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: 7/2/18 Agency: SD GF+P

Agency Address: 523 E. Capitol Ave, Pierre SD 57501

Agency Phone Number: 605-773-3387

Employee Requesting Reimbursement: Spencer Carstens

Total Amount of Reimbursement: $974.56

Date(s) of Expense: 6/1/18 – 6/30/18

Event Leave Time: 5:59 am Event Return Time: 5:00pm

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 of Employee: [signature] Date: 7/2/18

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: Kelly R Hepler

Position/Title of Agency Official: Department Secretary

Signature of Department/Office Head: [signature]

Date: 7/5/18

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.

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	

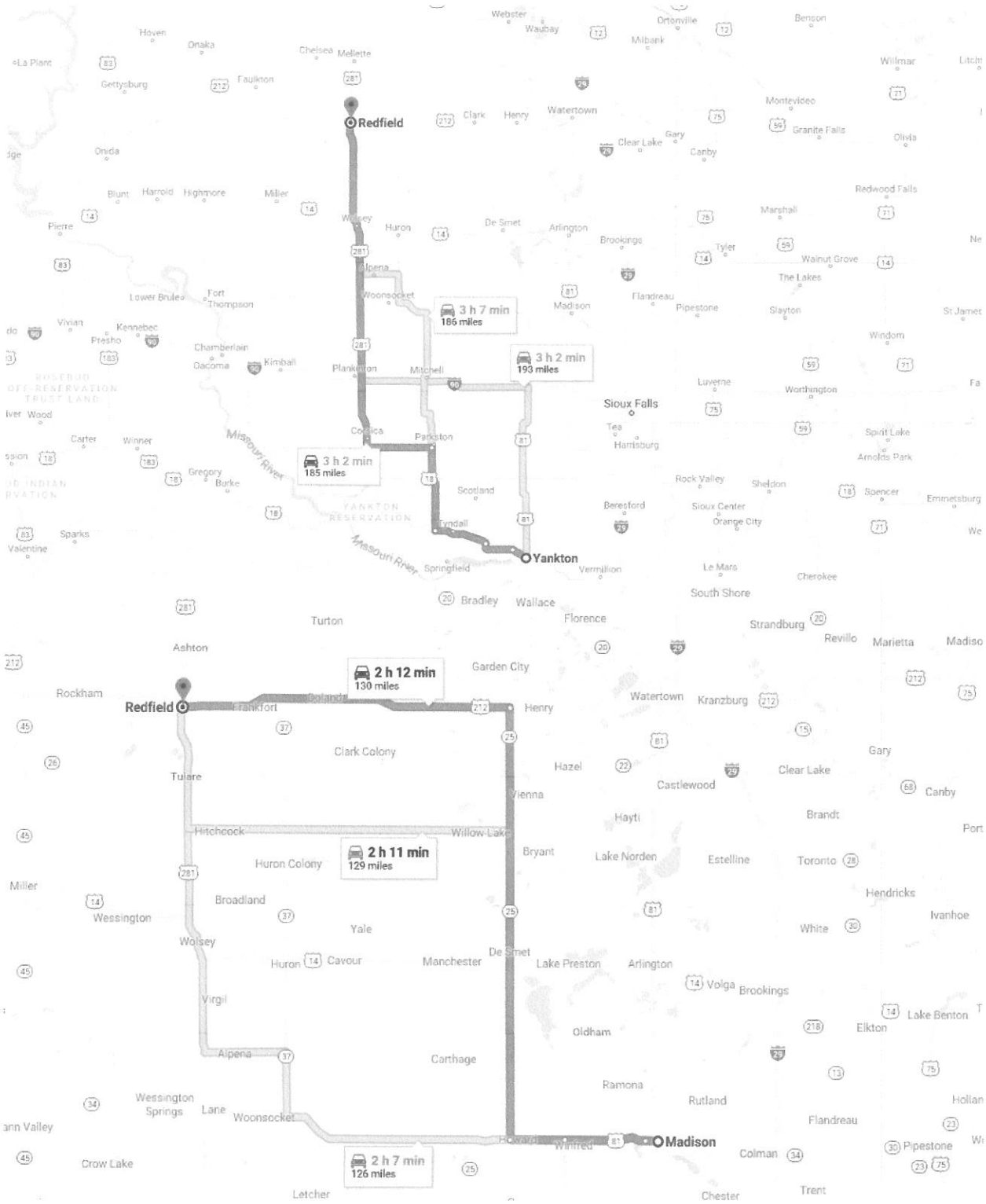
Date Mo. Day	DESCRIPTION OF TRAVEL DESTINATION Miles, Misc. Expense, etc.	Time Leave	Time Return	Proj Code	State Code	Day Trip Meals	Overnight Meals	Miles	Amount Claimed	Lodging	Misc. Expense
6/1	Pierre-LET Academy	5:59am		ST	LE		$15.00				
6/2	Pierre-LET Academy			ST	LE		$32.00				
6/3	Pierre-LET Academy			ST	LE		$32.00				
6/4	Pierre-LET Academy			ST	LE						
6/5	Pierre-LET Academy			ST	LE						
6/6	Pierre-LET Academy			ST	LE						
6/7	Pierre-LET Academy			ST	LE						
6/8	Pierre to Redfield		3:00pm	ST	LE			117.00 m	$49.14		
6/9											
6/10	Redfield To Madison	5:00pm		ST	LE		$15.00	130.00 m	$54.60		
6/11	Madison (post academy)			ST	LE		$26.00				
	Madison to Yankton (WEPOC)			7100	7100		$15.00	94.5m	$39.69		
6/12	Yankton (WEPOC)			7100	7100		$32.00				
6/13	Yankton (WEPOC)			7100	7100		$32.00				
6/14	Yankton (WEPOC)			7100	7100		$32.00				
6/15	Yankton to Redfield		1:00pm	7100	7100		$17.00	185.00 m	$77.70		
6/16											
6/17	Redfield to Pierre	5:00pm		ST	LE		$15	117.00 m	$49.14		
6/18	Pierre (Post Academy)			ST	LE		$32.00				
6/19	Pierre (Post Academy)			ST	LE		$32.00				
6/20	Pierre (Post Academy)			ST	LE		$32.00				
6/21	Pierre (Post Academy)			ST	LE		$32.00				
6/22	Pierre to Redfield		5:00pm	ST	LE		$17.00	117.00m	$49.14		
6/23											
6/24	Redfield to Watertown	5:00pm		ST	LE		$15.00	70.00 m	$29.40		
6/25	Watertown (post academy)			ST	LE		$32.00				
6/26	Watertown (post academy)			ST	LE		$32.00				
6/27	Watertown to Aberdeen			ST	LE		$32.00	95.00 m	$39.90		
6/28	Post Academy (Aberdeen)			ST	LE		$32.00				
6/29	Aberdeen to Redfield		5:00pm	ST	LE		$17.00	42.5 m	$17.85		
6/30											
						Taxable	Non taxable				
	Subtotals					$0.00	$568.00	0.00	$406.56	$0.00	$0.00
					Grand Total						$974.56
					Apply to Advance						
					AMOUNT REIMBURSABLE						974.56

