Pierre- LET Academy			ST	LE		\$15.00				
4/7	Pierre- LET Academy			ST	LE		\$32.00				
4/8	Pierre- LET Academy			ST	LE		\$32.00				
4/9	Pierre- LET Academy			ST	LE						
4/10	Pierre- LET Academy			ST	LE						
4/11	Pierre- LET Academy			ST	LE						
4/12	Pierre- LET Academy			ST	LE						
4/13	Pierre- LET Academy			ST	LE		\$26.00				
4/14	Pierre- LET Academy			ST	LE		\$32.00				
4/15	Pierre- LET Academy			ST	LE		\$32.00				
4/16	Pierre- LET Academy			ST	LE						
4/17	Pierre- LET Academy			ST	LE						
4/18	Pierre- LET Academy			ST	LE						
4/19	Pierre- LET Academy			ST	LE						
4/20	Pierre- LET Academy			ST	LE		\$15.00				
4/21	Pierre- LET Academy			ST	LE		\$32.00				
4/22	Pierre- LET Academy			ST	LE		\$32.00				
4/23	Pierre- LET Academy			ST	LE						
4/24	Pierre- LET Academy			ST	LE						
4/25	Pierre- LET Academy			ST	LE						
4/26	Pierre- LET Academy			ST	LE						
4/27	Pierre- LET Academy			ST	LE		\$15.00				
4/28	Pierre- LET Academy			ST	LE		\$32.00				
4/29	Pierre- LET Academy			ST	LE		\$32.00				
4/30	Pierre- LET Academy		8:00PM	ST	LE						

PURPOSE OF TRAVEL: LET Academy	Subtotals										
	Grand Total										\$359.00
											\$359.00
											359.00

claim has been examined by me, and to the best of my knowledge and comply with the provision of the Civil Rights Act of 1964 and regulations idiscrimination in Federally assisted programs.

Kendyll Jones 5/11/18
Claimant Date

Gay Johnson
Authorization

05/01/2018
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

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: 05-01-2018 Agency: GFP
Agency Address: 523 E Capitol Ave Pierre, SD 57501
Agency Phone Number: 605-773-3387
Employee Requesting Reimbursement: Daniel Dirks
Total Amount of Reimbursement: 534.14
Date(s) of Expense: 04-01-2018 thru 04-30-2018.
Event Leave Time: 5:30 AM Event Return Time: 8:00 PM
Explanation of official business performed: Ahead required law enforcement training.

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

[Signature] 05-01-2018
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.

Kelly L. Hepler Cabinet Secretary
Name of Department/Office Head Position/Title of Agency Official
[Signature] 8/4/18
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 and receipts to voucher to be sent to the State Auditor's Office.

DIRKS, DANIEL

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

www.lynnsdakotamart.com

04/12/2018 17:47:59
Total: USD\$ 198.24
US DEBIT Entry Method: Chip
CARD #: XXXXXXXXXXXXX8629
PURCHASE - APPROVED
AUTH CODE:561427

Mode: Issuer-PIN Verified
AID: A0000000980840
TYR: 8080048000
IAD: 06010A03A00000
TSI: 6800 ARC: 00
MID: 685610 TID: 001 RRN: 141964

CUSTOMER COPY

SHOES/BOOTS
SHOES/BOOTS \$218.99 T
SPORTING GOODS
\$218.99 @ 15.00% -\$32.85 T
EAST RIDGE \$239.99 T
Supervisor #901
ITEM CANCELLED
EAST RIDGE -\$239.99 T

TAX-CODE	TAXABLE-VAL	TAX-VALUE
TAX 1	\$186.14	\$12.10

BALANCE DUE \$198.24
Debit Card \$198.24
Auth Code = 561427

CHANGE \$0.00

YOUR SAVINGS TODAY!

TOTAL DISCOUNTS 1 -\$32.85

Total number of items sold = 1

CASHIER NAME: SPORTING GOODS
STORE:00002 REGISTER:014 CASHIER:0725
TICKET#:0014 12APR2018 17:48:12

Thank-You
for
Shopping with US!

RECEIVED

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

MAY 19 2018

SD SEC OF STATE

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: 5/1/18 Agency: SD GFP
Agency Address: 523 E. Capitol Ave, Pierre SD 57501
Agency Phone Number: 605-773-3387
Employee Requesting Reimbursement: Spencer Carstens
Total Amount of Reimbursement: \$348.00
Date(s) of Expense: 4/1/18 - 4/30/18
Event Leave Time: 5:30 Am Event Return Time: 8:00pm
Explanation of official business performed: attend required law enforcement training

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Spencer Carstens
Signature of Employee

5/1/18
Date

Authorization

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

Kelly R. Hepler
Name of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official

KR
Signature of Department/Office Head

5/1/18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

**STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL**

Name:		Employee #	Fed Code	State Code	Expense	License #	Mileage	Home Station			
Spencer Carstens		159661		AD=ADMIN. LE=LAW WL=WILDLIFE HB=HABITAT FS=FISHERIES	X	MN211-GLZ	Claim if Personal Vehicle Was Used	Pierre			
Date Mo. Day	DESCRIPTION OF TRAVEL DESTINATION Miles, Misc. Expense, etc.	Time		Proj Code	State Code	Day Trip Meals	Overnight Meals	Miles	Amount Claimed	Lodging	Misc. Expense
		Leave	Return								
4/1	Pierre- LET Academy	5:30am		ST	LE			\$32.00			
4/2	Pierre- LET Academy			ST	LE						
4/3	Pierre- LET Academy			ST	LE						
4/4	Pierre- LET Academy			ST	LE						
4/5	Pierre- LET Academy			ST	LE						
4/6	Pierre- LET Academy			ST	LE			\$15.00			
4/7	Pierre- LET Academy			ST	LE			\$32.00			
4/8	Pierre- LET Academy			ST	LE			\$32.00			
4/9	Pierre- LET Academy			ST	LE						
4/10	Pierre- LET Academy			ST	LE						
4/11	Pierre- LET Academy			ST	LE						
4/12	Pierre- LET Academy			ST	LE						
4/13	Pierre- LET Academy			ST	LE			\$15.00			
4/14	Pierre- LET Academy			ST	LE			\$32.00			
4/15	Pierre- LET Academy			ST	LE			\$32.00			
4/16	Pierre- LET Academy			ST	LE						
4/17	Pierre- LET Academy			ST	LE						
4/18	Pierre- LET Academy			ST	LE						
4/19	Pierre- LET Academy			ST	LE						
4/20	Pierre- LET Academy			ST	LE			\$15.00			
4/21	Pierre- LET Academy			ST	LE			\$32.00			
4/22	Pierre- LET Academy			ST	LE			\$32.00			
4/23	Pierre- LET Academy			ST	LE						
4/24	Pierre- LET Academy			ST	LE						
4/25	Pierre- LET Academy			ST	LE						
4/26	Pierre- LET Academy			ST	LE						
4/27	Pierre- LET Academy			ST	LE			\$15.00			
4/28	Pierre- LET Academy			ST	LE			\$32.00			
4/29	Pierre- LET Academy			ST	LE			\$32.00			
4/30	Pierre- LET Academy		8pm	ST	LE						

PURPOSE OF TRAVEL:	Subtotals	Taxable	Non taxable	Grand Total
LET Academy		\$0.00	\$348.00 0.00 \$0.00 \$0.00	\$348.00
				Apply to Advance
				AMOUNT REIMBURSABLE
				348.00

claim has been examined by me, and to the best of my knowledge and comply with the provision of the Civil Rights Act of 1964 and regulations discrimination in Federally assisted programs.

Spencer Carstens 5/1/18
Claimant Date

Joy Johnson 5/1/18
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

RECEIVED
JUN 11 2018
S.D. SEC. OF STATE

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: May 31, 2018 Agency: GF & P SD
Agency Address: 523 E. Capitol Ave Pierre, SD 57501
Agency Phone Number: (605) - 773 - 3387
Employee Requesting Reimbursement: Kendyll Jones
Total Amount of Reimbursement: \$416.00
Date(s) of Expense: May 1, 2018 - May 31, 2018
Event Leave Time: 5:59 AM Event Return Time: 8:00 PM
Explanation of official business performed: Attending LET in Pierre, SD

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Kendyll Jones
Signature of Employee

