

Household Moving Allowance State of South Dakota

RECEIVED
JUL 05 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 on the Thursday prior to the Board of Finance meeting. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

<u>Laura Hagemann</u> Name of Applicant	<u>Correctional Officer</u> New Position Title	<u>DOC</u> Agency Employed By
<u>34452.00</u> Yearly Salary	<u>Freeport, FL</u> City, State Moving From	<u>Yankton</u> New Post of Duty (City)
<u>060336</u> Bureau of Human Resources Class Code	<u>05072018</u> Employment Date with the State	<u>6/2018</u> Expected Month/Year of Move

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

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

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

<u>Laura Hagemann</u> Signature of Applicant	<u>04.19.18</u> Date
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Authorization

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

<u>Denny Kaminisk</u> Name of Authorized Agent	<u>Cabinet Secretary</u> Position/ Title of Authorized Agent
<u>[Signature]</u> Signature of Authorized Agent	<u>DOC</u> Agency of Authorized Agent
<u>6-14-18</u> Date	

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

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

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Application

Savannah E. Cox

Assistant Volleyball Coach/Equipment Manager

SD School of Mines & Technology

Name of Applicant

New Position Title

Agency Employed By

\$30,000.00

Jamestown, ND

Rapid City

July, 2018

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00511

July 2, 2018

Bureau of Human Resources Class Code

Employment Date with the State

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Savannah Cox

Signature of Applicant

07/02/2018

Date

Authorization

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James M. Rankin

President

Name of Authorized Agent

Position/ Title of Authorized Agent

[Signature]

6-15-18

Signature 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

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Application

<u>Jeremiah Bergstrom</u> Name of Applicant	<u>Instructor</u> New Position Title	<u>SDSU</u> Agency Employed By
<u>\$60,000</u> Yearly Salary	<u>Brookings</u> New Post of Duty (City)	<u>August/2018</u> Expected Month/Year of Move
<u>00900</u> Bureau of Human Resources Class Code	<u>8/22/18</u> Employment Date with the State	

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[Signature]
Signature of Applicant

5/23/18
Date

Authorization

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Angela McNeillip
Name of Authorized Agent

Interim Director, School of Design
Position/ Title of Authorized Agent

[Signature]
Signature of Authorized Agent

5/24/18
Date

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

Household Moving Allowance State of South Dakota

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Application

Patricia Crawford

Director, School of Design

South Dakota State
University

Name of Applicant

New Position Title

Agency Employed By

\$150,000

Lansing, Michigan

Brookings, SD

July, 2018

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

30362
Bureau of Human Resources Class Code

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Pat Crawford
Signature of Applicant

7 June 2018
Date

Authorization

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Jason Zimmerman
Name of Authorized Agent

Interim Dean/Professor
Position/ Title of Authorized Agent

6/8/18
Signature of Authorized Agent Date

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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Application

Megan Lueck
Name of Applicant
\$50,000
Yearly Salary
Tallahassee, FL
City, State Moving From
00511
Bureau of Human Resources Class Code

Assistant Women's Basketball Coach
New Position Title
SDSLE Athletics
Agency Employed By
Brookings SD
New Post of Duty (City)
June 2018
Expected Month/Year of Move
June 2018
Employment Date with the State

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Megan Lueck
Signature of Applicant

6/20/18
Date

Authorization

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JUSTIN G. SELL
Name of Authorized Agent
Justin G Sell
Signature of Authorized Agent
6/26/18
Date

DIRECTOR OF ATHLETICS
Position/ Title of Authorized Agent
SDSLE
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

<u>Carissa Thielbar</u>	<u>Asst WBB Coach</u>	<u>SDSU Athletics</u>
Name of Applicant	New Position Title	Agency Employed By
<u>\$ 50,000</u>	<u>Brookings SD</u>	<u>May 2018</u>
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
<u>00511</u>	<u>June 2018</u>	
Bureau of Human Resources Class Code	Employment Date with the State	

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<u>Carissa Thielbar</u>	<u>6/15/18</u>
Signature of Applicant	Date

Authorization

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<u>Justin G. Sell</u>	<u>DIRECTOR OF ATHLETICS</u>
Name of Authorized Agent	Position/ Title of Authorized Agent
<u>JUSTIN G. SELL</u>	<u>SDSU</u>
Signature of Authorized Agent	Agency of Authorized Agent
<u>6/15/18</u>	
Date	

Approval by State Board of Finance

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

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Application

<u>Douglas William Timm</u>	<u>Residence Hall Director</u>	<u>SDSU</u>
Name of Applicant	New Position Title	Agency Employed By
<u>\$ 28,040</u>	<u>Sioux Falls, SD</u>	<u>Brookings</u>
Yearly Salary	City, State Moving From	New Post of Duty (City)
<u>00547</u>	<u>July 22, 2018</u>	<u>July 2018</u>
Bureau of Human Resources Class Code	Employment Date with the State	Expected Month/Year of Move

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	<u>6/20/18</u>
Signature of Applicant	Date

Authorization

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<u>Rebecca Peters</u>	<u>Director of University Housing & Residential Life</u>
Name of Authorized Agent	Position/ Title of Authorized Agent
<u>Rebecca Peterson</u> <u>6/27/18</u>	<u>SDSU</u>
Signature of Authorized Agent Date	Agency of Authorized Agent

Approval by State Board of Finance

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

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Application

Elizabeth P. Tofte Assist Prof SDSU
Name of Applicant New Position Title Agency Employed By

\$67,000 STARKVILLE, MS BROOKINGS MAY to July 2018
Yearly Salary City, State Moving From New Post of Duty (City) Expected Month/Year of Move

00800 ↓ SPOKANE LWA (storage un.) Aug 22, 2018
Bureau of Human Resources Class Code Employment Date with the State

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Elizabeth Tofte
Signature of Applicant

May 29, 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.