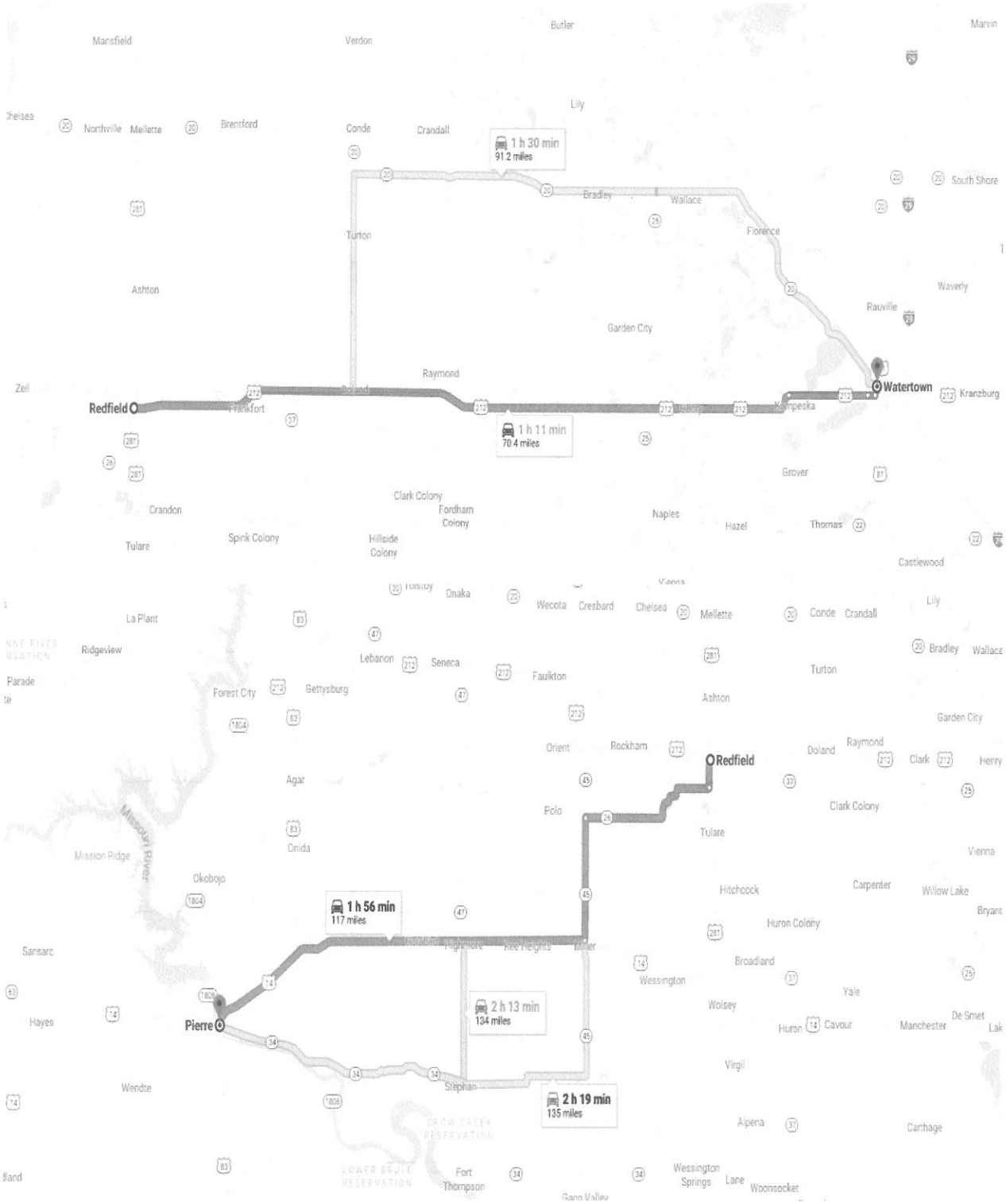
OSE OF TRAVEL:
my and Post Academy

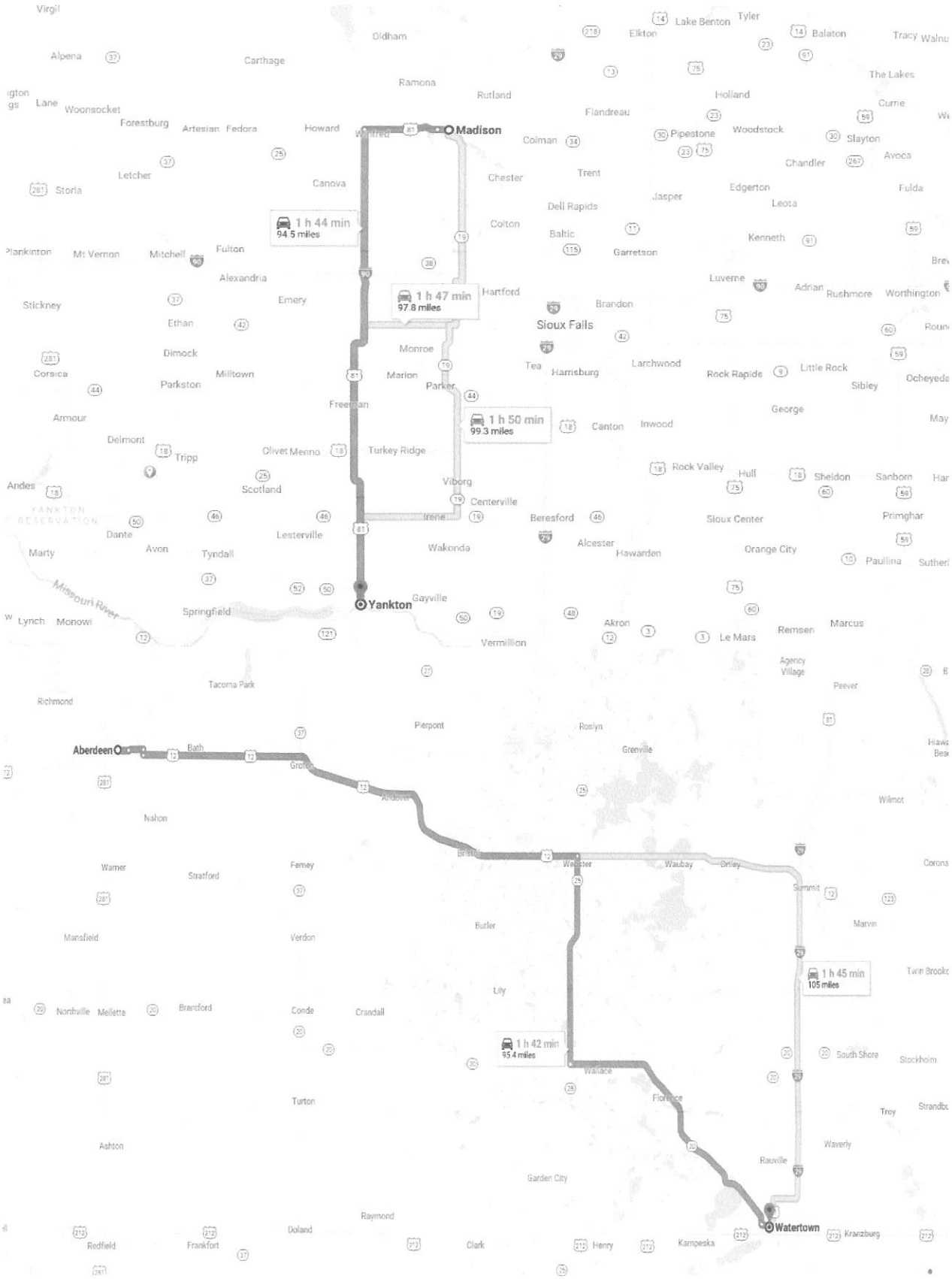
claim has been examined by me, and to the best of my knowledge and
comply with the provision of the Civil Rights Act of 1964 and regulations
ndiscrimination in Federally assisted programs.

Claimant 7/2/18 Date

Authorization 7/05/18 Date


Redfield
Yankton
3 h 7 min
186 miles
3 h 2 min
193 miles
3 h 2 min
185 miles
Sioux Falls
Redfield
Madison
2 h 12 min
130 miles
2 h 11 min
129 miles
2 h 7 min
126 miles


1 h 30 min
91.2 miles
Redfield
Watertown
1 h 11 min
70.4 miles
Redfield
1 h 56 min
117 miles
Pierre
2 h 13 min
134 miles
2 h 19 min
135 miles
Mansfield
Verdon
Butler
Marvin
Lily
Northville
Mellette
Brentford
Conde
Crandall
Bradley
Wallace
South Shore
Turton
Florence
Ashton
Waverly
Rauville
Garden City
Raymond
Zell
Frankfort
Kampeska
Kranzburg
Grover
Crandon
Clark Colony
Fordham Colony
Naples
Hazel
Thomas
Tulare
Spink Colony
Hillside Colony
Castlewood
Onaka
Wecota
Cresbard
Chelsea
Mellette
Conde
Crandall
Lily
La Plant
Ridgeview
Lebanon
Seneca
Faulkton
Bradley
Wallace
Turton
Parade
Forest City
Gettysburg
Ashton
Garden City
Orient
Rockham
Doland
Raymond
Clark
Henry
Agar
Polo
Clark Colony
Tulare
Missouri River
Mission Ridge
Onida
Vienna
Okobojo
Hitchcock
Carpenter
Willow Lake
Bryant
Huron Colony
Highmore
Kee Heights
Miller
Sansarc
Broadland
Wessington
Yale
Hayes
Wolsey
Huron
Cavour
Manchester
De Smet
Virgil
Wendte
Stephan
Alpena
Carthage
Fort Thompson
Wessington Springs
Lane
Woonsocket


Madison
1 h 44 min
94.5 miles
1 h 47 min
97.8 miles
Sioux Falls
1 h 50 min
99.3 miles
Yankton
Aberdeen
1 h 42 min
95.4 miles
1 h 45 min
105 miles
Watertown