May 31, 2018
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

K R Hepler
Signature of Department/Office Head

6/4/18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

STATE OF SOUTH DAKOTA TRAVEL PAYMENT DETAIL

Name: Kendyll Jones		Employee #	Fed Code	State Code	Expense	License #	Mileage	Home Station			
		154101		AD=ADMIN. LE=LAW WL=WILDLIFE HB=HABITAT FS=FISHERIES	X	36E591	Claim if Personal Vehicle Was Used		Pierre		
Date Mo. Day	DESCRIPTION OF TRAVEL DESTINATION Miles, Misc. Expense, etc.	Time		Proj Code	State Code	Day Trip Meals	Overnight Meals	Miles	Amount Claimed	Lodging	Misc. Expense
		Leave	Return								
5/1	Pierre- LET Academy	5:58AM		ST	LE						
5/2	Pierre- LET Academy			ST	LE						
5/3	Pierre- LET Academy			ST	LE						
5/4	Pierre- LET Academy			ST	LE	\$15.00					
5/5	Pierre- LET Academy			ST	LE	\$32.00					
5/6	Pierre- LET Academy			ST	LE	\$32.00					
5/7	Pierre- LET Academy			ST	LE						
5/8	Pierre- LET Academy			ST	LE						
5/9	Pierre- LET Academy			ST	LE						
5/10	Pierre- LET Academy			ST	LE						
5/11	Pierre- LET Academy			ST	LE	\$15.00					
5/12	Pierre- LET Academy			ST	LE	\$32.00					
5/13	Pierre- LET Academy			ST	LE	\$32.00					
5/14	Pierre- LET Academy			ST	LE						
5/15	Pierre- LET Academy			ST	LE						
5/16	Pierre- LET Academy			ST	LE						
5/17	Pierre- LET Academy			ST	LE						
5/18	Pierre- LET Academy			ST	LE	\$15.00					
5/19	Pierre- LET Academy			ST	LE	\$32.00					
5/20	Pierre- LET Academy			ST	LE	\$32.00					
5/21	Pierre- LET Academy			ST	LE						
5/22	Pierre- LET Academy			ST	LE						
5/23	Pierre- LET Academy			ST	LE						
5/24	Pierre- LET Academy			ST	LE						
5/25	Pierre- LET Academy to Hoven, SD	4:00PM		ST	LE	\$15.00		81.20	\$34.00		
5/26	Pierre- LET Academy			ST	LE	\$32.00					
5/27	Pierre- LET Academy			ST	LE	\$32.00					
5/28	Hoven, SD to Pierre- LET Academy		8:00PM	ST	LE	\$32.00		81.20	\$34.00		
5/29	Pierre- LET Academy			ST	LE						
5/30	Pierre- LET Academy			ST	LE						
5/31	Pierre- LET Academy		8:00PM	ST	LE						

PURPOSE OF TRAVEL:	Subtotals									
LET Academy						Taxable	Non taxable			
						\$348.00	\$0.00	162.40	\$68.00	\$0.00
						Grand Total				\$416.00
						Apply to Advance				
						AMOUNT REIMBURSABLE				416.00

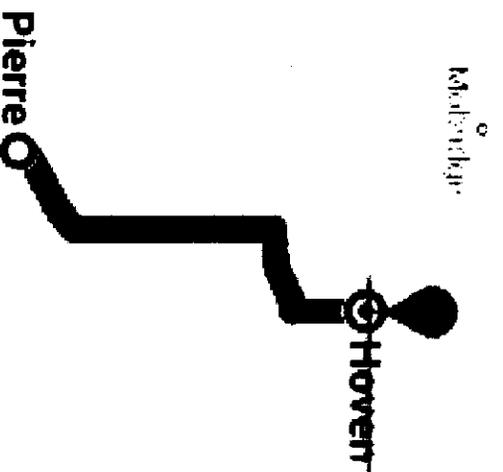
claim has been examined by me, and to the best of my knowledge and comply with the provision of the Civil Rights Act of 1964 and regulations idiscrimination in Federally assisted programs.

Kendyll Jones 5/31/18
 Claimant Date

[Signature]
 Authorization Date

O Pierre, South Dakota 57501

O Hoven, South Dakota 57450



1 h 22 min (81.2 mi) via US-83 N

1 h 22 min (81.2 mi) via SD-1804

1 h 14 min (71.4 mi) via US-14 E and SD-47 N

Map data ©2018 Google

 **Directions**

RECEIVED
APR 19 2018
S.D. SEC. OF STATE

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: 4/25/28 Agency: Game, Fish and Parks
Agency Address: 523 E. Capital Ave Pierre, SD 57501
Agency Phone Number: 605-362-3571
Employee Requesting Reimbursement: Patrick Klotzbach
Total Amount of Reimbursement: \$612.25
Date(s) of Expense: 4/4/18
Event Leave Time: 6:00 PM Event Return Time: 8:00 PM
Explanation of official business performed: Mandatory Huntsafe instructor training for volunteers.
The instrcutors are required to attend one training every other year, this is to keep membership valid.

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.

Pat Kl 4/30/18
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.

Kelly R. Hepler Cabinet Secretary
Name of Department/Office Head Position/Title of Agency Official
[Signature] 5/11/18
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.

RECEIVED
STATE AUDITOR

Direct Invoice

AP INVOICE WORKSHEET 1 IWS-1T

NEXT FUNCTION: _____ ACTION: _____ 04/19/2018 16:30:11
REQUEST: _____

=====

INVOICE NUMBER : _____ 771435 DATE: 04/04/2018 MODEL: _____
VENDOR SHORT NM: RAMKOTAHOTELPIE REGENCY MIDWEST VENTURES LTD CURR : _____
VENDOR NUMBER : _12177768 03 PIERRE CM/DM : I
PO REFERENCE : _____ APPROVAL NBR: _____ MULTI PYMT: N
TERMS CODE: 001 PYMT DUE DATE: _____ DO NOT USE : _____
REMIT MSG: _ BEO< 771435_SD_GAME_FISH_AND_PARKS _____

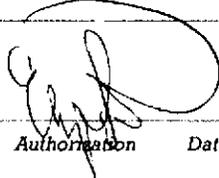
SIGNATURE APPR CD: _____

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	75.00%	001	2029	52053900	0610070046	0008	9601
					NNNN	M1	
0002	25.00%	001	3122	52053900	0610070046	0008	9601
					NNNN	M1	
0003							
0004							

: _____ : _____
: _____ GROSS AMOUNT: _____ 612.25 _

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

04/19/2018

Authorization Date

Banquet Check

Pierre Ramkota Hotel & Conference Center

920 West Sioux Avenue, Pierre, SD 57501
Phone 605-224-6877 Fax 605-224-1042

Date of Functions	04/04/2018	Room	Lake Lewis & Clark
Organization	Game Fish & Parks - DINNER	Time	04:00 PM - 09:00 PM
Contact Person	Patrick Klotzbach	Function Type	Meeting
Address	4500 S Oxbow Ave Sioux Falls, SD 57106	Salesperson	Chad Botts
		Set For	48 Guarantee 40
		Post As	Game Fish & Parks - DINNER
Telephone	605-362-3571	Fax	
		Today's Date	04/04/2018 BEO # 771435

Summary of Charges

Quantity	Menu	Unit	Total
	Lake Lewis & Clark Rental **Waived with Meal**	\$100.00	\$0.00
40	All American Buffet DINNER BUFFET - 1 LINE Burgers, Brats, Baked Beans, Potato Salad, Cole Slaw, Vegetables and Dip, Buns, Condiments, Coffee, Water	\$14.05	\$562.00
1	Buffet Under 50 guest setup fee	\$50.25	\$50.25
	Sub-Total		\$612.25
	Service Charge		\$0.00
	Tax		\$0.00
	Total		\$612.25
	Deposits Received		
	Grand Total		\$612.25

Details

Service Charge	Service Charge 2			
\$0.00	\$0.00			
Tax 1	Tax 2	Tax 3	Tax 4	Flat Tax
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Total Charges & Payment Instructions

Credit Card # _____ Expiration xx/xx Cardholder _____

Accounting _____ Check #: _____ BEO Id 771435

I have read the above arrangements and the attached Catering Policies and agreed to the terms and conditions. Guarantee number due by 03/05/2018. 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.

Client Signature _____ **Title** _____ **Date** _____

Ramkota Hotel - Pierre

920 W Sioux Avenue

Apr 05, 2018
1:05 pm

Pierre, SD 57501

Telephone: (605)224-6877 Fax: (605)224-1042

GAME FISH & PARK-DINNER
Contact:

Account #: 4400
Status: Open
Pay Method:

Date	Department	Reference	Voucher	Room	Debit	Credit
4/4/2018	Banquet Food TE	banquet food			\$523.29	
4/4/2018	Service Charge-TE	service charge			\$88.96	
4/5/2018	Direct Bill	Acct #923 SD DEPT OF GAME FISH & PARKS				\$612.25

Balance:

Pierre Huntsafe Instructor Training 2018

Bruce Crist	P O Box 873	Ft Pierre	57532
Jason Burt	20641 SD Hwy 1806	Ft Pierre	57532
Sheri Lappe	P O Box 373	Ft Pierre	57532
Kevin Hipple	1301 Winchester Dr	Pierre	57501
John Storsteen	814 N Onieda	Pierre	57501
Brian Lee	100 Capitol Hill Dr	Pierre	57501
Dustin Brown	224 E Dakota	Pierre	57501
Joseph Ashley	Hcr 31 Box 143	Pierre	57501
Matt King	29684 Sd Hwy 34	Pierre	57501
Amanda Brown	208 S. Adams Ave	Pierre	57501
Ryan Dufour	20303 Redwood PL.	Pierre	57501
David Panzer	2401 E Humboldt St	Pierre	57501
Dwaine Kusser	309 S Grant Ave	Pierre	57501
Bryan Gortmak	1610 Hilltop Dr	Pierre	57501
Clay Eberhart	412 W Missouri	Pierre	57501
Michael Thorso	20008 Gray Goose Rd	Pierre	57501
Robert Barden	209 N Oneida Ave	Pierre	57501
Richard Nickers	602 S Jackson Ave	Pierre	57501
Kenneth Huber	P O Box 325	Highmore	57345
Steven Hewitt	Box 325	Highmore	57345
Jordan Brumm	PO BOX 403	Highmore	
Roger Buchholz	PO Box 572	Highmore	57345
Timothy Byrd	107 N. Washington	Murdo	57559
Greg Miller	PO Box 464	Murdo	57559
Lenny Greve	Box 61	Murdo	57559
Kelly Stern	P O Box 83	Murdo	57559
Valerie Mitchell	P O Box 322	Murdo	57559
Michael McKern	PO Box 246	Murdo	57559
Dennis Mann	Box 407	Murdo	57559
William Schell	Box 507	Murdo	57559
Kit Talich	PO BOX 111	Murdo	57559
John Price	P O Box 216	Murdo	57559
Curtis Chamblis	P. O. Box 277	Murdo	57559
Scott Winkelme	P O Box 374	Murdo	57559
Steve Valland	2211 E Franklin	Pierre	57501
Thomas Lee	1100 Lakewood Dr	Pierre	57501
Lloyd Johnson	1013 Laurel Lane	Pierre	57501
Jared Vock	1521 E. Sully Ave	Pierre	57501
Karen Olson	505 S Ree St	Pierre	57501
Orie Bramblee	303 N Pierce	Pierre	57501

Leidholt, Beth

From: Klotzbach, Patrick
Sent: Thursday, April 19, 2018 11:44 AM
To: Leidholt, Beth
Subject: RE: Meeting/Dinner
Attachments: Pierre HuntSAFE instructor training roster.xlsx

2029 52053900 0610070 046 008 9601 -- 75%
3122 52053900 0061070 046 008 9601 -- 25%
Thanks for paying this!

Pat

From: Leidholt, Beth
Sent: Tuesday, April 17, 2018 2:34 PM
To: Klotzbach, Patrick
Subject: RE: Meeting/Dinner

Perfect...thanks!

From: Klotzbach, Patrick
Sent: Tuesday, April 17, 2018 1:56 PM
To: Leidholt, Beth
Subject: RE: Meeting/Dinner

I am currently on the road and will be able to get your that list tomorrow.

Pat

From: Leidholt, Beth
Sent: Tuesday, April 17, 2018 1:45 PM
To: Klotzbach, Patrick
Subject: Meeting/Dinner

Please provide a listing of all attendees and their locations so we can make sure it was within state rates. Also, please provide the coding you would like used.

Thanks!

RECEIVED

MAY 19 2018

S.D. SEC. OF STATE

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: 05/08/2018 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: 5/2/18, 5/4/18

Event Leave Time: 8:30 am Event Return Time: 5:00 pm

Explanation of official business performed: _____

All-day meetings to review and improve

upon employee reimbursement 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.

M. Hultman 5.9.18
Name of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official

Marcia Hultman
Signature of Department/Office Head

Date

State Board of Finance Approval

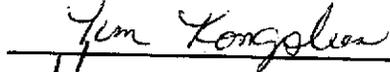
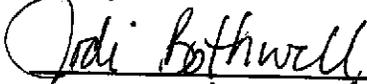
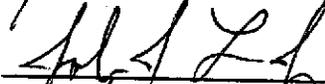
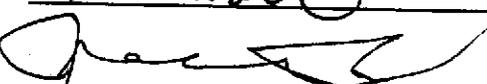
Approval Date: _____

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.

South Dakota Department of Labor and Regulation

Name of Meeting: Travel Reimbursement Kaizen Event
 Date: 05/02/2018
 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>
Tim Kongslien	Pierre	
Matt Wester	Pierre	
Jodi Bothwell	Pierre	
JJ Linn	Pierre	
Scott Kelly	Pierre	
Derek Gustafson	Pierre	
Jenna Latham	Pierre	
Jack Merritt	Consultant	

South Dakota Department of Labor and Regulation

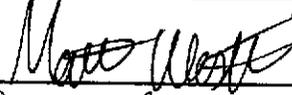
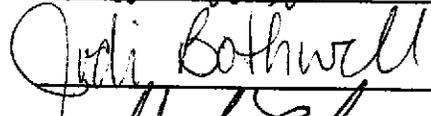
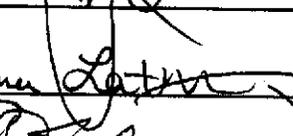
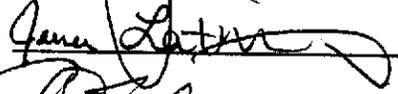
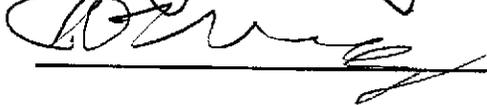
Name of Meeting: Travel Reimbursement Kaizen Event

Date: 05/04/2018

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>
Tim Kongslien	Pierre	
Matt Wester	Pierre	
Jodi Bothwell	Pierre	
JJ Linn	Pierre	
Scott Kelly	Pierre	
Derek Gustafson	Pierre	
Jim Dornbusch	Pierre	
Jenna Latham	Pierre	
Jack Merritt	Consultant	

168018

Statement

DATE

5/4/18

TERMS

TO

SD Dept of Labor

IN ACCOUNT WITH

Chapod
2121 E. Sioux Ave.
Pawnee, SD 57501

5/2	lunch 8 ppl @ 11 ⁰⁰ ea.	88 ⁰⁰
5/4	lunch 9 ppl @ 11 ⁰⁰ ea.	99 ⁰⁰

RECEIVED

MAY 07 2018

LABOR & REGULATION
ADMIN SERVICES

CURRENT

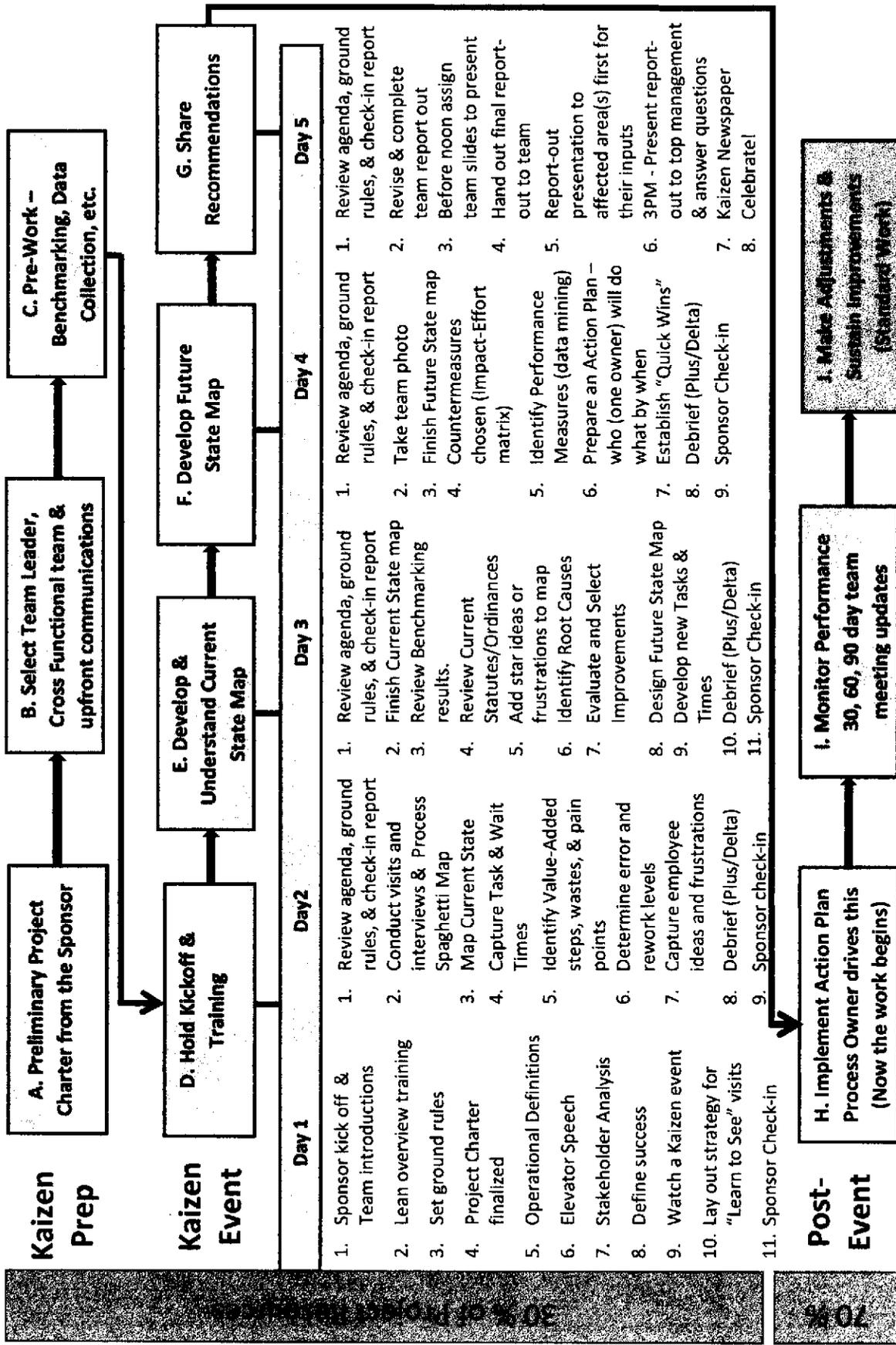
OVER 30 DAYS

OVER 60 DAYS

TOTAL AMOUNT

\$ 187⁰⁰

Kaizen Project Timeline



South Dakota Retirement System
222 East Capitol Suite 8
PO Box 1098
Pierre, South Dakota 57501-1098
Telephone (605) 773-3731
Fax (605) 773-3949
Toll-free(888)605-SDRS
www.sdrs.sd.gov



South Dakota Retirement System

May 31, 2018

Teresa Bray
Deputy Secretary of State
500 E. Capitol Ave.
Pierre, SD 57501

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JUN 01 2018

S.D. SEC. OF STATE

RE: Meal Reimbursement for Board of Finance Consideration

Dear Ms. Bray,

The South Dakota Retirement System will hold their joint meeting with the Investment Council on June 13, 2018. HyVee will provide lunch for SDRS staff, SDRS Board members, Investment Council staff, Investment Council members, and consultants. I will forward a copy of the names of those who ate on the afternoon of June 13th.