Anaela McKillip
Name of Authorized Agent

Interim Director, School of Design
Position/ Title of Authorized Agent

A. McKillip 5.30.18
Signature of Authorized Agent Date

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

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Application

Curtis Weathers Asst mBB Coach SDSU - Athletics
Name of Applicant New Position Title Agency Employed By

\$80,000 Milwaukee, WI Bweekings SD June 2018
Yearly Salary City, State Moving From New Post of Duty (City) Expected Month/Year of Move

00512 June 2018
Bureau of Human Resources Class Code Employment Date with the State

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[Signature]
Signature of Applicant

6/14/18
Date

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JUSTIN G. SELL
Name of Authorized Agent

DIRECTOR OF ATHLETICS
Position/ Title of Authorized Agent

Justin G Sell 6/15/18
Signature of Authorized Agent Date

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

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Application

<i>Dallas Doane</i>	<i>Honors Program Coordinator</i>	<i>The University of South Dakota</i>
Name of Applicant	New Position Title	Agency Employed By
<i>41,000</i>	<i>Vermillion</i>	<i>June 2018</i>
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
<i>00360</i>	<i>June 1, 2018</i>	
Bureau of Human Resources Class Code	Employment Date with the State	

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Dallas Doane
Signature of Applicant

6/4/2018
Date

Authorization

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Sheila Gestring
Name of Authorized Agent

Vice President, Finance
Position/ Title of Authorized Agent

Sheila Gestring *6-20-18*
Signature of Authorized Agent Date

The University of South Dakota
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on _____
Date

Signature of Secretary, State Board of Finance

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Application

Jenna Freudenberg	Assistant Coach - Women's Basketball	USD
Name of Applicant	New Position Title	Agency Employed By
\$55,000.00	Duluth, MN	May 2018
Yearly Salary	City, State Moving From	New Post of Duty (City)
00511	May 3, 2018	Expected Month/Year of Move
Bureau of Human Resources Class Code	Employment Date with the State	

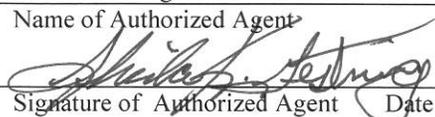
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	Date 5/22/18
Signature of Applicant	Date

Authorization

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Sheila Gestring	Vice President, Finance
Name of Authorized Agent	Position/ Title of Authorized Agent
 6-20-18	The University of South Dakota
Signature of Authorized Agent	Date
	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

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 on the Thursday prior to the Board of Finance meeting.** Documentation received after that time will be processed at the next Board of Finance meeting. All documentation **MUST** comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

<u>Bruce Cuevas</u>	<u>Assistant Professor</u>	
Name of Applicant	New Position Title	Agency Employed By
<u>90000</u>	<u>Vermillion, SD</u>	
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
<u>00803</u>		
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.

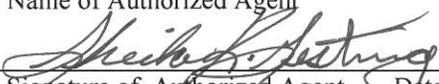
The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (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.

<u></u>	<u>9-5-17</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.

<u>Sheila Gestring</u>	<u>Vice President, Finance</u>
Name of Authorized Agent	Position/ Title of Authorized Agent
<u></u>	<u>The University of South Dakota</u>
Signature of Authorized Agent	Agency of Authorized Agent
<u>6-20-18</u>	
Date	

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

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

Angela Schladzer
Name of Applicant

Assistant Professor USD
New Position Title Agency Employed By

\$90,000
Yearly Salary

Kerrville, Tx
City, State Moving From

Vermillion, SD
New Post of Duty (City)

May 30 - June 2
Expected Month/Year of Move

00803
Bureau of Human Resources Class Code

6/1/2018
Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses. The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence. I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement.

Angela Schlad
Signature of Applicant

6/1/2018
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.

Sheila Gestring
Name of Authorized Agent

Vice President, Finance
Position/ Title of Authorized Agent

Sheila Gestring 6-20-18
Signature of Authorized Agent Date

The University of South Dakota
Agency of Authorized Agent

Approval by State Board of Finance

Signature of Secretary, State Board of Finance

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

PCLS 00803

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
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.

Application

Sonia R Rupani

Assistant Professor

University of South
Dakota

Name of Applicant

New Position Title

Agency Employed By

\$84,000.00

SugarLand, Texas

Vermillion, SD

06/2018

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.

S. Rupani
Signature of Applicant

06.11.2018
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 6-20-18
Signature of Authorized Agent 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.