Aberdeen, South Dakota 57401

Redfield, South Dakota 57469

Add destination

Leave now

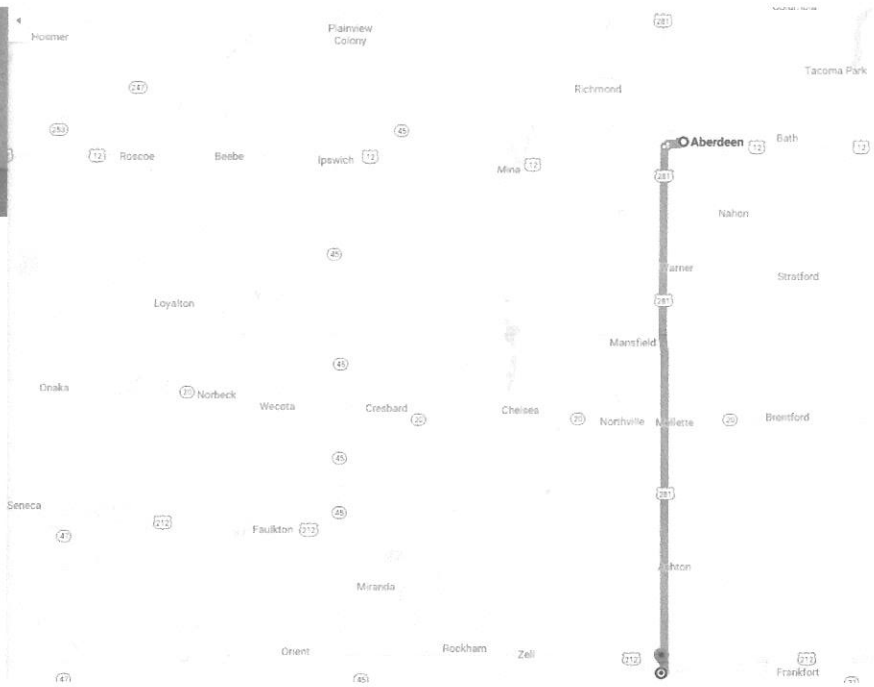
OPTIONS

Send directions to your phone

via US-281 S — 44 min

Fastest route, the usual traffic — 42.5 miles

DETAILS



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

Application

Date: 4/5/2018 Agency: SD Game, Fish and Parks

Agency Address: 1550 E. King St Chamberlain SD 57325

Agency Phone Number: 605-362-3571

Employee Requesting Reimbursement: Patrick Klotzbach

Total Amount of Reimbursement: $80.82

Date(s) of Expense: 4/5/2018

Event Leave Time: 5:00 PM Event Return Time: 9:00 PM

Explanation of official business performed: Regional Huntsafe volunteer instructor trainings.

These trainings are required for our instructors to stay certified. Dinner is provided at these trainings.

Trainings are held every other year.

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 K 5/30/18

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 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 to voucher to be sent to the State Auditor's Office.

STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL

Name:	Patrick Klotzbach	Employee #		Fed Code	State Code	Expense	License #	Mileage		Home Station	
		144300			AD=ADMIN. LE=LAW WL=WILDLIFE HB=HABITAT FS=FISHERIES	X		Claim if Personal Vehicle Was Used		Sioux Falls TOC	
Date Mo. Day	DESCRIPTION OF TRAVEL DESTINATION	Time Leave	Time Return	Proj Code	State Code	Day Trip Meals	Overnight Meals	Miles	Amount Claimed	Lodging	Misc. Expense
04/05/18	HuntSafe Instructor Training Chamberlian										$80.82
						Taxable			Non taxable		
	Subtotals					$0.00	$0.00	0.00	$0.00	$0.00	$80.82

PURPOSE OF TRAVEL:
Regional Huntsafe Instructor Training
Paid for dinner out of pocket

Grand Total	$80.82
Apply to Advance	
AMOUNT REIMBURSABLE	80.82

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

Claimant 5/30/18 Date

Authorization

Authorizat Authorization Date

Thank You
For Eating at Pizza Hut

Have a Nice Day

Ticket: 34 Register: 1
Server: Jarrett
Unit # 002770 04/05/2018
(605)734-5503 17:22

(605)360-6592 Zone: G-05
Pat
game fish parks
pat
1550 E King St
CHAMBERLAIN, SD 573250000
Residence

Time due: 18:00

FUTURE DUE: 04/05/2018 18:00

1 Convenience Fee	3.25
1 Lrg Htt	17.49
{S} Classic	0.00
Supreme	
{F} GarlicBB	0.00
1 Lrg Htt	17.49
{S} Classic	0.00
Meat Lover	
{F} GarlicBB	0.00
1 Lrg Htt	17.49
Hawaiian Luau	
{S} Classic	0.00
{F} GarlicBB	0.00
1 Lrg Htt	12.49
{S} Classic	0.00
Pepperoni	1.75
{F} GarlicBB	0.00
1 Lrg Htt	12.49
{S} Classic	0.00
It Sausage	1.75
{F} GarlicBB	0.00
1 Lrg Htt	12.49
{S} Classic	0.00
Cheese Only	0.00
{F} GarlicBB	0.00
1 2 Liter Pepsi	2.99
1 2 Liter Dt Pepsi	2.99
1 2 Liter Root Beer	2.99
1 2 Liter Mtn Dew	2.99
1 Plates Cups Napkin	0.00
> Set of 20	
$19.99 Lrg Spec, Lrg 1top	-33.47
Sub Total	75.18
Tax/Other	5.64
DELIVERY Total	80.82

Driver Gratuity Not Included

LOVE AT FIRST BITE?
CHANCE TO WIN $1000
WWW.TELLPIZAHUT.COM
SURVEY CODE: 7etvnc49a4n

Total Items: 11

SEE BACK OF RECEIPT FOR AN OFFER

Chamberlain Instructor Training

Catland Landegent	34252 249th St	Chamberlain	57325
Donald Meinen	407 S River St	Chamberlain	57325
Kyle Bales	PO Box 772	Chamberlain	57325
James Lindley	200 S. Paul Gust Rd #107	Chamberlain	57325
Terry Batterman	Box 114	Chamberlain	57325
Gerald Heismeyer	Gfp 715 N Main St	Chamberlain	57325
Brian Ward	24963 346th Ave	Chamberlain	57325
Eric Weeman	1021 S Courtland St	Chamberlain	57325
Kendall Hettick	119 N. River St #2	Chamberlain	57325
Bruce Eldridge	214 W 10th Ave	Chamberlain	57325
Justin Schmiedt	24494 348 Ave	Chamberlain	57325
George Wolf	P O Box 36	Chamberlain	57325
Dave Lagrove	304 Riverview Ave	Chamberlain	57325
Daigre Douville	903 N Martin St	Chamberlain	57325
Arlin Waldow	Rural Route Box 50	Willow Lake	57278
Jamie Hohm	43048 186th St	Willow Lake	57278
Kerry Stobbs	Box 222	Willow Lake	57278
Arlo Saboe	130 SD Highway 28	Willow Lake	57278
Michael Welter	PO Box 38	Presho	57568
Calvin Burger	P. O. Box 39	Presho	57568
Rod Lillebo	Box 162	Presho	57568

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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: 4/11/2018 Agency: SD Game, Fish and Parks

Agency Address: 4500 S. Oxbow Ave Sioux Falls SD 57106

Agency Phone Number: 605-362-3571

Employee Requesting Reimbursement: Patrick Klotzbach

Total Amount of Reimbursement: $130.73

Date(s) of Expense: 4/11/2018

Event Leave Time: 5:00 PM Event Return Time: 9:00 PM

Explanation of official business performed: Regional Huntsafe volunteer instructor trainings.

These trainings are required for our instructors to stay certified. Dinner is provided at these trainings.

Trainings are held every other year.

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 K
Signature of Employee

5/30/18
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 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 to voucher to be sent to the State Auditor's Office.

STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL

Name: Patrick Klotzbach	Employee #	Fed Code	State Code	Expense	License #	Mileage	Home Station
	144300		AD=ADMIN. LE=LAW WL=WILDLIFE HB=HABITAT FS=FISHERIES	X		Claim if Personal Vehicle Was Used	Sioux Falls TOC

Date Mo. Day	DESCRIPTION OF TRAVEL DESTINATION	Time Leave	Time Return	Proj Code	State Code	Day Trip Meals	Overnight Meals	Miles	Amount Claimed	Lodging	Misc. Expense
04/11/18	HuntSafe Instructor Training Watertown	5:00 PM	9:00 PM								$130.73
						Taxable		Non taxable			
	Subtotals					$0.00	$0.00	0.00	$0.00	$0.00	$130.73

PURPOSE OF TRAVEL:
Regional Huntsafe Instructor Training
Paid for dinner out of pocket

Grand Total	$130.73
Apply to Advance	
AMOUNT REIMBURSABLE	130.73

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

Pat K 5/30/18

Claimant Date Authorization Authorizat Authorization Date

Date: 4/11/18 Time: 5:10 pm
Marco's Pizza #4022 605-878-2727

DEFERRED ORDER

Due Date: Wed 4/11/18 Time: 6:10 pm
Order Due In 3 minutes

Delivery #82

Pat Klotzbach 605-360-6592
Hampton Inn
2720 9th Ave SE
Room# meeting room
Watertown SD 57201
Zone: C3
Driver: Kyle
We are in the meeting room, could you plea
se bring plates, napkins, cups.