Sincerely,

Dawn M. Smith

Dawn M. Smith
Executive Assistant
South Dakota Retirement System
605-773-4596

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

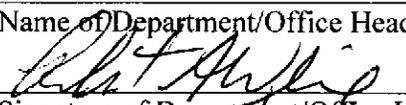
Date: 5/31/18 Agency: SDRS
Agency Address: 222 E. Capitol Ave, Pierre, SD 57501
Agency Phone Number: 605-773-3731
Employee Requesting Reimbursement: _____
Total Amount of Reimbursement: \$230.94
Date(s) of Expense: 6/13/18
Event Leave Time: 8:30 a.m. Event Return Time: 4:00 p.m.
Explanation of official business performed: SDRS Board of Trustees quarterly Board meeting and joint meeting with South Dakota Investment Council.
Both the Board of Trustees and Investment Council members, staff, and consultants will be required 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
 5-31-18
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.

Catering by Hy-Vee

Catering & Event Planning

4101 S. Louise Avenue
Sioux Falls, SD 57106
605.361.0313
Attn: Dawn Smith
Bill To: SD Retirement

Invoice Updated: 5.25.18
Event Date: 6.13.18
FOR: *Catering*

DESCRIPTION	Quantity	Price	AMOUNT
Piccolo Panino Tray	2	40.00	\$80.00
Fruit Tray (16")	1	51.00	\$51.00
Assorted Chips (20 pack)	2	6.99	\$13.98
Brownie Cocktail Tray	2	19.99	\$39.98
Assorted Cookie Tray	2	12.99	\$25.98
Condimento Tray	1	20.00	\$20.00
TAX EXEMPT			
Total Due			\$230.94

Make all checks payable to: **Empire Hy-Vee**

If you have any questions concerning this invoice, contact: **Amanda Dolly**

Phone: 605.361.0313

Email: 1631cateringmgr@hy-vee.com

Dowling, Kayla

From: Crawford, Pamela <Pamela.Crawford@sdbor.edu>
Sent: Monday, June 11, 2018 11:51 AM
To: Dowling, Kayla
Cc: Garrett, Mary; Schaetzle, Timica
Subject: RE: [EXT] In State Excess Lodging Approval Request for Claude Garelik and Dean Sheley
Attachments: FW: In State Excess Lodging Approval Request for Claude Garelik ; RE: State Rates for Overnight Lodging- Prior approval needed

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JUN 11 2018

S.D. SEC. OF STATE

Kayla,

Dean Sheley and Claude Garelik traveled to the Security Group Meeting in Rapid City on May 21, returning on May 23, 2018. The attached are letters from each of them explaining why they could not get the state rates during this event.

Thank you,
Pam

From: Dowling, Kayla
Sent: Monday, June 11, 2018 9:46 AM
To: Crawford, Pamela <Pamela.Crawford@sdbor.edu>
Subject: RE: [EXT] In State Excess Lodging Approval Request for Claude Garelik and Dean Sheley

Send me an email by end of day today explaining the situation of why they were unable to get state rates and I will submit it to the Board. I need it by end of day today because my agenda has to be posted tomorrow.

Thank you!

From: Crawford, Pamela [<mailto:Pamela.Crawford@sdbor.edu>]
Sent: Thursday, June 7, 2018 10:58 AM
To: Dowling, Kayla <Kayla.Dowling@state.sd.us>
Subject: FW: [EXT] In State Excess Lodging Approval Request for Claude Garelik and Dean Sheley

Kayla,

Dean Sheley and Claude Garelik at the last minute decided to attend a meeting in Rapid City on May 21-23 and could not find a motel for the state rate.

Can you help me through the process of submitting a request through the Board of Finance for excess lodging approval?
Do I submit Claudes's and Dean's full Travel Reimbursement Request form?
Is there a form that I need to complete for this?

Any help would be greatly appreciated.

Thank you,
Pam

Pam Crawford
Program Assistant
SD Board of Regents/ Regents Information Systems
pamela.crawford@sdbor.edu
Ph: 605.367.7770 Fax: 605-367-7598



From: Keith, Dennis
Sent: Thursday, June 7, 2018 10:47 AM
To: Crawford, Pamela <Pamela.Crawford@sdbor.edu>
Subject: RE: [EXT] In State Excess Lodging Approval Request for Claude Garelik

Check with Kayla Dowling (sp) in the Sec. of State's office and she'll help you with that. She can get it on their agenda.
Dennis

From: Crawford, Pamela [<mailto:Pamela.Crawford@sdbor.edu>]
Sent: Thursday, June 07, 2018 10:11 AM
To: Keith, Dennis
Subject: RE: [EXT] In State Excess Lodging Approval Request for Claude Garelik

Dennis,

Can you direct me on the process needed to submit this request through the Board of Finance for approval?

Also, is there a special form for excess lodging approval?

Thank you,
Pam

From: Keith, Dennis
Sent: Thursday, June 7, 2018 9:51 AM
To: Crawford, Pamela <Pamela.Crawford@sdbor.edu>
Subject: RE: [EXT] In State Excess Lodging Approval Request for Claude Garelik

Pam,

I hadn't noticed the date was actually after the fact.

Our office doesn't have the authority to approve excess lodging approval unless it's done prior to the trip.

These will have to be submitted to the Board of Finance for their approval. They meet on the 3rd Tuesday of each month.

Sorry for the confusion.

Dennis Keith, Audit Supervisor, State Auditor's Office

From: Crawford, Pamela [<mailto:Pamela.Crawford@sdbor.edu>]
Sent: Thursday, June 07, 2018 9:46 AM
To: Keith, Dennis
Subject: FW: [EXT] In State Excess Lodging Approval Request for Claude Garelik

Dennis,

Claude Garelik, Security Systems Officer, also traveled to Rapid City to attend the Regents Spring Security Conference on May 21, 2018. The only room available for Claude was the AmericInn at \$67.49 per night.

Since this amount exceeds the allowed out of state room rate, please consider approval of this request based on the additional room rates listed below.

Additional nearby hotels and rates:

Fairfield Inn & Suites - \$125 per night
Best Western Ramkota Hotel - \$135 per night
Holiday Inn - \$161.00 per night

Thank you for your consideration.

Pam

From: Keith, Dennis
Sent: Tuesday, June 5, 2018 9:17 AM
To: Crawford, Pamela <Pamela.Crawford@sdbor.edu>
Subject: RE: [EXT] In State Excess Lodging Approval Request

I concur with your request. Please attach a copy of this approval to the voucher when it is submitted for payment.
Dennis Keith, Audit Supervisor, State Auditor's Office

From: Crawford, Pamela [<mailto:Pamela.Crawford@sdbor.edu>]
Sent: Tuesday, June 05, 2018 9:04 AM
To: Keith, Dennis
Cc: Schaetzle, Timica
Subject: [EXT] In State Excess Lodging Approval Request

Dennis,

Our Director of Network and Security Systems Officer traveled to Rapid City to attend the Regents Spring Security Conference on May 21, 2018. The least expensive hotel he could find in the area was \$84.60 per night at the LaQuinta Inn. Hotels on the travel list would not honor the state rate due to time of year, or state rooms not being available.

Since this amount exceeds the allowed out of state room rate, please consider approval of this request based on the additional room rates listed below.

Additional nearby hotels and rates:

Fairfield Inn & Suites - \$125 per night
Best Western Ramkota Hotel - \$135 per night
Holiday Inn - \$161.00 per night

Thank you for your consideration.