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

Cubie Dante Warren	Assistant Coach-Football	USD
Name of Applicant	New Position Title	Agency Employed By
\$32,000	Sioux Falls, SD	Vermillion
Yearly Salary	City, State Moving From	New Post of Duty (City)
00511	June 22, 2018	June 2018
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.

	6/12/18
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
	The University of South Dakota
Signature of Authorized Agent	Agency of Authorized Agent
6-20-18	
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

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.

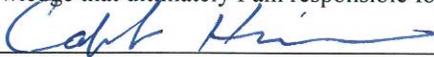
PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board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

Application

Caleb Heim	Assistant Strength & Conditioning Coach	USD
Name of Applicant	New Position Title	Agency Employed By
\$32,000.00	Plattsmouth, NE	June 2019
Yearly Salary	City, State Moving From	Expected Month/Year of Move
<u>00511</u>	June 22, 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

June 8, 2018

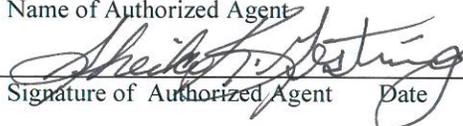
Date

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.

Sheila Gestring

Name of Authorized Agent

 6-20-18

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.

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: 06/04/2018 Agency: GOED
Agency Address: 2329 N Career Ave., Suite 221, Sioux Falls, SD 57107
Agency Phone Number: 605-367-4516
Employee Requesting Reimbursement: Kristen Honey
Total Amount of Reimbursement: \$87.43-\$14(Per Diem)-\$0.78(Tip Overage)=\$72.65
Date(s) of Hosting Expense: 05/24/2018
Receipts Attached: Y / N
Explanation of official business performed: Business prospect hosting that included the vice president and an associate of a company.

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

Kristen Honey
Signature of Employee

6/11/2018
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.

Scott Stern
Name of Department/Office Head

Commissioner
Position/Title of Agency Official

Scott Stern
Signature of Department/Office Head

6/20/18
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.



Business: Shaws Crab House - Chicago

Server: Rafael Rafael Nunez Revenue Center: Ob Server Date: 05/24/2018
Check Open: 12:20 PM Check Closed: 1:29 PM Check Duration: 1 hr 09 mins
Order Type: OB Cashier: Meal Period: Lunch (M-F)
Table Name: 66 Check #: 5588 Cover Count: 3

Ref Number: XXXXXXXXXXXX1001

Item Sales

Order Time	Item Number	Menu Item	Qty	Amount
12:20 PM	213903	SODA	1	\$3.75
12:38 PM	304090	TUNA POKE	1	\$21.00
12:38 PM	303546	OB CRBCKE BLT	1	\$19.00
12:38 PM	215502	CHOP CHIX CHOP CHIX	1	\$15.00
12:53 PM	213409	C- JAMBALAYA	1	\$7.00
12:53 PM	216451	**RUN NOW**	1	\$0.00

Other Charges

Type	Amount
Charge Tip	\$14.00
Direct Tips	\$0.00
Other Charges	\$14.00
Tax:	\$7.68
Total Amount Due	\$87.43
Total Item Sales	\$65.75

Payments

Type	Amount
Amex	\$87.43
Total Payments	\$87.43

This is the only receipt.

Olsen, Marcy

From: Gwenn Bowen <gbowen@leye.com>
Sent: Wednesday, May 30, 2018 4:00 PM
To: Olsen, Marcy
Subject: [EXT] receipt attached
Attachments: universal search - marcy - check 5588.pdf

Hello,

The credit card receipt you requested is attached. If there is anything else I can do to assist you, please do not hesitate to email or call me at Shaw's Crab House.

Thanks and have a great day!

Thanks,

Gwenn Bowen

Divisional Office Supervisor

Shaw's Crab House

p: [312.527.2722](tel:312.527.2722)

f: [312.527.4744](tel:312.527.4744)

a: 21 E. Hubbard Street | Chicago, IL 60611

w: [Shaw's Crab House](#) | [Tokio pub](#) | [Oyster Bah](#)

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: 6/26/18 Agency: Tourism
Agency Address: 711 E Wells Ave, Pierre SD 57501
Agency Phone Number: 605 773 3301
Employee Requesting Reimbursement: Katlyn Richter
Total Amount of Reimbursement: 12.00
Date(s) of Hosting Expense: 6/20/18
Receipts Attached: Y / N

Explanation of official business performed: Hosted Dave Everley for a tour of Jewel Cave National Monument. Paid on my personal cc to purchase the tour ticket from Black Hills Vacations.

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.

Katlyn Richter Date 6/26/18
Signature of Employee

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 6-27-18
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.

Richter, Katlyn

From: Notifications <notifications@inntopia.travel>
Sent: Wednesday, June 20, 2018 4:15 PM
To: Richter, Katlyn
Subject: [EXT] New Black Hills Central Reservations Itinerary (18715024)

*****DO NOT REPLY TO THIS EMAIL*****

This is an automated email being sent by Inntopia on behalf of Black Hills Central Reservations. Please use the appropriate Contact Information noted below for any questions or comments.



Thank you for booking your vacation with Black Hills Central Reservations. Please review all travel information and let us know if you have any questions. For any discrepancies please contact us at 1.605.717.7620 within 7 days. We look forward to having you in the beautiful Black Hills of South Dakota.