3 XL. Cheese Pepperoni	$47.97
2 XL. Cheese Italian Sausage	$31.98
XL. Big Cheese Garlic Butter Crust Parm Cheese Crust	$19.99
XL. Cheese Old World Pepperoni	$15.99
3 Cheezy Bread	$17.97
2 Ltr Pepsi	$2.89
2 Ltr Mt Dew	$2.89
2 Ltr Diet Pepsi	$2.89
2 Ltr Sierra Mist	$2.89
Pure Leaf 1/2Gal Sweet	$2.89

Visa: ends in 9780
Auth: 011323 Ref: 810121600609

XLarge1 Topping Pizza $9.99 (C)	$9.99
XLarge1 Topping Pizza $9.99 (C)	$9.99
XLarge1 Topping Pizza $9.99 (C)	$9.99
XLarge1 Topping Pizza $9.99 (C)	$9.99
XLarge1 Topping Pizza $9.99 (C)	$9.99
XLg Big Cheese $9.99 (C)	$9.99
XLarge1 Topping Pizza $9.99 (C)	$9.99
Subtotal	$102.35
Delivery Charge	$2.75
Tax	$7.83
Tip	$17.80
Total	$130.73
CREDIT CARD	AUTHORIZATION
VISA #9780	$130.73

SIGNATURE:_____
Patrick Klotzbach

Sign up today for Marcos Loyalty Rewards!

Name_____

Email_____

Cell Phone#_____

*******FREE CHEEZYBREAD*******

With The Purchase Of A Large Pizza.

Share Your Feedback With Us
In The Next 30 Days

Go To Tellmarcos.com
Survey Code:
82 - 20180411 - 4022
Coupon Code_____
Expires In 30 Days

Watertown Huntsafe Instructor Training 4/11/18

April VanWormer	PO Box 396	Watertown	57201
Lorie Janssen	45892 Us Hwy 212	Watertown	57201
Robert Jaskulka	108 15th St NE	Watertown	57201
Ronald Peterson	16483 450th Ave	Watertown	57201
Dr Hornberger Dds	1723 42Nd St Sw	Watertown	57201
Gary Witt	22 Sixth Street Ne	Watertown	57201
Jack Kennedy	528 9th St NE	Watertown	57201
Roger Crom	816 16th Ave NE	Watertown	57201
Daniel Myers	17180 461St Ave	Watertown	57201
Keith Hallberg	503 Second Nw	Watertown	57201
Karen Schweitzer	112 2nd Ave SW	Watertown	57201
David Hoff	112 16th St. NE	Watertown	57201
Joseph Hauck	5616 7th Ave SW	Watertown	57201
Michael Dunse	521 W 5th St	Webster	57274
Leroy Kilber	520 East 10Th Avenue West	Webster	57274
Ron Mazourek	39365 SD Highway 50	Wagner	57380
Kenneth Cotton	39373 SD Highway 46	Wagner	57380
Roger Schroeder	Box 786	Wagner	57380

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SD. 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: 4/17/2018 Agency: SD Game, Fish and Parks

Agency Address: 4500 S. Oxbow Ave Sioux Falls SD 57106

Agency Phone Number: 605-362-3571

Employee Requesting Reimbursement: Patrick Klotzbach

Total Amount of Reimbursement: $103.88

Date(s) of Expense: 4/17/2018

Event Leave Time: 5:00 PM Event Return Time: 9:00 PM

Explanation of official business performed: Regional Huntsafe volunteer instructor trainings.

These trainings are required for our instructors to stay certified. Dinner is provided at these trainings.

Trainings are held every other year.

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 K 5/30/18

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 of Department/Office Head Date 6/13/18

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL

Name:	Patrick Klotzbach	Employee #		Fed Code	State Code	Expense	License #	Mileage		Home Station	
		144300			AD=ADMIN. LE=LAW WL=WILDLIFE HB=HABITAT FS=FISHERIES	X		Claim if Personal Vehicle Was Used		Sioux Falls TOC	
Date Mo. Day	DESCRIPTION OF TRAVEL DESTINATION	Time Leave	Time Return	Proj Code	State Code	Day Trip Meals	Overnight Meals	Miles	Amount Claimed	Lodging	Misc. Expense
04/17/18	HuntSafe Instructor Training Brookings	5:00 PM	9:00 PM								$103.88
						Taxable		Non taxable			
	Subtotals					$0.00	$0.00	0.00	$0.00	$0.00	$103.88
					Grand Total						$103.88
					Apply to Advance						
					AMOUNT REIMBURSABLE						103.88

PURPOSE OF TRAVEL:

Regional Huntsafe Instructor Training

Paid for dinner out of pocket

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

Pat Klotzbach 5/31/18

Claimant Date Authorization Authorizat Authorization Date

Thank You
For Eating at Pizza Hut

Have a Nice Day

Ticket: 990034 /I Register: 6
Server:
Driver: Jesse
Unit # 002769 04/17/2018
(605)692-4330 14:14

(605)360-6592 Zone:
Pat Klotzbach
2810 22nd Ave S
BROOKINGS, SD 570060000
Residence

Time due: 18:00
OTD: 23:57

CSC# 4 Reorders: 1

FUTURE DUE: 04/17/2018 18:00

DI:Napkins,cups,plates please

1 Bread Sticks	4.99
1 Bread Sticks	4.99
1 2 Liter Dt Dew	2.99
1 2 Liter Dr Pepp	2.99
1 2 Liter Pepsi	2.99
1 2 Liter Sierra Mist	2.99
1 Lrg Htt	12.49
{S} Classic	0.00
Pepperoni	1.75
{F} GarlicBB	0.00
1 Lrg Htt	12.49
{S} Classic	0.00
Pepperoni	1.75
It Sausage	1.75
{F} GarlicBB	0.00
1 Lrg Htt	12.49
{S} Classic	0.00
Pepperoni	1.75
Green Peppers	1.75
{F} GarlicBB	0.00
1 Lrg Htt	12.49
{S} Classic	0.00
Pepperoni	1.75
{F} GarlicBB	0.00
1 Lrg Htt	12.49
{S} Classic	0.00
Beef	1.75
Onions	1.75
{F} GarlicBB	0.00
1 Lrg Htt	12.49
{S} Classic	0.00
Ham	1.75
Pineapple	1.75
{F} GarlicBB	0.00
1 Lrg Htt	12.49
Cheese Only	0.00
{S} Classic	0.00
{F} GarlicBB	0.00
1 Lrg Htt	17.49
Supreme	
{S} Classic	0.00
{F} GarlicBB	0.00
1 Lrg Htt	12.49
{S} Classic	0.00
Pepperoni	1.75
{F} GarlicBB	0.00
1 Lrg Htt	12.49
{S} Classic	0.00
Pepperoni	1.75
{F} GarlicBB	0.00
1 Convenience Fee	3.25

****
HAVING A PARTY? INVITE US!
EASY TO ORDER & ON-TIME DELIVERY
CALL FOR A QUOTE: 1-877-667-1332
****

$5.99 Stix and 2Ltr	-3.98
50% Off Lrg, Md, SC, PPP,	-59.48
$7.99 lrg 2top	-16.00

Sub Total	96.63
Tax/Other	7.25
DELIVERY Total	103.88

VISA	103.88

Account: XXXXXXXXXXXX9780
Auth Code: 017423

Driver Gratuity Not Included

****
JOIN HUT REWARDS.
EVERY DOLLAR SPENT ONLINE
EARNS FREE PIZZA
PIZZAHUT.COM/HUTREWARDS
****

LOVE AT FIRST BITE?
CHANCE TO WIN $1000
WWW.TELLPIZZAHUT.COM
SURVEY CODE: 83y4m27n1gx

Total Items: 16

SEE BACK OF RECEIPT FOR AN OFFER

Brookings Huntsafe Instructor Training 4/17/2018

Tanya Dean	824 11Th At Apt #4		Brookings	57006
Jason Sorenson	716C 16Th Ave		Brookings	57006
Dustin Westover	6401 S Lyncrest Ave #123		Brookings	57006
Lewis Shelsta	1728 Orchard Dr		Brookings	57226
Jordon Hansen	1026 Castle Wood Dr		Brookings	57006
Dylan Herr	626 13th Ave		Brookings	57006
Michael Albon	1010 Forest St		Brookings	57006
Samantha Williams	230 Hwy 14		Brookings	57006
John Finnegan	Rr 1 Box 85D		Brookings	57006
Michael Mccann	1912 State Street		Brookings	57006
Josh Kirchner	1215 Forest St.		Brookings	57006
Kris Anderson	121 12Th Ave S Apt #4		Brookings	57006
Blake Lorenzen	1904 8th St APt 78		Brookings	57006
Jacob Raml	422 8th Ave S	Apt 1	Brookings	57006
Gary Weisbrich	407 8Th Street Apt #1		Brookings	57006
Thomas Raines	Rr4 Box 72B		Brookings	57006

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

Application

Date: 4/12/2018 Agency: SD Game, Fish and Parks

Agency Address: 4500 S. Oxbow Ave Sioux Falls SD 57106

Agency Phone Number: 605-362-3571

Employee Requesting Reimbursement: Patrick Klotzbach

Total Amount of Reimbursement: $51.66

Date(s) of Expense: 4/12/2018

Event Leave Time: 5:00 PM Event Return Time: 9:00 PM

Explanation of official business performed: Regional Huntsafe volunteer instructor trainings.