Pam

Pam Crawford
Program Assistant
SD Board of Regents/ Regents Information Systems
pamela.crawford@sdbor.edu
Ph: 605.367.7770 Fax: 605-367-7598



Dowling, Kayla

From: Sheley, Dean <Dean.Sheley@sdbor.edu>
Sent: Monday, June 11, 2018 11:48 AM
To: Crawford, Pamela
Subject: RE: State Rates for Overnight Lodging- Prior approval needed
Attachments: La Quinta Inns & Suites May 2018.pdf

Hi Pam,

I called a number of hotel's in Rapid City prior to the Spring Security Conference. I referenced the list of participating lodging establishments on the state website <http://boa.sd.gov/divisions/travel>. I contacted Fairfield Inn, Best Western, Hampton Inn, Alex Johnson, AmericInn, and La Quinta seeking a room at the state rate. However, none would honor the state lodging rate. Ultimately La Quinta offered me a room on the pet friendly floor at \$84.50 per night. It's becoming increasingly difficult to find lodging at the state rate even if establishments are listed on the boa.sd.gov website.

Thank You Pam and Highest Regards!

Dean

From: Crawford, Pamela
Sent: Monday, June 11, 2018 11:32 AM
To: Sheley, Dean <Dean.Sheley@sdbor.edu>
Subject: FW: State Rates for Overnight Lodging- Prior approval needed

Dean,
Could you email a statement to me- similar to what Meg wrote below-

From: Garrett, Mary Ellen
Sent: Monday, June 11, 2018 10:36 AM
To: Crawford, Pamela <Pamela.Crawford@sdbor.edu>
Cc: Schaetzle, Timica <Timica.Schaetzle@sdbor.edu>
Subject: RE: State Rates for Overnight Lodging- Prior approval needed

I would have Dean send you a message stating that he was unable to find a room at state rates.

MEG

Dowling, Kayla

From: Crawford, Pamela <Pamela.Crawford@sdbor.edu>
Sent: Monday, June 11, 2018 10:55 AM
To: Crawford, Pamela
Subject: FW: In State Excess Lodging Approval Request for Claude Garelik

From: Garelik, Claude(RIS)
Sent: Monday, June 11, 2018 10:33 AM
To: Crawford, Pamela <Pamela.Crawford@sdbor.edu>; Sheley, Dean <Dean.Sheley@sdbor.edu>
Subject: RE: In State Excess Lodging Approval Request for Claude Garelik and Dean Sheley

I had not planned on going to the meeting. I was asked by several other attendees if I could attend and tried to make reservations on Friday before the meeting need a room for the following Tuesday and Wednesday.

I was unable to find a state rate room for the meeting. I tried Fairfield Inn, La Quinta, Hampton Inn, Best Western, Alex Johnson and finally took a room at AmericInn because it was the least expensive of all the rest.

The response from all the hotels I tried was that the tourist season is starting in Rapid City and I won't find a room at state rate.



South Dakota
State University

RECEIVED
JUN 08 2018
S.D. SEC. OF STATE

Department of Finance and Business

Cashier's Office

Morrill Hall 136, Box 2201
South Dakota State University
Brookings, SD 57007-2598
Phone: 605-688-6116
Fax: 605-688-6944

June 7, 2018

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

Re: June's State Board of Finance meeting

Dear Shantel Krebs,

Here is a list of 43 debts totaling \$83,794.57 to be written off from South Dakota State University and qualify for write off based on one of the following reasons.

1. The student accounts are older than Fiscal Year 2012 and have been submitted to at least two collection agencies.
2. Bankruptcy by the student or business.
3. One business is no longer in business.
4. Debt is less than \$250.

If you have any questions please call me at 605-688-5045 or by email at Leo.Gannon@sdstate.edu.

Sincerely,

Leo Gannon, Bursar
South Dakota State University
Cashier's Office Morrill Hall 136
Box 2201 SAD 136
Brookings, SD 57007

Account Nr	Accountholder Name	Term	Balance	Status
1467670	Russell, Rhett J.	NonTerm	460.71	Older than FY12
1455569	Rusch, Donald C.	NonTerm	301.52	Older than FY12
1473869	Freiburger, Jamie L.	NonTerm	1,790.75	Older than FY12
1060357	Schenk, Brianna L.	2001FA	202.94	Less than \$250
1676623	Wheeler, Tracy R.	2005SU	574.35	Older than FY12
1825173	Menard, Elton S.	2006FA	1,086.63	Older than FY12
1753113	Collins, Rachael E.	2006SP	2,659.58	Older than FY12
1072310	Ihnen, Tracy V.	2006SP	1,320.48	Older than FY12
1098253	Kendrick, Brianna D.	2006SP	1,853.85	Older than FY12
1853940	Raisanen, Jesse A.	2009FA	3,481.40	Older than FY12
1971112	Major, Amy E.	2010SP	5,541.09	Older than FY12
1854959	Ramerth, Emily S.	2009FA	1,421.55	Older than FY12
1884714	Stephens, Brittney N.	2009FA	4,121.92	Older than FY12
1678692	Phillips, Jason M.	2010SP	2,874.95	Older than FY12
1324736	Flomo, Arthur B.	2010SP	2,659.60	Older than FY12
1960429	Rickard, Nathan	2010SP	1,028.58	Older than FY12
1956958	Shogren, Dale J.	2010SP	1,717.80	Older than FY12
1641155	Smith, Logan M.	2010SP	1,456.68	Older than FY12
1043668	St Pierre, Justin D.	2010SP	2,910.62	Older than FY12
1953844	Walter, Kyle B.	2010SP	1,881.25	Older than FY12
1313353	Wiskur, Kathy K.	2010SP	1,484.50	Older than FY12
1893516	Schulz, Tiffany A.	2010SU	724.00	Older than FY12
1032585	Schultz, Misty F.	NonTerm	279.76	Bankruptcy
1911086	Tyer, Christy M.	2010FA & 2011SP	1,734.00	Bankruptcy
1641191	Holm, Samantha K.	2012SP	740.24	Bankruptcy
7097277	Barber, Delicia C.	2012FA	4,680.00	Bankruptcy
1941275	Engel, Brent A.	2012FA	918.50	Bankruptcy
7032317	Raisanen, Rodney J.	2012FA	3,857.00	Bankruptcy
7171993	Abera, Tigist A.	2012FA, 2013SP & 2013FA	14,150.25	Bankruptcy
1886512	Love, Jedadiah J.	2013SU & 2013FA	5,764.70	Bankruptcy
1876150	Love, Yosmaril N.	2015 Summer	327.05	Bankruptcy
7108718	Meyer, Curtis J.	2015FA	865.75	Deceased
1504742	Heckman, Michael E.	NonTerm	169.87	Less than \$250
DEPT	Gentle Doctor Animal Hospital		301.20	No longer in business
DEPT	Lennox Vet Clinic		1,083.41	Bankruptcy
DEPT	Lipid Sciences Inc.		291.90	Bankruptcy
DEPT	Swine Health Center		3,380.19	Bankruptcy
DEPT	TLC Vet Clinic		1,045.41	Bankruptcy
DEPT	Whitestone Farms		2,090.08	Bankruptcy
DEPT	Winscher, Carly		179.40	Less than \$250
DEPT	Buller, Dave		75.37	Less than \$250
DEPT	Graslie, Jerry		55.75	Less than \$250
DEPT	Mognet, Wayne		249.99	Less than \$250
	TOTAL DEBT		83,794.57	

RECEIVED
JUN 08 2018
S.D. SEC. OF STATE

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: 1467670 Russell, Rhet James

Requested Write Off Amount: 460.71

Date Debt Became Delinquent: 9/1/1996

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

Original Amount of Debt: 460.71

Current Amount Due: 460.71

Collection Efforts History: The debt was Aman Collections and State Collections

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)

The debt was Aman Collections and State Collections

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

The debt was Aman Collections and State Collections

Fiscal Officer Contact Information

Signature: 

Name: Karen Jastram

Agency/Institution: South Dakota State University

Address: Morrill Hall 302C, Brookings, SD 57007

Telephone: 605-688-4463

Email: Karen.Jastram@sdstate.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:

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: 1455569 Rusch, Donald C.

Requested Write Off Amount: 301.52

Date Debt Became Delinquent: 9/1/1996

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

Original Amount of Debt: 301.52

Current Amount Due: 301.52

Collection Efforts History: The debt was Aman Collections and State Collections

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)

The debt was Aman Collections and State Collections

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

The debt was Aman Collections and State Collections

Fiscal Officer Contact Information

Signature: 

Name: Karen Jastram

Agency/Institution: South Dakota State University

Address: Morrill Hall 302C, Brookings, SD 57007

Telephone: 605-688-4463

Email: Karen.Jastram@sdstate.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:

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: 1473869 Freiburger, Jamie L.

Requested Write Off Amount: 1,790.75

Date Debt Became Delinquent: 9/1/1997

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

Original Amount of Debt: 1,790.75

Current Amount Due: 1,790.75

Collection Efforts History: Aman Collection and State Collections

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)

Debt was sent to two collection agencies. Aman Collection and State Collections

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

Aman Collection and State Collections

Fiscal Officer Contact Information

Signature: 

Name: Karen Jastram

Agency/Institution: South Dakota State University

Address: Morrill Hall 302C, Brookings, SD 57007

Telephone: 605-688-4463

Email: Karen.Jastram@sdstate.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:

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: 1060357 Schenk, Brianna L.