We invite you to add a comment to our listing on Google.com. Simply click this link to write a review Blackhillsvacations.com/Add-Review 'Write a Review' and post your comments.

Like Us on [Facebook](https://www.facebook.com/blackhillsvacations.com) and post your vacation photos.

Agent: Jeanna Dewey
Email: jeannad@blackhillsvacations.com
Phone: 605-717-7002

Itinerary

Guest Information: Dave Everley 711 E Wells Avenue Pierre, SD 57501 katlyn.richter@travelsouthdakota.com home:1-605-773-3301	***** CONFIRMED Itinerary ID: 18715024 ***** Payment Information: KATLYN RICHTER VI XXXX-XXXX-XXXX-6536 Expiration: 07/2021
--	---

Item	Total
*****CONFIRMED***** (1) Scenic Tour, 10:00AM Ages 17+ Jewel Cave National Monument Date: 06/26/2018 Special Instructions: Please present confirmation as proof of purchase. Please check in 30 minutes prior to scheduled tour or reservation will be cancelled and will not be refunded or rescheduled. Physical Location: 11149 US Highway 16, Bldg B12 Custer SD 57730 UTM Coordinates: 594270, 4842528 (UTM NAD 83) Latitude / Longitude: 43 43' 46.6153" N - 103 49' 46.6522" W	\$12.00
Total	\$12.00

Payments

06/20/2018	VI XXXX-XXXX-XXXX-6536	\$12.00
TOTAL PAID		\$12.00

Upcoming Payments Due for Confirmed Items

Date Due	Total Due	Amount Paid	Balance Due
----------	-----------	-------------	-------------

06/20/2018 \$12.00 \$12.00 \$0.00

Black Hills Central Reservations

<http://www.blackhillsvacations.com>
PO Box 523
Deadwood, SD 57732
1-605-717-7620
1-605-717-7620
reservations@blackhillsvacations.com

Jewel Cave National Monument

<http://nps.gov/jeca>
11149 US Highway 16, Building B12
Custer, SD 57730
1-605-673-8300
jeca_reservations@nps.gov

Policies:

Jewel Cave National Monument

Written Cancellation Policy: Written Cancellation Policy: Tickets are non-refundable. Any and all modifications to an existing reservation must be conducted outside 72 hours of the pending arrival date and must be made by calling Black Hills Central Reservations directly at (866) 601-5103. Modifications by email, fax, or text will not be accepted. Furthermore, park staff are not able to make modifications on-site.

Written Deposit Policy: Payment will be taken at time of booking.

Other Policy: Additional Policies and Regulations (please review carefully):

- * Participants that have been in any other caves or mines are required to wear (clean) different clothes and footwear within Jewel Cave to prevent the spread of White Nose Syndrome (WNS).
- * All participants must be at the Monument at least 30 minutes prior to their scheduled tour time. Late arrivals or missed tours will not be refunded.
- * Sandals, flip flops, open-toed thongs, and other non-secured footwear are not allowed on any cave tour.
- * Participants with physical limitations or health concerns need to be aware that there are 723 stairs along the Scenic Tour. Cave tours can be strenuous for some visitors, and guests that depart from the cave tour early will not receive a refund.
- * Hand bags, backpacks, purses, fanny packs, walking sticks, and other carried items are not allowed on cave tours. Guests are required to leave these items in the security of their personal vehicle.
- * Food and drink of any kind are not allowed inside Jewel Cave. Other than water bottles, food and drink are not allowed inside the visitor center or other visitor facilities.
- * Jewel Cave is 49 degrees F (9 degrees C) year-round. Guests are encouraged to wear a light jacket or pull-over sweatshirt for comfort.
- * Cameras are allowed inside the cave; however, due to safety concerns, camera use is not allowed on the stairs.
- * Infants are allowed on Scenic Tours using front-carriers only (kangaroo pouches). Toddlers that walk through Jewel Cave must be able to successfully and efficiently navigate the stairs and walkways on their own. Parents or family members are not allowed to carry toddlers through the cave without a front-carrier. NOTE: Strollers are not allowed inside the cave.
- * Pets are not allowed inside Jewel Cave, excluding service animals. For further information, please contact the Monument directly at (605) 673-8300 and speak with a park ranger.

Additional Recommendations:

- * Participants that have been inside other caves or mines should plan to bring different clothes and footwear to Jewel Cave.
- * There are limited food and beverage services on-site. Visitors are encouraged to bring their own lunch and picnic at different locations within the Monument.
- * For additional information related to Jewel Cave, such as books, educational media, patches and lapel pins, clothing items, and other memorable souvenirs, please contact the Black Hills Parks and Forests Association at (605) 745-7020 or visit their Park Store online at www.blackhillsparks.org.

Physical Location:

Jewel Cave National Monument
11149 US Hwy 16
Bldg. B12

Custer, South Dakota 57730
(605) 673-8300 - Visitor Center
(605) 673-8397 - FAX
jeca_interpretation@nps.gov

UTM Coordinates:

594270, 4842528 (UTM NAD 83)

Latitude / Longitude:

43 43' 46.6153" N
103 49' 46.6522" W

Fulfillment instructions: Please present confirmation as proof of purchase. Please check in 30 minutes prior to scheduled tour or reservation will be cancelled and will not be refunded or rescheduled.