These trainings are required for our instructors to stay certified. Dinner is provided at these trainings.

Trainings are held every other year.

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 K
Signature of Employee

5/30/18
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 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 to voucher to be sent to the State Auditor's Office.

Milbank Huntsafe Instructor Training 4/12/2018

David Cizadlo	14891 480th Ave	Milbank	57252
Dennis Trapp	15278 481St Ave	Milbank	57252
Dennis Skoog	15377 479Th Ave	Milbank	57252
Charles Gommer	601 South Viola	Milbank	57252
Thomas Mcclelland	P O Box 469	Milbank	57252
Richard Hentges	14618 SD Hwy 15	Milbank	57252
Arlo Haase	908 East Park	Milbank	57252

Dine In
Table Tent # 45

Store # 1503371

1201 US-12
Milbank, SD 57252
(605)432-4916

4/12/2018 6:05:36 PM
Order 225038 Cashier: DayOne D

1 SM All Star #2	5.00
1 3pc Bread ChkTenders	0.00
1 No Sauce	0.00
1 Fry	0.00
1 Cookie	0.00
1 SM Bev Bar	0.00
1 SM 1/3# Frisco Cbo	7.89
1 1/3# Frisco Burger	0.00
1 SM Fry	0.00
1 SM Bev Bar	0.00
1 SM All Star #5	5.00
1 Double Slider	0.00
1 Double Slider	0.00
1 Fry	0.00
1 Cookie	0.00
1 SM Bev Bar	0.00
1 SM 1/3# BacCh-Brgr Cbo	8.09
1 1/3# Bacon ChzBrgr	0.00
1 SM Fry	0.00
1 SM Bev Bar	0.00
1 SM All Star #5	6.60
1 Double Slider	0.00
1 Double Slider	0.00
1 Fry	0.00
1 Cookie	0.00
1 Choc Shake	0.00
1 SM 1/3# Frisco Cbo	7.89
1 1/3# Frisco Burger	0.00
1 No Tomato	0.00
1 SM Fry	0.00
1 SM Bev Bar	0.00
1 SM Big Chkn Cbo	7.59
1 Big Chicken	0.00
1 SM Fry	0.00
1 SM Bev Bar	0.00
Tax	3.60
Total	**51.66**
Visa	51.66

Acct:XXXXXXXX9780

Approval:012481

Thank you for visiting!

Customer Copy

STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL

Name:	Patrick Klotzbach	Employee #		Fed Code	State Code	Expense	License #	Mileage		Home Station	
		144300			AD=ADMIN. LE=LAW WL=WILDLIFE HB=HABITAT FS=FISHERIES	X		Claim if Personal Vehicle Was Used		Sioux Falls TOC	
Date Mo. Day	DESCRIPTION OF TRAVEL DESTINATION	Time Leave	Time Return	Proj Code	State Code	Day Trip Meals	Overnight Meals	Miles	Amount Claimed	Lodging	Misc. Expense
04/12/18	HuntSafe Instructor Training Milbank	5:00 PM	9:00 PM								$51.66
						Taxable		Non taxable			
PURPOSE OF TRAVEL:		Subtotals				$0.00	$0.00	0.00	$0.00	$0.00	$51.66
Regional Huntsafe Instructor Training						Grand Total					$51.66
Paid for dinner out of pocket						Apply to Advance					
						AMOUNT REIMBURSABLE					51.66

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

Pat K 5/30/18

Claimant Date Authorization Authorizat Authorization Date

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

Application

Date: 3/22/2018 Agency: SD Game, Fish and Parks

Agency Address: 4130 Adventure Trail Rapid City SD 57702

Agency Phone Number: 605-362-3571

Employee Requesting Reimbursement: Patrick Klotzbach

Total Amount of Reimbursement: $430.00

Date(s) of Expense: 3/22/2018

Event Leave Time: 5:00 PM Event Return Time: 9:00 PM

Explanation of official business performed: Regional Huntsafe volunteer instructor trainings.

These trainings are required for our instructors to stay certified. Dinner is provided at these trainings.

Trainings are held every other year.

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 K
Signature of Employee

5/30/18
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 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 to voucher to be sent to the State Auditor's Office.

STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL

Name:	Patrick Klotzbach	Employee #		Fed Code	State Code	Expense	License #	Mileage		Home Station	
		144300			AD=ADMIN. LE=LAW WL=WILDLIFE HB=HABITAT FS=FISHERIES	X		Claim if Personal Vehicle Was Used		Sioux Falls TOC	
Date Mo. Day	DESCRIPTION OF TRAVEL DESTINATION	Time Leave	Time Return	Proj Code	State Code	Day Trip Meals	Overnight Meals	Miles	Amount Claimed	Lodging	Misc. Expense
03/22/18	HuntSafe Instructor Training Rapid City	5:00 PM	9:00 PM								$430.00
						Taxable		Non taxable			
	Subtotals					$0.00	$0.00	0.00	$0.00	$0.00	$430.00
						Grand Total					$430.00
						Apply to Advance					
						AMOUNT REIMBURSABLE					430.00

PURPOSE OF TRAVEL:
Regional Huntsafe Instructor Training
Paid for dinner out of pocket

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

Claimant Date Authorization Authorizat Authorization Date

765

25.00

-25.00

Rapid City Huntsafe Instructor Training 3

Michael Kayras	Box 255			
Lynette Culver	P O Box 162			
Fred Lamphere	101 Elmira Ave	PO Box 3		
Edward Culver	P O Box 162			
Todd Komes	PO Box 562			
Michael Keolker	PO Box 673			
Paul Broyles	Wind Cave Nat. Park			
Timothy Dodson	Star Route, Box 104C			
Roger Buchholz	PO Box 572			
Scott Wright	24660 Outback Trl			
Louis Pelikan	24998 Squaw Creek Rd			
Thomas Starr Jr.	2940 E. Minnesota	3(		
Jacob Fonkert	2940 E. Minnesota St	A		
Foster Bartholow III	8566 Dunsmore Rd			
Lyle Petersen	2918 Dundee			
Gregory Forstner	7 Oakland St			
Terry Mayes	3203 Meadowbrook Dr			
Samuel Bice	3701 Holly Ct			
Foster Bartholow IV	8566 Dunsmore Rd			
Andrew Korth	41 St Charles St			
Harry Globstad	987 Pennington St			
Thomas Huwe	4674 Williams St			
Brian Freeouf	3370 Remington R			
James Walstrom	108 East Texas Str			
Jack Erickson	3305 W South St			
Sandra Comer	13590 Warringtc			
Gregory Johnson	1110 St. Cloud S			
Jacob Gabel	4606 Sevenity F			
Megan Brink	6716 Maidstor			
Kenneth Flood	1104 Range V			
Brian Chleborad	2955 Dundee			
Hinz Brandon	2336 Smith /			
Robert Diekman	1125 Dilger			
Travis Hamann	4720 Apres Vous Court			
Theron Schenck II	22916 Rimrock Ct.			
Leslie Rice	7805 Sunflower St		Black Hawk	[illegible]
Jeremy Kirchner	6313 West Elmwood		Black Hawk	57718
Kenneth Jilka	Rr1 Box 230		Black Hawk	57718
Gary Sikkink	12500 La Rue Road		Black Hawk	57718
James Davis	6612 Eastridge Road		Black Hawk	57718

****
TAKE OUR SURVEY AND RECEIVE
FREE CHIPS & SALSA
with purchase of an entree
on your next visit.
****
1) Within 3 days visit
www.QdobaListens.com or 1-858-227-3168
2) Enter

510 003 020 025 213

3) Write provided validation code here:

Coupon code: 435
4) Bring receipt to a Qdoba to redeem.
One per order, valid 7 days from today
****

Subtotal 445.00
Tax Exempt #46600364 0.00
Tax 0.00

TO GO Total 445.00

Visa 445.00
Auth:022752

Pat Klotzbach
32967008538274

Credit earned for current visit:
Catering Rewards: 421 points

Current balance:
Catering Rewards: 421 points

--- Check Closed ---

Office of the State Auditor
Steven J. Barnett, State Auditor
Jason Lutz, Deputy State Auditor

500 East Capitol Avenue, Pierre, SD 57501-5070
Telephone: (605) 773-3341 • Fax: (605) 773-5929
www.sdauditor.gov

Delayed Travel Reimbursement Request

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

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

General Authority: SDCL 4-9-1.1.