Requested Write Off Amount: 202.94

Date Debt Became Delinquent: 9/6/2001

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

Original Amount of Debt: 202.94

Current Amount Due: 202.94

Collection Efforts History: The debt was sent to ORM

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)

The debt is less than \$250.

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

The debt is less than \$250.

Fiscal Officer Contact Information

Signature: 
Name: Karen Jastram
Address: Morrill Hall 302C, Brookings, SD 57007
Telephone: 605-688-4463
Email: Karen.Jastram@sdstate.edu

Agency/Institution: South Dakota State University

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: 1676623 Wheeler, Tracy R.

Requested Write Off Amount: 574.35

Date Debt Became Delinquent: 6/7/2005

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

Original Amount of Debt: 574.35

Current Amount Due: 574.35

Collection Efforts History: Williams & Fudge April 2013 and Progressive

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)

Debt was sent to two collections agencies. Williams & Fudge April 2013 and Progressive

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

Williams & Fudge April 2013 and Progressive

Fiscal Officer Contact Information

Signature: 

Name: Karen Jastram

Agency/Institution: South Dakota State University

Address: Morrill Hall 302C, Brookings, SD 57007

Telephone: 605-688-4463

Email: Karen.Jastram@sdsstate.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

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Name: 1825173 Menard, Elton S.

Requested Write Off Amount: 1,086.63

Date Debt Became Delinquent: 8/29/2006

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

Original Amount of Debt: 1,086.63

Current Amount Due: 1,086.63

Collection Efforts History: Williams & Fudge April 2013 and Progressive June 2007

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)

Debt was sent to two collections agencies. Williams & Fudge April 2013 and Progressive June 2007

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

Williams & Fudge April 2013 and Progressive June 2007

Fiscal Officer Contact Information

Signature: 

Name: Karen Jastram

Agency/Institution: South Dakota State University

Address: Morrill Hall 302C, Brookings, SD 57007

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Email: Karen.Jastram@sdstate.edu

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Name: 1753113 Collins, Rachael E.

Requested Write Off Amount: 2,659.58

Date Debt Became Delinquent: 1/18/2006

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

Original Amount of Debt: 2,659.58

Current Amount Due: 2,659.58

Collection Efforts History: Williams & Fudge September 2015 and Progressive June 2007

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)

Debt was sent to two collections agencies. Williams & Fudge September 2015 and Progressive June 2007

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

Williams & Fudge September 2015 and Progressive June 2007

Fiscal Officer Contact Information

Signature: 

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Address: Morrill Hall 302C, Brookings, SD 57007

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Name: 1072310 Ihnen, Tracy V.

Requested Write Off Amount: 1,320.48

Date Debt Became Delinquent: 1/18/2006

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

Original Amount of Debt: 1,320.48

Current Amount Due: 1,320.48

Collection Efforts History: Williams & Fudge Oct. 2013 and NCC Business Services November, 2014

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)

Debt was sent to two collections agencies. Williams & Fudge Oct 2013 and NCC Business Services November 2014

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

Williams & Fudge October 2013 and NCC Business Services November 2014

Fiscal Officer Contact Information

Signature: 

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Name: 1098253 Kendrick, Brianna D.

Requested Write Off Amount: 1,853.85

Date Debt Became Delinquent: 1/18/2006

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

Original Amount of Debt: 1,853.85

Current Amount Due: 1,853.85

Collection Efforts History: Williams & Fudge Sept. 2013 and NCC Business Services December 2014

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)

Debt was sent to two collections agencies, Williams & Fudge Sept 2013 and NCC Business Services December 2014

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

Williams & Fudge September 2013 and NCC Business Services December 2014

Fiscal Officer Contact Information

Signature: 

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Name: 1853940 Raisanen, Jesse A.

Requested Write Off Amount: 3,481.40

Date Debt Became Delinquent: 9/1/2009

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

Original Amount of Debt: 3,481.40

Current Amount Due: 3,481.40

Collection Efforts History: Williams & Fudge April 2012 and NCC Business Services October 2014

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)

Debt was sent to two collections agencies. Williams & Fudge June 2012 and NCC Business Services October 2014

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

Williams & Fudge June 2012 and NCC Business Services October 2014

Fiscal Officer Contact Information

Signature: 

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Name: 1971112 Major, Amy E.

Requested Write Off Amount: 5,541.09

Date Debt Became Delinquent: 1/14/2010

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

Original Amount of Debt: 5,541.09

Current Amount Due: 5,541.09

Collection Efforts History: Williams & Fudge April 2012 and NCC Business Services October 2014

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)

Debt was sent to two collections agencies. Williams & Fudge April 2012 and NCC Business Services October 2014

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

Williams & Fudge April 2012 and NCC Business Services October 2014

Fiscal Officer Contact Information

Signature: 

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Name: 1854959 Ramerth, Emily S.

Requested Write Off Amount: 1,421.55

Date Debt Became Delinquent: 9/1/2009

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

Original Amount of Debt: 1,421.55

Current Amount Due: 1,421.55

Collection Efforts History: Williams & Fudge April 2012 and NCC Business Services November 2014

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)

Debt was sent to two collections agencies, Williams & Fudge April 2012 and NCC Business Services November 2014

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

Williams & Fudge April 2012 and NCC Business Services November 2014

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Name: 1884714 Stephens, Brittney N.

Requested Write Off Amount: 4,121.92

Date Debt Became Delinquent: 9/1/2009

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

Original Amount of Debt: 4,121.92

Current Amount Due: 4,121.92

Collection Efforts History: Williams & Fudge April 2012 and NCC Business Services October 2014

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)

Debt was sent to two collections agencies. Williams & Fudge April 2012 and NCC Business Services October 2014

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

Williams & Fudge April 2012 and NCC Business Services October 2014

Fiscal Officer Contact Information

Signature: 

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Name: 1678692 Phillips, Jason M.

Requested Write Off Amount: 2,874.95

Date Debt Became Delinquent: 1/14/2010

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

Original Amount of Debt: 2,874.95

Current Amount Due: 2,874.95

Collection Efforts History: Williams & Fudge April 2012 and NCC Business Services October 2014

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)

Debt was sent to two collections agencies. Williams & Fudge April 2012 and NCC Business Services October 2014

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

Williams & Fudge April 2012 and NCC Business Services October 2014

Fiscal Officer Contact Information

Signature: 

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Address: Morrill Hall 302C, Brookings, SD 57007

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Name: 1324736 Flomo, Arthur B.

Requested Write Off Amount: 2,659.60

Date Debt Became Delinquent: 1/14/2010

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

Original Amount of Debt: 2,659.60

Current Amount Due: 2,659.60

Collection Efforts History: Williams & Fudge April 2012 and NCC Business Services Oct 2014

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)

Debt was sent to two collections agencies: Williams & Fudge April 2012 and NCC Business Services Oct 2014

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

Williams & Fudge April 2012 and NCC Business Services Oct 2014

Fiscal Officer Contact Information

Signature: 

Name: Karen Jastram

Agency/Institution: South Dakota State University

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Name: 1960429 Rickard, Nathan

Requested Write Off Amount: 1,028.58

Date Debt Became Delinquent: 1/14/2010

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

Original Amount of Debt: 1,028.58

Current Amount Due: 1,028.58

Collection Efforts History: Williams & Fudge April 2012 and NCC Business Services Oct 2014

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)

Debt was sent to two collection agencies. Williams & Fudge April 2012 and NCC Business Services Oct 2014

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

Williams & Fudge April 2012 and NCC Business Services Oct 2014

Fiscal Officer Contact Information

Signature: 

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Name: 1956958 Shogren, Dale J.

Requested Write Off Amount: 1,717.80

Date Debt Became Delinquent: 1/14/2010

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

Original Amount of Debt: 1,717.80

Current Amount Due: 1,717.80

Collection Efforts History: Williams & Fudge April 2012 and NCC Business Services October 2014

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)

Debt was sent to two collections agencies. Williams & Fudge April 2012 and NCC Business Services October 2014

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

Williams & Fudge April 2012 and NCC Business Services October 2014

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Name: 1641155 Smith, Logan M.

Requested Write Off Amount: 1,456.68

Date Debt Became Delinquent: 1/14/2010
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 1,456.68

Current Amount Due: 1,456.68

Collection Efforts History: Williams & Fudge April 2012 and NCC Business Services October 2014

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)

Debt was sent to two collections agencies. Williams & Fudge April 2012 and NCC Business Services October 2014

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

Williams & Fudge April 2012 and NCC Business Services October 2014

Fiscal Officer Contact Information

Signature: 

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Name: 1043668 St Pierre, Justin D.

Requested Write Off Amount: 2,910.62

Date Debt Became Delinquent: 1/14/2010

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

Original Amount of Debt: 2,910.62

Current Amount Due: 2,910.62

Collection Efforts History: Williams & Fudge April 2012 and NCC Business Services October 2014

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)

Debt was sent to two collections agencies. Williams & Fudge April 2012 and NCC Business Services October 2014

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

Williams & Fudge April 2012 and NCC Business Services October 2014

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Name: 1953844 Walter, Kyle B.