Physical Location: 11149 US Highway 16, Bldg B12 Custer SD 57730

UTM Coordinates: 594270, 4842528 (UTM NAD 83)

Latitude / Longitude: 43 43' 46.6153" N - 103 49' 46.6522" W

If you wish to manage your email preferences and subscriptions, including the ability to unsubscribe from email communications, [click here](#).

RECEIVED

JUN 15 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: 06-05-2018 Agency: SDGF?P
Agency Address: 523 E. Capitol Ave Pierre, SD 57501
Agency Phone Number: 605-773-3387
Employee Requesting Reimbursement: Daniel Dirks
Total Amount of Reimbursement: \$588.24
Date(s) of Expense: 5/01/2018 thru 5/31/2018
Event Leave Time: 5:30AM 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.

[Signature]
Signature of Employee

06/05/2018
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
[Signature]
Signature of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official
6/13/18
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.

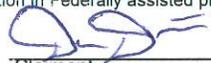
**STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL**

Name:		Employee #	Fed Code	State Code	Expense	License #	Mileage	Home Station			
Daniel Dirks		161443		AD=ADMIN. LE=LAW WL=WILDLIFE HB=HABITAT FS=FISHERIES	X	IA 975 YZX	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	5:30am		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						
5/15	Pierre- LET Academy			ST	LE						
5/17	Pierre- LET Academy			ST	LE						
5/18	Pierre- LET Academy			ST	LE		\$15.00				
5/18	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- South Dakota/Iowa Border	4:00pm		ST	LE		\$15.00	286.00	\$120.12		
5/26	Home (Akron,IA)			ST	LE		\$32.00				
5/27	Home (Akron,IA)			ST	LE		\$32.00				
5/28	Pierre-South Dakota/Iowa Border		8:00pm	ST	LE		\$32.00	286.00	\$120.12		
5/29	Pierre- LET Academy			ST	LE						
5/30	Pierre- LET Academy			ST	LE						
5/31	Pierre- LET Academy		8:00pm	ST	LE						

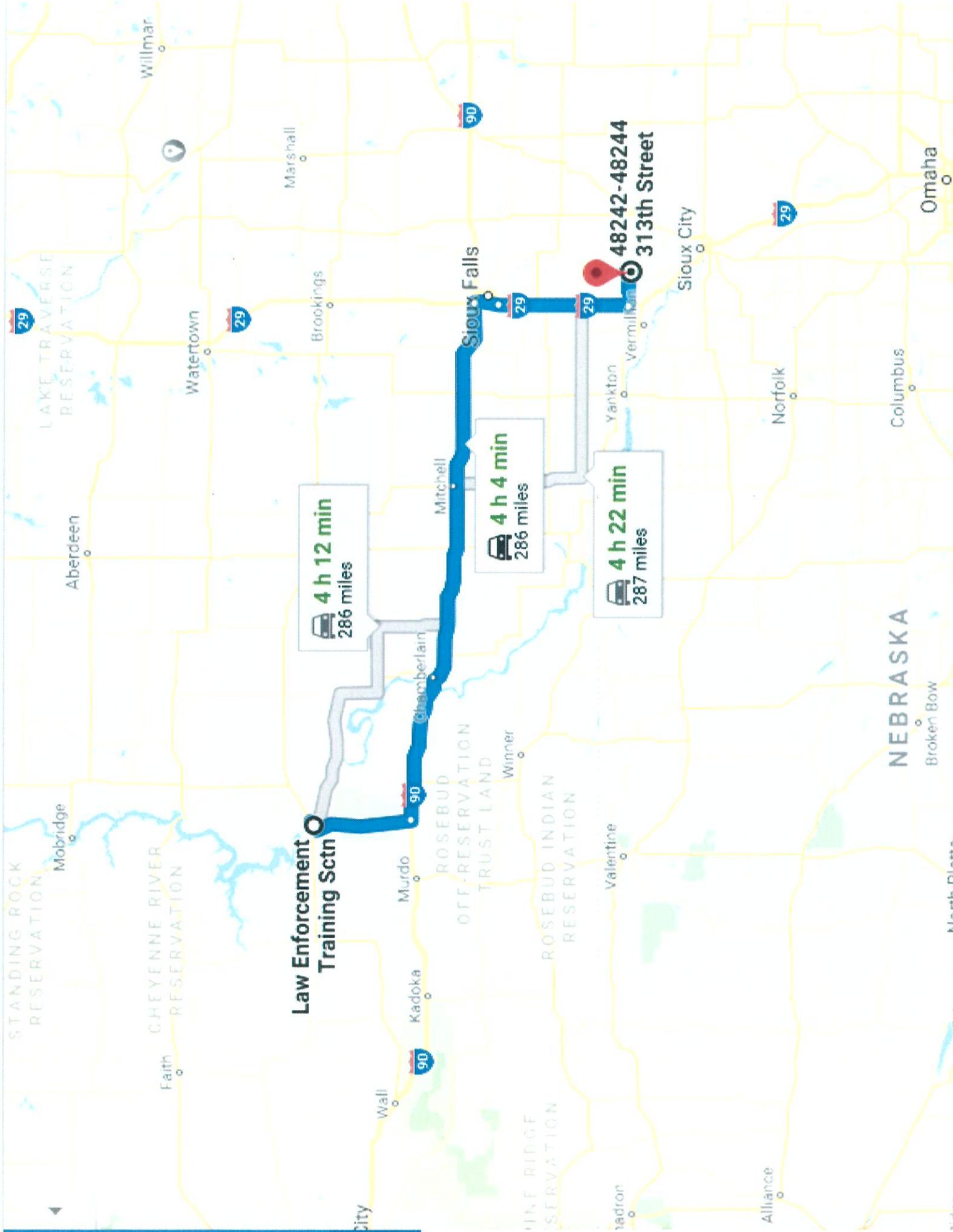
PURPOSE OF TRAVEL:	Subtotals					Taxable	Non taxable			
LET Academy						\$0.00	\$348.00	572.00	\$240.24	\$0.00
										\$0.00
										\$563.24
										563.24