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

Claimant name: Patrick Klotzbach

Invoice number:

Reason for delay: Out of office for conferences and HuntSAFE trainings

Pat K
Claimant Signature

5/30/18
Date

K R
Agency Official Authorization

6/13/18
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: 06/21/2018 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: 2 meals x $11.00=$22.00

Date(s) of Expense: 6/14/18

Event Leave Time: 10:15 am Event Return Time: 3:00 pm

Explanation of official business performed:

Division meeting with Director and other staff in Pierre to include other department directors located in Pierre.

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

Signature of Employee Date

Authorization

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

Marcia Hultman
Name of Department/Office Head

DLR Cabinet Secretary
Position/Title of Agency Official

M. Hultman
Signature of Department/Office Head

6.22.18
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.

LMIC Quarterly Staff Meeting
Thursday, June 14 from 10:30 a.m. – 3:00 p.m.
Lunch Sign-in Sheet

Aske, Merle	Merle Aske	Aberdeen
Belden, Derek		Aberdeen
Cooper, Lisa	Lisa Cooper	Aberdeen
Decker, Mackenzie		Pierre
Dovre, Dawn	Dawn Dovre	Pierre
Jirik, Chuck	Chuck Jirik	Aberdeen
Lane, Melodee	Melodee Lane	Aberdeen
Meier, Ronald		Aberdeen
Moran, Bernie	Bernie Moran	Aberdeen
Thompson, Dustin		Aberdeen
Walberg, Mandy	Mandy Walberg	Aberdeen
Weishaar, Brenda	Brenda Weishaar	Aberdeen
Werlinger, Hope	Hope Werlinger	Aberdeen

Dovre, Dawn

Subject:	Quarterly LMIC Staff meeting
Location:	Pierre - Missouri River Plaza, Sharpe Conference Room
Start:	Thu 06/14/2018 7:30 AM
End:	Thu 06/14/2018 6:00 PM
Recurrence:	(none)
Meeting Status:	Meeting organizer
Organizer:	Dovre, Dawn
Required Attendees:	Dovre, Dawn; Aske, Merle; Belden, Derek; Cooper, Lisa; Lane, Melodee; Meier, Ron; Moran, Bernie; Thompson, Dustin; Walberg, Mandy; Weishaar, Brenda; Werlinger, Hope
Optional Attendees:	Decker, Mackenzie

Travel logistics TBD.

Draft Agenda:

7:30 a.m.	Depart Aberdeen Office
10:15 a.m	Arrive Pierre *Missouri River Plaza, 123 W Missouri Ave*
10:30 a.m.	Welcome from Secretary Hultman
10:45 a.m.	Workforce Services: Overview and How LMI is Used • Workforce Training, Kendra Ringstmeyer • Employment Services, Andrew Szilvasi • Field Operations, Bill McEntaffer
11:45 a.m.	Lunch Provided (Chops)
12 p.m.	Director Updates
12:45 p.m.	Tour of State Capitol
2 p.m.	Reception for Bernie
3 p.m.	Adjourn Depart Pierre
5:45 p.m.	Arrive in Aberdeen

168040

Statement

DATE 6-14-18

TERMS

TO

Dept. of Labor

IN ACCOUNT WITH

Chops
212 E. Sioux Ave.
Pierre, SD 57501

	13	lunches @	$11.00	ea.	143.	00

Thank you!

no tax

CURRENT	OVER 30 DAYS	OVER 60 DAYS	TOTAL AMOUNT $ 143.00

adams DC5812

01-11

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: 06/21/2018 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: 17 meals x $11.00=$187.00

Date(s) of Expense: 6/19/18

Event Leave Time: 8:15 am Event Return Time: 3:00 pm

Explanation of official business performed:

Annual Department Leadership conference to network with other department supervisors and share information in one setting.

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

Signature of Employee Date

Authorization

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

Marcia Hultman DLR Cabinet Secretary

Name of Department/Office Head Position/Title of Agency Official

M. Hultman 6-22-18

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.

2018 DLR LEADERSHIP TEAM MEETING

Tuesday, June 19 from 8:15 a.m. – 3:00 p.m.
RedRossa Hills Room, Pierre

8:15 – 9:00	**WELCOME**	Secretary Hultman
	COMMUNICATIONS EXERCISE	Dawn Dovre
	INTRODUCTIONS ▪ Name ▪ Position, Years of Service ▪ Hidden Talent	All
9:00 – 10:30	**KEYNOTE** ▪ Success Strategies for Times of Change	Brenda Clark Hamilton
10:30 – 10:45	**Break**	
10:45 – 12:00	**DIVISION PRESENTATIONS** ▪ Policy & Public Affairs ▪ Workforce Services ▪ Field Operations/Job Service ▪ Unemployment Insurance ▪ Administrative Services ▪ Banking ▪ Insurance ▪ Labor & Management	
12:00 – 12:30	**Lunch** (provided)	
12:30 – 1:00	**TEAM BUILDING EXERCISE**	Dawn Dovre
1:00 – 1:45	**THE FINAL STRETCH: Finishing Strong**	Secretary Hultman
1:45 – 2:00	**Break**	
2:00 – 2:30	**ADMINISTRATION TRANSITION: What to Expect**	Nathan Sanderson
2:30 – 3:00	**CLOSING**	Secretary Hultman

For live polling today, respond at PollEv.com/dawndovre928 OR
Text DAWNDOVRE928 to 22333 to join.

2018 DLR Leadership Meeting

1 Dan Hart
2 Penny Kutz
3 Melodee Lane
4 Bill McEntaffer
5 Sara Garbe
6 Graham Oey
7 Scott Kwasniewski
8 Jacey Johnson
9 Dawn Williams
10 Scott Geffre
11 Steve Almeida
12 John Crompton
13 Mary Grace
14 Scott Kelly
15 Kara Palmer
16 Dan Thielen
17 Kendra Ringstmeyer
18 Melissa Kilmann
19 Matt Pearson
20 Mark Anderson
21 Crystal Trevino
22 MACKENZIE DECKER
23 Pauline Heier
24 Amber Mulder
25 Robin Wallum
26. GREG JOHNSON
27. JIM BALTZER
28. Devon Bautscher
29. Lisa Johnson
30. Frank Mannell
31. Susan Johnson
32. Travis Jordan
33. Jim Albano
34. DAN NELSON
35. Maureen Klandt
36. Jonathan Engelund
37. Dawn Dovre
38. Emily Ward
39. Dan Hart
40. Johanna Nickelson
41. M. Halton
42. Sarah Petink

DLR Leadership Team

Last Name	First Name	Title	Division	Location	Notes
Johnson	Susan	Accountant/Auditor III	Administrative Services	Pierre	
Ward	Emily	Director	Administrative Services	Pierre	
Afdahl	Bret	Director	Banking	Pierre	Didn't attend
Kelly	Scott	Deputy Director	Banking	Pierre	
Crompton	John	Deputy Director	Banking	Sioux Falls	
Meyer	Tom	Administrator, Technical Services	Employment Services	Aberdeen	Didn't attend
Szilvasi	Andrew	Director	Employment Services	Pierre	Didn't attend
Thielsen	Dan	Local Office Manager	Field Operations	Aberdeen	
Kwasniewski	Scott	Local Office Manager	Field Operations	Brookings	
Wallum	Robin	Local Office Manager	Field Operations	Huron	
Baltzer	Jim	Local Office Manager	Field Operations	Madison	
Bartscher	Devon	Local Office Manager	Field Operations	Mitchell	
McEntaffer	Bill	Director	Field Operations	Pierre	
Anderson	Mark	Local Office Manager	Field Operations	Pierre/Winner	
Kutz	Penny	Local Office Manager	Field Operations	Rapid City	
Palmer	Kara	Local Office Assistant Manager	Field Operations	Rapid City	
Almeida	Steve	Local Office Assistant Manager	Field Operations	Rapid City	
Garbe	Sara	Local Office Assistant Manager	Field Operations	Sioux Falls	
Johnson	Greg	Local Office Manager	Field Operations	Sioux Falls	
Klaudt	Maureen	Local Office Assistant Manager	Field Operations	Sioux Falls	
Englund	Jonathan	Local Office Manager	Field Operations	Spearfish	
Hart	Daniel	Local Office Manager	Field Operations	Vermillion/N. Sioux City	
Johnson	Lisa	Local Office Manager	Field Operations	Watertown	
Johnson	Lacey	Local Office Manager	Field Operations	Yankton/Lake Andes	
Jordan	Travis	Assistant Director, Compliance/Investigations	Insurance	Pierre	
Nelson	Dan	Assistant Director, Property/Casualty	Insurance	Pierre	
Deiter	Larry	Director	Insurance	Pierre	Didn't attend
Klemann	Melissa	Deputy Director	Insurance	Pierre	
Marnell	Frank	Senior Staff Attorney	Insurance	Pierre	
Nickelson	Johanna	Assistant Director, Solvency/Company Licensing	Insurance	Pierre	
Lane	Melodee	Administrator, LMIC	Policy & Public Affairs	Aberdeen	
Decker	Mackenzie	Communications + Internal Affairs Manager	Policy & Public Affairs	Pierre	
Dovre	Dawn	Director	Policy & Public Affairs	Pierre	
Hart	Tom	Deputy Secretary	Secretariat	Pierre	

