

Household Moving Allowance State of South Dakota

RECEIVED

AUG 17 2018

S.D. SEC. OF STATE

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

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

Phone: 605-773-3537

Please check one:

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

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

Application

Brent Fluke

Name of Applicant

102,066.94

Yearly Salary

Pierre, SD

City, State Moving From

Bureau of Human Resources Class Code

Warden

New Position Title

Springfield

New Post of Duty (City)

06/2008

Employment Date with the State

DOC

Agency Employed By

07/2018

Expected Month/Year of Move

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

[Handwritten Signature]

Signature of Applicant

8/9/18

Date

Authorization

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

Denny Kaemiyusk

Name of Authorized Agent

[Handwritten Signature] *8-10-18*

Signature of Authorized Agent Date

Cabinet Secretary

Position/ Title of Authorized Agent

DOC

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance 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 by the Office of the Secretary of State no later than 4:00 p.m. on the 15th day of the month following the date of the Board of Finance meeting. Documentation received after that time will be presented at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Kevin Hoffmann
Name of Applicant

GAME, Fish + Parks Program Specialist
New Position Title

Regional Program Manager SD GAME, Fish + Parks
Agency Employed By

\$39,835
Yearly Salary

Rapid City, SD
City, State Moving From

Mobridge SD
New Post of Duty (City)

Aug. 2018
Expected Month/Year of Move

90591
Bureau of Human Resources Class Code

11/5/2002
Employment Date with the State

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

[Signature]
Signature of Applicant

08/09/2018
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.

Kelly R. Hepler
Name of Authorized Agent

Cabinet Secretary
Position/ Title of Authorized Agent

[Signature] 08/12/18
Signature of Authorized Agent Date

Game, Fish + Parks
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on _____
Date

Signature of Secretary, State Board of Finance

Household Moving Allowance
State of South Dakota

RECEIVED

AUG 16 2018

S.D. SEC. OF STATE

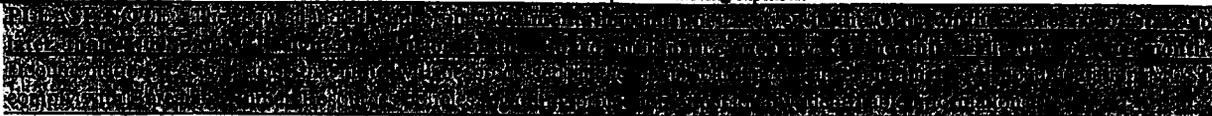
When Application and Authorization sections are completed, please submit the original to:

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.



Application

Wanda Markland Warden DOC
Name of Applicant New Position Title Agency Employed By

\$90,000.00 Henning, TN Pierre August 2018
Yearly Salary City, State Moving From New Post of Duty (City) Expected Month/Year of Move

Bureau of Human Resources Class Code 8.22.18
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.

Wanda Markland
Signature of Applicant

8/15/18
Date

Authorization

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

Dennis Kaemingk
Name of Authorized Agent

Secretary
Position/ Title of Authorized Agent

[Signature] 8-16-18
Signature of Authorized Agent Date

Dept of Corrections
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

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

Michael Burns	Associate Editor	Education
Name of Applicant	New Position Title	Agency Employed By
\$40,560.00	Fort Worth, Texas	Pierre
Yearly Salary	City, State Moving From	New Post of Duty (City)
011730	September 24, 2018	Expected Month/Year of Move
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

8/27/2018

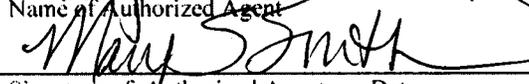
Date

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.



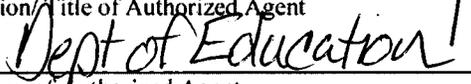
Name of Authorized Agent



Signature of Authorized Agent Date



Position/Title of Authorized Agent



Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on _____
Date

Signature of Secretary, State Board of Finance

Household Moving Allowance
State of South Dakota

RECEIVED

AUG 20 2018

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

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

Please check one:

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

S.D. SEC. OF STATE

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

Application

<u>Nicole Hosette</u> Name of Applicant	<u>Digital Archivist</u> New Position Title	<u>Education</u> Agency Employed By
<u>\$36,296</u> Yearly Salary	<u>Boston MA</u> City, State Moving From	<u>Pierre</u> New Post of Duty (City)
<u>030780</u> Bureau of Human Resources Class Code	<u>September 10, 2018</u> Employment Date with the State	<u> </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.

Nicole Hosette
Signature of Applicant

7-31-2018
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.