Grand Total
Apply to Advance
AMOUNT REIMBURSABLE

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 and discrimination in Federally assisted programs.


Claimant _____ Date 06-05-2018


Authorization _____ Date 6/5/2018



Law Enforcement Training Sctn

4 h 12 min
286 miles

4 h 4 min
286 miles

4 h 22 min
287 miles

48242-48244
313th Street

90

29

29

29

90

STANDING ROCK RESERVATION

CHEYENNE RIVER RESERVATION

ROSEBUD OFF-RESERVATION TRUST LAND

ROSEBUD INDIAN RESERVATION

LAKE TRAVERSE RESERVATION

NEBRASKA

Aberdeen

Faith

Kadoka

Wall

Murdo

90

90

Mitchell

Sioux Falls

Marshall

Brookings

Watertown

Willmar

Valentine

Yankton

Vermillion

Sioux City

Alliance

Norfolk

Columbus

Broken Bow

Omaha

North Platte

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

RECEIVED

JUN 15 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
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: 6-5-18 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: \$ 507.60
Date(s) of Expense: 5/1/18 - 5/31/18
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

6/5/18
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

[Signature]
Signature of Department/Office Head

6/13/18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

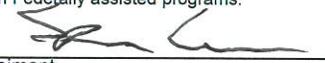
Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

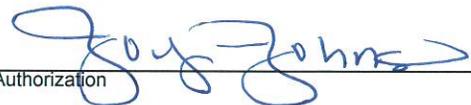
STATE OF SOUTH DAKOTA TRAVEL PAYMENT DETAIL

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								
5/1	Pierre- LET Academy	5:30am		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						
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5/12	Pierre- LET Academy			ST	LE		\$32.00				
5/13	Pierre- LET Academy			ST	LE		\$32				
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- Brookings	4:00PM		ST	LE		\$15.00	190.00	\$79.80		
5/26	Home (Brookings)			ST	LE		\$32.00				
5/27	Home (Brookings)			ST	LE		\$32.00				
5/28	Brookings-Pierre		8:00PM	ST	LE		\$32.00	190.00	\$79.80		
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					
						\$0.00	\$348.00	380.00	\$159.60	\$0.00	\$0.00	
Grand Total											\$507.60	
Apply to Advance												
AMOUNT REIMBURSABLE											507.60	

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 and discrimination in Federally assisted programs.