Updated 05/17/2018

DLR Leadership Team

Hultman	Marcia	Cabinet Secretary	Secretariat	Pierre
Petrik	Sarah	Executive Assistant	Secretariat	Pierre
Oey	Graham	Senior Staff Attorney	Secretariat	Pierre
Mulder	Amber	Senior Staff Attorney	Secretariat	Sioux Falls
Albano	Julie	Administrator, Collections & Fraud	Unemployment Insurance	Aberdeen
Grode	Mary	Manager, Accounting	Unemployment Insurance	Aberdeen
Heier	Pauline	Director	Unemployment Insurance	Aberdeen
Williams	Dawn	Administrator, Benefits	Unemployment Insurance	Aberdeen
Pearson	Matthew	Administrator, Quality Assurance	Unemployment Insurance	Aberdeen
Geffre	Scott	Administrator, Tax	Unemployment Insurance	Aberdeen
Ringstmeyer	Kendra	Director	Workforce Training	Pierre
Trevino	Crystal	Career Program Coordinator	Workforce Training	Sioux Falls

Updated 05/17/2018

RedRossa Italian Grille

808 W Sioux Avenue - Pierre - SD - 57501 - 605-494-2599 - Fax 605-494-0407

Banquet Check

BEO #: 774215

Printed on: 6/19/2018 3:10:47 PM

Account:	Department of Labor	**Event Date:**	**Tuesday, 6/19/2018**
Post As:	**Department of Labor**	**Contact:**	Sarah Petrik
Address:		**Phone:**	605-773-6193
		Fax:	
		Email:	sarah.petrik@state.sd.us
Payment Method:		**On-Site**	
Accounting Information:		**Sales Mgr:**	Hope Smith
		Catering Mgr:	Hope Smith

Date	Time	Setup	Set	Gtd	Room
Tuesday, 6/19/2018	07:30 AM-05:00 PM	Rounds of 6	40		Hills

Qty	Menu Item	Unit	Total
2.00	Coffee	$25.00	$50.00
2.00	RedRossa Off Menu	$11.00	$22.00
40.00	Pranzo Lunch Buffet	$11.00	$440.00
Food Totals			**$512.00**
0.00	Cordless Microphone	$25.00	$0.00
0.00	Lapel Microphone	$25.00	$0.00
1.00	Screen/Projector	$50.00	$50.00
A/V Totals			**$50.00**
1.00	Hills	$75.00	$75.00
Room Totals			**$75.00**

Total	**$637.00**
Service Charge 1	$92.16
Tax	$0.00
Grand Total	**$729.16**
Deposits Received	**$0.00**
Amount Due	**$729.16**

I have read the above arrangements and the attached Catering Policies and agreed to the terms and conditions. Guarantee number due by 6/12/2018. 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.

Folio #: **BEO #: 774215**

Event Representative Authorized Signature **Date**

Hotel Representative Signature **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: 07/02/2018 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: 10 meals x $11.00=$111.00

Date(s) of Expense: 6/25/18 & 6/29/18

Event Leave Time: 8:30 am Event Return Time: 4:30 pm

Explanation of official business performed:

Week-long Kaizen event to analyze the WIOA enrollment process for improvements and make more efficient.

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 7-5-18

Name of Department/Office Head 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.

168050

Statement

DATE 6-29-18

TERMS

TO

Dept. of Labor

IN ACCOUNT WITH

Chops
212 E. Sioux Ave.
Pierre, SD 57501

Mon. 6-25	11 lunches @ $11.00 ea.		121.00
Fri. 6-29	10 lunches @ $11.00 ea.		110.00

Thank you!

CURRENT	OVER 30 DAYS	OVER 60 DAYS	TOTAL AMOUNT $231.00

adams DC5812

01-11

South Dakota Department of Labor and Regulation

Name of Meeting: One-Stop Enrollment Kaizen Event
Date: 06/25/2018
Location: Pierre Sharpe Conference
Meeting Hours: 8:30 AM - 4:30 PM
Explanation of Business:

Attendees	Home-Duty Station	Sign-In Signature
Karen Callahan	Pierre	
Laura Trapp	Pierre	
Felicia Alspach	Pierre	
Nick Hansen	Madison	
Jason Himrich	Rapid City	
Jay Leichtenberg	Watertown	
Jennifer Aakhus	Sioux Falls	
Melanie Garstenshlager	Rapid City	
Jason Simons	Pierre	
Derek Gustafson	Pierre	
Mackenzie Decker	Pierre	
Jim Dornbusch	Pierre	

JACK MERRITT

South Dakota Department of Labor and Regulation

Name of Meeting: One-Stop Enrollment Kaizen Event
Date: 06/29/2018
Location: Pierre Sharpe Conference
Meeting Hours: 8:30 AM - 4:30 PM
Explanation of Business:

Attendees	Home-Duty Station	Sign-In Signature
~~Karen Callahan~~	~~Pierre~~	
Laura Trapp	Pierre	
Nick Hansen	Madison	
Jason Himrich	Rapid City	
Jay Leichtenberg	Watertown	
Jennifer Aakhus	Sioux Falls	
Melanie Garstenshlager	Rapid City	
Derek Gustafson	Pierre	
Mackenzie Decker	Pierre	
Jim Dornbusch	Pierre	
JACK MERRITT		

STATE OF SOUTH DAKOTA
DENNIS DAUGAARD, GOVERNOR

RECEIVED
JUL 05 2018
S.D. SEC. OF STATE

March 6, 2018

Board of Finance,

Grace Beck, Matt Konenkamp, Kelsey Smith, and Patrick Weber, members of the Governor's Policy Staff, will attend the Western Governor's Association's 2018 Annual Meeting hosted by South Dakota in Rapid City on June 24-27, 2018. The event is being held at the Holiday Inn Rushmore Plaza. As the hosts of the event, it makes sense for our staff to stay on-site. The block rate the hotel gave is $155/night. I am requesting pre-approval for the cost of the rooms as they are more than State rate.

Thank you,

Rachel Graves

Tony Venhuizen, chief of staff

Tony Venhuizen

STATE OF SOUTH DAKOTA
DENNIS DAUGAARD, GOVERNOR

May 9, 2018

Board of Finance,

Tony Venhuizen, AJ Franken, Ellie Bailey, Nathan Sanderson, Bailey Carlsen, Kim Malsam-Rysdon, Kelsey Pritchard, Hunter Roberts, and Doreen Kayser, members of the Governor's Policy Staff, will attend the Western Governor's Association's 2018 Annual Meeting hosted by South Dakota in Rapid City on June 24-27, 2018. The event is being held at the Holiday Inn Rushmore Plaza. As the hosts of the event, it makes sense for our staff to stay on-site. The block rate the hotel gave is $155/night. I am requesting pre-approval for the cost of the rooms as they are more than State rate.

Thank you,

Rachel Graves

Tony Venhuizen

STATE CAPITOL • 500 EAST CAPITOL • PIERRE, SOUTH DAKOTA • 57501-5070 • 605-773-3212

SOUTH DAKOTA DEPARTMENT OF HEALTH

OFFICE OF ADMINISTRATIVE SERVICES
600 East Capitol Avenue
Pierre, South Dakota 57501-2536
605/773-3361 FAX: 605/773-5683
www.state.sd.us/doh

June 27, 2018

Secretary of State
Board of Finance

Dear Board Members,

We are requesting approval to reimburse Rosemary Lang for the remaining portion of her hotel bill for $94.65. She was reimbursed for $339.89, which includes the out of state rate plus taxes. An explanation for no pre approval from Linda Ahrendt is attached. Please add to your agenda for the July 17th meeting.