Requested Write Off Amount: 1,881.25

Date Debt Became Delinquent: 1/14/2010
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 1,881.25

Current Amount Due: 1,881.25

Collection Efforts History: Williams & Fudge April 2012 and NCC Business Services October 2014

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)

Debt was sent to two collections agencies. Williams & Fudge April 2012 and NCC Business Services October 2014

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

Williams & Fudge April 2012 and NCC Business Services October 2014

Fiscal Officer Contact Information

Signature: 

Name: Karen Jastram

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Name: 1313353 Wiskur, Kathy K.

Requested Write Off Amount: 1,484.50

Date Debt Became Delinquent: 1/14/2010
(Debt must be at least two-years old in order to be considered.)

Original Amount of Debt: 1,484.50

Current Amount Due: 1,484.50

Collection Efforts History: Williams & Fudge April 2012 and NCC Business Services October 2014

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)

Debt was sent to two collections agencies. Williams & Fudge April 2012 and NCC Business Services October 2014

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

Williams & Fudge April 2012 and NCC Business Services October 2014

Fiscal Officer Contact Information

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Name: 1893516 Schulz, Tiffany A.

Requested Write Off Amount: 724.00

Date Debt Became Delinquent: 6/2/2010

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

Original Amount of Debt: 724.00

Current Amount Due: 724.00

Collection Efforts History: Williams & Fudge April 2012 and NCC Business Services October 2015

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)

Debt was sent to two collections agencies. Williams & Fudge April 2012 and NCC Business Services October 2015

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

Williams & Fudge April 2012 and NCC Business Services October 2015

Fiscal Officer Contact Information

Signature: 

Name: Karen Jastram

Agency/Institution: South Dakota State University

Address: Morrill Hall 302C, Brookings, SD 57007

Telephone: 605-688-4463

Email: Karen.Jastram@sdstate.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

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500 E Capitol Ave., Pierre SD 57501
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Name: 1032585 Schultz, Misty F.

Requested Write Off Amount: 279.76

Date Debt Became Delinquent: 9/1/1996

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

Original Amount of Debt: 279.76

Current Amount Due: 279.76

Collection Efforts History: State Collections September 2000

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

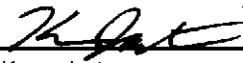
- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Bankruptcy

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

Bankruptcy

Fiscal Officer Contact Information

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Name: 1911086 Tyer, Christy M.

Requested Write Off Amount: 1,734.00

Date Debt Became Delinquent: 8/31/2010

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

Original Amount of Debt: 1,734.00

Current Amount Due: 1,734.00

Collection Efforts History: Williams & Fudge April 2012

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)

Bankruptcy

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

Bankruptcy

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Name: 1641191 Holm, Samantha K.

Requested Write Off Amount: 740.24

Date Debt Became Delinquent: 1/24/2012
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 740.24

Current Amount Due: 740.24

Collection Efforts History: The debt was sent to Williams & Fudge and NCC Business Services

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)

Bankruptcy

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

Bankruptcy

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Name: 7097277 Barber, Delicia C.

Requested Write Off Amount: 4,680.00

Date Debt Became Delinquent: 1/10/2012

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

Original Amount of Debt: 4,680.00

Current Amount Due: 4,680.00

Collection Efforts History: Delta Management Associates August 2012

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)

Bankruptcy

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

Bankruptcy

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Name: 1941275 Engel, Brent A.

Requested Write Off Amount: 918.50

Date Debt Became Delinquent: 9/7/2012

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

Original Amount of Debt: 918.50

Current Amount Due: 918.50

Collection Efforts History: Williams & Fudge July 2013

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)

Bankruptcy

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

Bankruptcy

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Name: 7032317 Raisanen, Rodney J.

Requested Write Off Amount: 3,857.00

Date Debt Became Delinquent: 9/7/2012

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

Original Amount of Debt: 3,857.00

Current Amount Due: 3,857.00

Collection Efforts History: Williams & Fudge January 2013 and NCC Business Services December 2014

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)

Bankruptcy

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

Bankruptcy

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Name: 7171993 Abera, Tigist A.

Requested Write Off Amount: 14,150.25

Date Debt Became Delinquent: 9/7/2012
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 14,150.25

Current Amount Due: 14,150.25

Collection Efforts History: The debt was sent to ORC in June, 2017

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)

Bankruptcy

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

Bankruptcy

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Name: 1886512 Love, Jedadiah J.

Requested Write Off Amount: 5,764.70

Date Debt Became Delinquent: 10/5/2013

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

Original Amount of Debt: 5,764.70

Current Amount Due: 5,764.70

Collection Efforts History: NCC Business Services February 2015

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)

Bankruptcy

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

Bankruptcy

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Name: 1876150 Love, Yosmaril N.

Requested Write Off Amount: 327.05

Date Debt Became Delinquent: 7/11/2015

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

Original Amount of Debt: 327.05

Current Amount Due: 327.05

Collection Efforts History: Internal collection until Bankruptcy notice was received 2015

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)

Bankruptcy

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

Bankruptcy

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Name: 7108718 Meyer, Curtis J.

Requested Write Off Amount: 865.75

Date Debt Became Delinquent: 9/5/2015

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

Original Amount of Debt: 865.75

Current Amount Due: 865.75

Collection Efforts History: Deceased

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)

Deceased

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

Deceased

Fiscal Officer Contact Information

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Address: Morrill Hall 302C, Brookings, SD 57007

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Name: 1504742 Heckman, Michael E.

Requested Write Off Amount: 169.87

Date Debt Became Delinquent: 9/1/1996

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

Original Amount of Debt: 169.87

Current Amount Due: 169.87

Collection Efforts History: Aman Collection March 2001

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

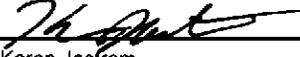
- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Less than \$250

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

Less than \$250

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Name: Gentle Doctor Animal Hospital

Requested Write Off Amount: 301.20

Date Debt Became Delinquent: 6/14/2013

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

Original Amount of Debt: 301.20

Current Amount Due: 301.20

Collection Efforts History: Internal collection, but they are out of business.

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)

No longer in business

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

No longer in business

Fiscal Officer Contact Information

Signature: 

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Name: Lennox Vet Clinic

Requested Write Off Amount: 1,083.41

Date Debt Became Delinquent: 4/19/1999

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

Original Amount of Debt: 1,083.41

Current Amount Due: 1,083.41

Collection Efforts History: Internal collection efforts until bankruptcy was filed.

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)

Bankruptcy

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

Bankruptcy

Fiscal Officer Contact Information

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Name: Lipid Sciences Inc.

Requested Write Off Amount: 291.90

Date Debt Became Delinquent: 8/25/2008

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

Original Amount of Debt: 291.90

Current Amount Due: 291.90

Collection Efforts History: Internal collection efforts until bankruptcy was filed.

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)

Bankruptcy

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

Bankruptcy

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Name: Swine Health Center

Requested Write Off Amount: 3,380.19

Date Debt Became Delinquent: 12/8/2011

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

Original Amount of Debt: 3,380.19

Current Amount Due: 3,380.19

Collection Efforts History: Internal collection efforts until bankruptcy was filed.

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)

Bankruptcy

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

Bankruptcy

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Name: TLC Vet Clinic

Requested Write Off Amount: 1,045.41

Date Debt Became Delinquent: 9/18/2006

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

Original Amount of Debt: 1,045.41

Current Amount Due: 1,045.41

Collection Efforts History: Internal collection efforts until bankruptcy was filed.

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)

Bankruptcy

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

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Name: Whitestone Farms

Requested Write Off Amount: 2,090.08

Date Debt Became Delinquent: 11/15/2005

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

Original Amount of Debt: 2,090.08

Current Amount Due: 2,090.08

Collection Efforts History: Internal collection efforts until bankruptcy was filed.

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)

Bankruptcy

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

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Name: Winscher, Carly

Requested Write Off Amount: 179.40

Date Debt Became Delinquent: 5/7/2012

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

Original Amount of Debt: 179.40

Current Amount Due: 179.40

Collection Efforts History: Internal collection efforts.

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)

Debt is less than \$250.

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

Debt is less than \$250.

Fiscal Officer Contact Information

Signature: 

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Agency/Institution: South Dakota State University

Address: Morrill Hall 302C, Brookings, SD 57007

Telephone: 605-688-4463

Email: Karen.Jastram@sdstate.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:

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: Buller, David

Requested Write Off Amount: 75.37

Date Debt Became Delinquent: 8/3/1995

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

Original Amount of Debt: 75.37

Current Amount Due: 75.37

Collection Efforts History: Internal collection efforts.

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)

Debt is less than \$250.

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

Debt is less than \$250.

Fiscal Officer Contact Information

Signature: 

Name: Karen Jastram

Agency/Institution: South Dakota State University

Address: Morrill Hall 302C, Brookings, SD 57007

Telephone: 605-688-4463

Email: Karen.Jastram@sdstate.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

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Name: Graslie, Jerry

Requested Write Off Amount: 55.75

Date Debt Became Delinquent: 2/21/1995

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

Original Amount of Debt: 55.75

Current Amount Due: 55.75

Collection Efforts History: Internal collection efforts.

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)

Debt is less than \$250.

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

Debt is less than \$250.