6-5-18
 Claimant Date


6/5/2018
 Authorization Date

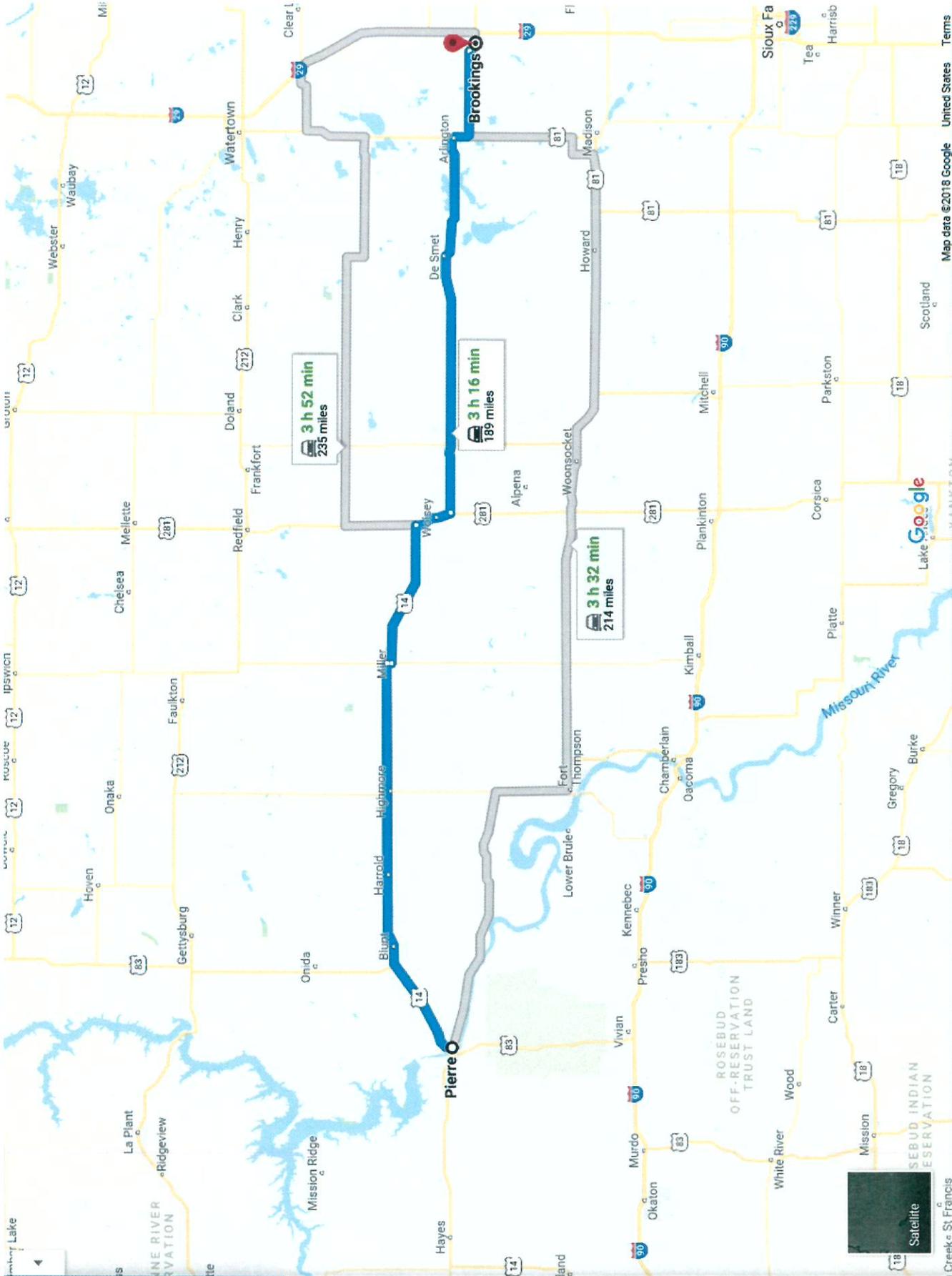
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1 57006

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↑ ↓

OPTIONS



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: July 3, 2018 Agency: SD GF+P
Agency Address: 523 East Capitol Avenue Pierre, SD 57501
Agency Phone Number: (605) 773-3387
Employee Requesting Reimbursement: 154101 Kendyll Jones
Total Amount of Reimbursement: \$1,051.17
Date(s) of Expense: June 1, 2018 - June 30, 2018
Event Leave Time: 5:59 AM Event Return Time: 5:00 PM
Explanation of official business performed: Post Academy 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

July 3, 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

Department Secretary
Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

7/5/18
Date

State Board of Finance Approval

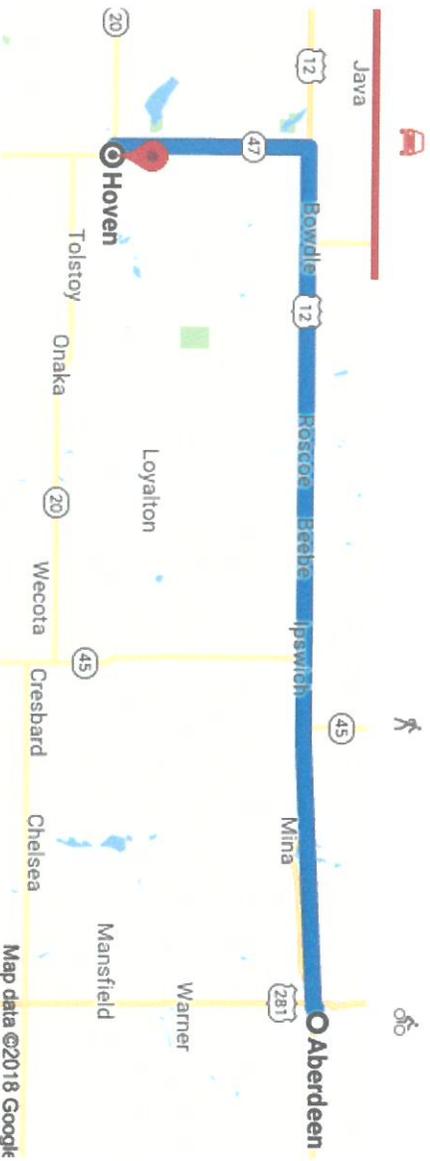
Approval Date: _____

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.