Thank you for your consideration in this matter.

Sincerely,

ashoop

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

Enclosure

600 East Capitol Avenue | Pierre, SD 57501 P605.773.3361 F605.773.5683

SOUTH DAKOTA DEPARTMENT OF HEALTH

Division of Family and Community Health
Child and Family Services
Chronic Disease Prevention and Health Promotion
Disease Prevention Services
State Epidemiologist

June 27, 2018

Secretary of State
Board of Finance

Dear Board Members,

We are requesting approval to reimburse Rosemary Lang for her stay at the Hampton Inn and Suites, Denver, Colorado for the remaining $94.65. The Program Manager who worked with Rosemary on completing her out-of-state travel request gave the approval by initialing the higher rate, but did not make the proper alerts to fiscal office staff so that they could also give approval. Rosemary is a relatively new staff member and this was her first out of state travel.

Thank you for your consideration in this matter.

Sincerely,

Linda Ahrendt

Linda Ahrendt,
Administrator
Office of Child and Family Services
Department of Health

Hampton Inn & Suites
1845 Sherman St. • Denver, CO 80203
Phone (303) 864-8000 • Fax (303) 864-8199

USA
Official Sponsor

LANG, ROSEMARY
5757 CORBIN DRIVE
RAPID CITY SD 57703
UNITED STATES OF AMERICA

name
address

room number: 206/KXTD
arrival date: 6/13/2018 7:47:00 AM
departure date: 6/14/2018 8:14:00 AM

adult/child: 1/0
room rate: 359.00
Rate Plan: LV0
HH # 624204056 BLUE
AL:
Car:

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

Confirmation Number: 95823663

6/15/2018

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. In the event of an emergency, I, or someone in my party require special evacuation assistance due to a physical disability. Please indicate yes by checking here: ☐

signature:

date	reference	description	amount
6/13/2018	1381245	VALET PARKING	$30.00
6/13/2018	1381246	GUEST ROOM	$359.00
6/13/2018	1381246	STATE LODGING TAX	$14.36
6/13/2018	1381246	CITY LODGING TAX	$38.59
6/13/2018	1381246	TOURISM TAX	$3.59
6/14/2018	1381470	VS *2694	($445.54)
		BALANCE	$0.00

did not get approval
* only reimbursed
$275
+ 34.89 tax 12.6
+ 30.00 parking
$339.89

Need BoF approval for
remaining amount
$84.00
+ 10.65 tax
$94.65

thanks.

for reservations call **1.800.hampton** or visit us online at **hampton.com**

account no. VS *2694	date of charge 6/14/2018	folio/check no. 379965 A
card member name LANG, ROSEMARY	authorization 01514C	initial
establishment no. and location — establishment agrees to transmit to card holder for payment	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	**total** amount	-445.54

WALDORF ASTORIA · CONRAD · Hilton · DOUBLETREE · EMBASSY SUITES · Hilton Garden Inn · Hampton · HOMEWOOD SUITES · HOME2 · Hilton Grand Vacations · HILTON HHONORS

Hampton Inn & Suites
1845 Sherman St. • Denver, CO 80203
Phone (303) 864-8000 • Fax (303) 864-8199

USA
Official Sponsor

LANG, ROSEMARY 5757 CORBIN DRIVE RAPID CITY SD 57703 UNITED STATES OF AMERICA	name address	room number: 206/KXTD arrival date: 6/11/2018 6:10:00 PM departure date: 6/13/2018 7:45:00 AM adult/child: 1/0 room rate: 157.00 Rate Plan: FAM HH # 624204056 BLUE AL: Car:

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

Confirmation Number: 95823663

6/15/2018

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. In the event of an emergency, I, or someone in my party require special evacuation assistance due to a physical disability. Please indicate yes by checking here: ☐

signature:

date	reference	description	amount
6/11/2018	1380610	VALET PARKING	$30.00
6/11/2018	1380611	GUEST ROOM	$157.00 ok rate
6/11/2018	1380611	STATE LODGING TAX	$6.28
6/11/2018	1380611	CITY LODGING TAX	$16.88
6/11/2018	1380611	TOURISM TAX	$1.57
6/12/2018	1380931	VALET PARKING	$30.00
6/12/2018	1380932	GUEST ROOM	$157.00 ok rate
6/12/2018	1380932	STATE LODGING TAX	$6.28
6/12/2018	1380932	CITY LODGING TAX	$16.88
6/12/2018	1380932	TOURISM TAX	$1.57
6/13/2018	1381123	VS *2694	($423.46)
		BALANCE	$0.00

for reservations call **1.800.hampton** or visit us online at **hampton.com**

thanks.

account no. VS *2694	date of charge 6/13/2018	folio/check no. 379963 A
card member name LANG, ROSEMARY	authorization 08391C	initial
establishment no. and location — establishment agrees to transmit to card holder for payment	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	**total** amount	-423.46

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Hampton Inn & Suites
1845 Sherman St. • Denver, CO 80203
Phone (303) 864-8000 • Fax (303) 864-8199

USA
Official Sponsor

LANG, ROSEMARY 5757 CORBIN DRIVE RAPID CITY SD 57703 UNITED STATES OF AMERICA	name address	room number: 206/KXTD arrival date: 6/14/2018 8:15:00 AM departure date: 6/15/2018 adult/child: 1/0 room rate: 157.00 Rate Plan: FAM HH # 392682937 BLUE AL: Car:

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

Confirmation Number: 95823663

6/15/2018

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. In the event of an emergency, I, or someone in my party require special evacuation assistance due to a physical disability. Please indicate yes by checking here: ☐

signature:

date	reference	description	amount
6/14/2018	1381578	GUEST ROOM	$157.00 GK rate
6/14/2018	1381578	STATE LODGING TAX	$6.28
6/14/2018	1381578	CITY LODGING TAX	$16.88
6/14/2018	1381578	TOURISM TAX	$1.57
6/15/2018	1381864	VS *2694	($181.73)
		BALANCE	$0.00

Hilton Honors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 5,000 hotels and resorts in 100 countries, please visit Honors.com

Hampton hotels are all over the world. Find us in Canada, Costa Rica, Ecuador, Germany, India, Mexico, Poland, Turkey, United Kingdom, and United States of America. Coming soon in Italy and Romania.

for reservations call **1.800.hampton** or visit us online at **hampton.com**

thanks.

account no. VS *2694	date of charge 6/15/2018	folio/check no. 379964 A
card member name LANG, ROSEMARY	authorization 05368C	initial
establishment no. and location — establishment agrees to transmit to card holder for payment	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	**total** amount	-181.73

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SOUTH DAKOTA TRAVEL REQUEST BOA FLEET & TRAVEL MANAGEMENT SFN 01239-0002	Bureau or Department DOH	Program 904004
	Division Family and Community Health	In-State / Out of State X

Billing Center Code (Last Two Digits Optional)	Method of Travel	Est. Miles (Personal Vehicle)
0904004020 (80%) and 081 (20%)	personal car	815

Traveler's Name (Last, first, MI)	Office Phone	Home Phone
Lang, Rosemary L	605-394-2516	605-391-8451

Purpose of Travel	License Nunber
Nurse Family Partnership Unit 2 training	SD 00863824

JOURNEY INFORMATION

Journey Number	Origin	Odometer Reading	Departure Date	Departure Time	AM/PM
181417932	Rapid City	11000	06/10/2018	8:00	AM

Segment	Destination				
1	Denver, CO				
2					
3					
4					
5					
6					
7					
8					

REQUIRED: Return to Origin		Return Date	Return Time	AM/PM
	Rapid City, SD	06/16/2018	17:00	pm

Comment/Vehicle Problems/Repairs

CC ok - over approved amt.

COST ESTIMATES FOR OUT OF STATE TRAVEL

Transportation	Meals	Lodging	Misc. Fees	Total
$187.45	$225.00	960.73 (192 per night)	$ 150.00	$ 1,523.18

General Funds	Federal Funds	Other Funds	Non-State Funds
	1,322		

SIGNATURES

NOTE: Driver MUST sign to certify he/she holds a valid driver license

Traveler Signature	Date	Driver License Number	Expiration Date
Rosemary L Lang	05/17/2018	SD 00863824	10/11/2018

Approving Officer	Date	Approving Officer	Date
[signature] RN	5-17-18	[signature]	5/21/18

AGENCY TRAVEL COORDINATOR USE

Coordinator Name	Date of Entry	Mode
[signature]	05-21-18	

Comments

Ride Share Contact	Office Phone	Home Phone

FLEET AND TRAVEL MANAGEMENT USE - FOR HIGH MILEAGE REQUEST ONLY

Approval Signature	Date	Comments

Authorization Number