Fiscal Officer Contact Information

Signature: 

Name: Karen Jastram

Agency/Institution: South Dakota State University

Address: Morrill Hall 302C, Brookings, SD 57007

Telephone: 605-688-4463

Email: Karen.Jastram@sdstate.edu

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State Board of
Finance on _____

Date

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Name: Mognet, Wayne

Requested Write Off Amount: 249.99

Date Debt Became Delinquent: 5/16/2003

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

Original Amount of Debt: 249.99

Current Amount Due: 249.99

Collection Efforts History: Internal collection efforts.

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)

Debt is less than \$250.

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

Debt is less than \$250.

Fiscal Officer Contact Information

Signature: 

Name: Karen Jastram

Agency/Institution: South Dakota State University

Address: Morrill Hall 302C, Brookings, SD 57007

Telephone: 605-688-4463

Email: Karen.Jastram@sdstate.edu

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Name: Shellai Barnett

Requested Write Off Amount: 1149.44 Date Debt Became Delinquent: 03/30/2016
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 1149.44 Current Amount Due: 1149.44

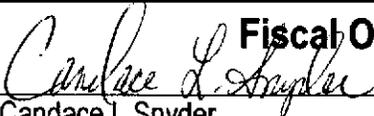
Collection Efforts History:

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): HIPPA Health Related Debt

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

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

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Name: Johnathan Proctor

Requested Write Off Amount: 1149.44 Date Debt Became Delinquent: 03/30/2016
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 1149.44 Current Amount Due: 1149.44

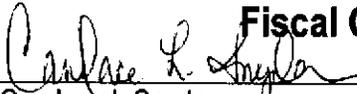
Collection Efforts History:

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): HIPPA Health Related Debt

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

Fiscal Officer Contact Information

Signature: 
Name: Candace L Snyder Agency/Institution: SD Department of Corrections
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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

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Name: Travis Jackson

Requested Write Off Amount: 2126.25 Date Debt Became Delinquent: 03/01/2016
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 2126.25 Current Amount Due: 2126.25

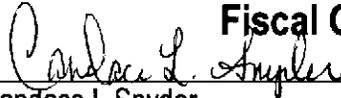
Collection Efforts History:

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): Bankruptcy Case & Health Related Debt HIPPA

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

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
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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

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Name: Yvette Zephier

Requested Write Off Amount: 1882.15 Date Debt Became Delinquent: 07/30/2014

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

Original Amount of Debt: 1882.15 Current Amount Due: 1882.15

Collection Efforts History:

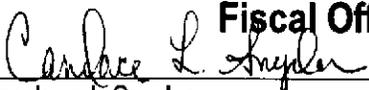
Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations

Other (explain): HIPPA Health Related Debt

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

Fiscal Officer Contact Information

Signature: 
Name: Candace L Snyder Agency/Institution: SD Department of Corrections
Address: 3200 East Highway 34 Suite 6
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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

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Name: Heather Krebs

Requested Write Off Amount: 18.58 Date Debt Became Delinquent: 11-01-2015

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

Original Amount of Debt: 18.58 Current Amount Due: 18.58

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#33195 1013216 2013-012315

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

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_____ Date

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Name: William Engel

Requested Write Off Amount: 20.90 Date Debt Became Delinquent: 11/01/2015
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 20.90 Current Amount Due: 20.90

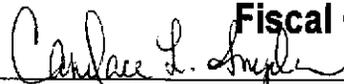
Collection Efforts History:

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#32339 1012592 2013-011748

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

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Name: Heather Engel-Smith

Requested Write Off Amount: 5.61 Date Debt Became Delinquent: 11-01-2015
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 5.61 Current Amount Due: 5.61

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#32335 1012592 2013-011748

Fiscal Officer Contact Information

Signature: 
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Address: 3200 East Highway 34 Suite 6
Pierre SD 57501
Telephone: 605-773-3478
Email: Candace.Snyder@state.sd.us

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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: Dorothy Abraham-McClelland

Requested Write Off Amount: 20.90 Date Debt Became Delinquent: 8-1-2015
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 20.90 Current Amount Due: 20.90

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#13782 1010105 2011-009241

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

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Name: Kenneth Kirk

Requested Write Off Amount: 20.90 Date Debt Became Delinquent: 8-1-2015

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

Original Amount of Debt: 20.90 Current Amount Due: 20.90

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#28624 1010105 2011-009241

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

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Name: Dean Moliga

Requested Write Off Amount: 14.40 Date Debt Became Delinquent: 09-01-2015
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 14.40 Current Amount Due: 14.40

Collection Efforts History:

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

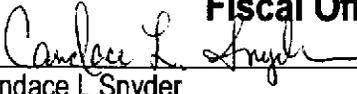
Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations

Other (explain): _____

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

Acct#27999 1009669 2011-008808

Fiscal Officer Contact Information

Signature: 
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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: Raquel Martinez

Requested Write Off Amount: 11.16 Date Debt Became Delinquent: 03-01-2016
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 11.16 Current Amount Due: 11.16

Collection Efforts History:

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

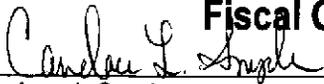
Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations

Other (explain): _____

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

Acct#39259 1017345 2015-016460

Fiscal Officer Contact Information

Signature: 
Name: Candace L Snyder Agency/Institution: SD Department of Corrections
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Pierre SD 57501
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Email: Candace.Snyder@state.sd.us

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Name: Reginalda Tejada-Hernandez

Requested Write Off Amount: 5.14 Date Debt Became Delinquent: 09-01-2015
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 5.14 Current Amount Due: 5.14

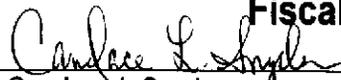
Collection Efforts History:

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#37688 1016188 2015-015346

Fiscal Officer Contact Information

Signature: 
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Email: Candace.Snyder@state.sd.us

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Name: Cathy Joseph

Requested Write Off Amount: 19.57 Date Debt Became Delinquent: 12-01-2015
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 19.57 Current Amount Due: 19.57

Collection Efforts History:

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

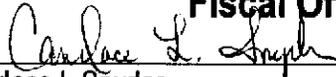
Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations

Other (explain): _____

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

Acct#21089 1013404 2013-012523

Fiscal Officer Contact Information

Signature: 
Name: Candace L Snyder Agency/Institution: SD Department of Corrections
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Name: Kelly Pokorny

Requested Write Off Amount: 11.29 Date Debt Became Delinquent: 01-01-2016
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 11.29 Current Amount Due: 11.29

Collection Efforts History:

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

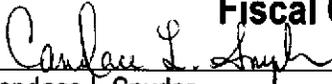
Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations

Other (explain): _____

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

Acct#33702 1013562 2013-012701

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
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Email: Candace.Snyder@state.sd.us

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Name: Robert Whipple

Requested Write Off Amount: 12.90 Date Debt Became Delinquent: 10/01/2015

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

Original Amount of Debt: 12.90 Current Amount Due: 12.90

Collection Efforts History:

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

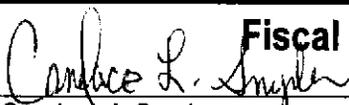
Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations

Other (explain): _____

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

Acct#36209 1015178 2014-014358

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

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: Billy Jo Ferris

Requested Write Off Amount: 10.90 Date Debt Became Delinquent: 03-01-2016

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

Original Amount of Debt: 10.90 Current Amount Due: 10.90

Collection Efforts History:

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

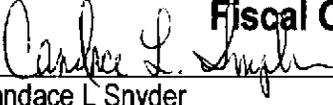
Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations

Other (explain): _____

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

Acct#30380 1011223 2012-010338

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

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Name: Billy Jo Ferris

Requested Write Off Amount: 11.27 Date Debt Became Delinquent: 07-29-2015
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 11.27 Current Amount Due: 11.27

Collection Efforts History:

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

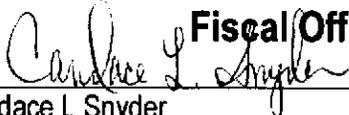
Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations

Other (explain): _____

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

Acct#30380 1011223 2012-010338

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

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Pierre SD 57501
Phone: 605-773-3537

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Name: Nancy Little Hawk

Requested Write Off Amount: 13.88 Date Debt Became Delinquent: 01-01-2016

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

Original Amount of Debt: 13.88 Current Amount Due: 13.88

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#11980 1016490 2015-015628

Fiscal Officer Contact Information

Signature: *Candace L Snyder*

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

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

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Name: Tori Morrison

Requested Write Off Amount: 8.16 Date Debt Became Delinquent: 11-30-2015

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

Original Amount of Debt: 8.16 Current Amount Due: 8.16

Collection Efforts History:

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

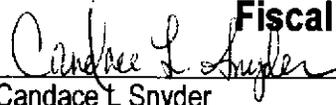
Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations

Other (explain): _____

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

Acct#36686 1015579 2014-014757

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

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

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Name: Rebecca Genetzky

Requested Write Off Amount: 21.07 Date Debt Became Delinquent: 02-27-2015
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 21.07 Current Amount Due: 21.07

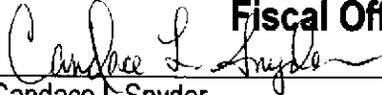
Collection Efforts History:

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#30208 1011102 2012-010197

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