Aberdeen, South Dakota 57401

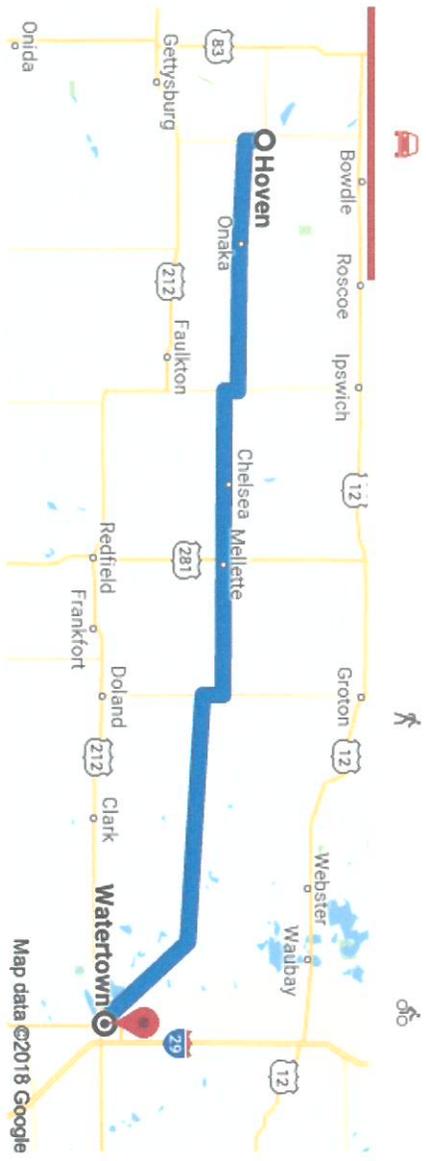
Hoven, South Dakota 57450



1 h 23 min (79.1 mi) via US-12 W

 Directions

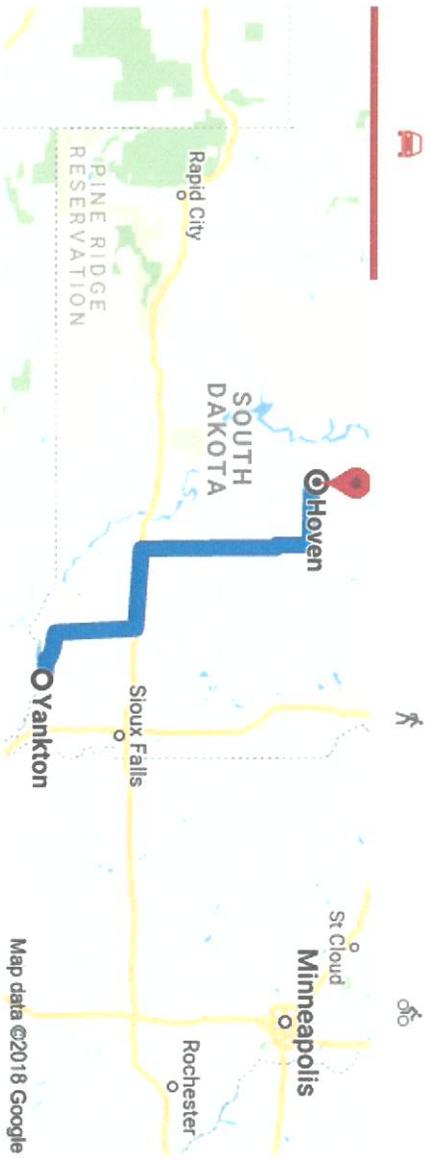
- Hoven, South Dakota 57450
- Watertown, South Dakota 57201



2 h 22 min (145.2 mi) via SD-20 E

Directions

- Yankton, South Dakota 57078
- Hoven, South Dakota 57450



4 h 20 min (271.8 mi) via SD-45 N

Directions

- Watertown, South Dakota 57201
- Aberdeen, South Dakota 57401



1 h 42 min (95.4 mi) via SD-20 W and US-12 W

Directions

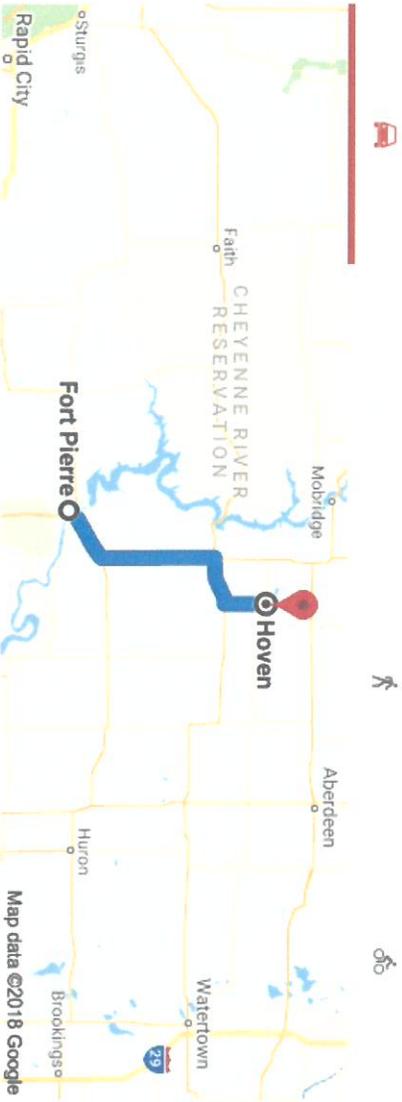
- Hoven, South Dakota 57450
- Madison, South Dakota 57042



Directions

3 h 25 min (210.3 mi) via US-281 S

- Fort Pierre, South Dakota 57532
- Hoven, South Dakota 57450



Directions

1 h 30 min (83.4 mi) via US-83 N

- Madison, South Dakota 57042
- Yankton, South Dakota 57078



Directions

1 h 41 min (94.5 mi) via US-81 S