Mary Stadick Smith
Name of Authorized Agent

Interim Secretary
Position/ Title of Authorized Agent

Mary S Smith
Signature of Authorized Agent Date

Dept of Education
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

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: This request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT each day prior to the Board of Finance meeting on the 1st 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

Jeremy Yost

Name of Applicant

Habitat Conservation Technician

New Position Title

Game, Fish and Parks

Agency Employed By

\$14.22 per hour

West Burlington, IA

Mobridge, SD

July 2018

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

July 9, 2018

Employment Date with the State

Bureau of Human Resources Class Code

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

Jeremy D Yost
Signature of Applicant

8-1-18
Date

Authorization

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

Kelly R. Hepler
Name of Authorized Agent

Cabinet Secretary
Position/ Title of Authorized Agent

[Signature] 8/1/18
Signature of Authorized Agent Date

Game, Fish & Parks
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance*

State of South Dakota

*For moves less than 50 miles only

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

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

Phone: 605-773-3537

Please check one:

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

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

Application

Paul Beran

Name of Applicant

Executive Director/CEO

New Position Title

SDBOR

Agency Employed By

\$330,000

Yearly Salary

Ft Smith, Arkansas

City, State Moving From

Pierre, SD

New Post of Duty (City)

September 2018

Expected Month/Year of Move

M/A

Bureau of Human Resources Class Code

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

Paul Beran

Signature of Applicant

8/29/18

Date

Authorization

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

Monte Kramer

Name of Authorized Agent

VP for Finance and Administration

Position/ Title of Authorized Agent

Monte R. Kramer 8-29-18

Signature of Authorized Agent Date

SDBOR

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

RECEIVED
AUG 20 2018
S.D. SEC. OF STATE

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

<u>Sakura Rohleder</u> Name of Applicant	<u>Management Analyst</u> New Position Title	<u>Revenue</u> Agency Employed By
<u>\$48,006.40</u> Yearly Salary	<u>Arvada, CO</u> City, State Moving From	<u>Pierre</u> New Post of Duty (City)
<u>010234</u> Bureau of Human Resources Class Code	<u>September 17, 2018</u> Employment Date with the State	<u>9/18</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.

Sakura Rohleder 8/15/18
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.

<u>Toni Richardson</u> Name of Authorized Agent	<u>8/17/18</u> Date	<u>Director of Administration</u> Position/ Title of Authorized Agent
<u>Toni Richardson</u> Signature of Authorized Agent		<u>Department of Revenue</u> 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

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

Kelly Welker

Name of Applicant

30,000.00

Yearly Salary

00510

Bureau of Human Resources Class Code

Perryville, MO

City, State Moving From

Head Women's Golf Coach

New Position Title

Spearfish

New Post of Duty (City)

7/22/2018

Employment Date with the State

Black Hill State University

Agency Employed By

8/18

Expected Month/Year of Move

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

DocuSigned by:

Kelly Welker

Signature of Applicant

8/21/2018 | 4:11:47 PM MDT

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.

Brandon Bentley

Name of Authorized Agent

Brandon Bentley

Signature of Authorized Agent

Date

Controller

Position/ Title of Authorized Agent

8/21/2018 | 4:16:48 PM MDT

Agency of Authorized Agent

BHSU

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

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

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

Please check one:

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



Application

Jen Burris

Name of Applicant

\$44,000.00

Yearly Salary

00360

Bureau of Human Resources Class Code

Pipestone, MN

City, State Moving From

Strategic Communications Coordinator

New Position Title

Madison, SD

New Post of Duty (City)

September 12, 2018

Employment Date with the State

Dakota State University

Agency Employed By

September 2018

Expected Month/Year of Move

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

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.

Jen Burris

Signature of Applicant

August 23, 2018

Date

Authorization

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

Stacy Krusemark

Name of Authorized Agent

VP Business & Admn. Services

Position/ Title of Authorized Agent

[Signature]

Signature of Authorized Agent

8-27-18

Date

Dakota State University

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the
State Board of
Finance on

Date

Signature of Secretary, State Board of Finance

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

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.

Application

Haley Larson

Name of Applicant

\$48,000.00

Yearly Salary

00800

Bureau of Human Resources Class Code

Iowa City, IA

City, State Moving From

Tenure Track Assistant Professor of English for New Media

New Position Title

Madison, SD

New Post of Duty (City)

08/22/2018

Employment Date with the State

Dakota State University

Agency Employed By

July 2018

Expected Month/Year of Move

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

Haley Larson
Signature of Applicant

05/25/18

Date

Authorization

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

Stacy Krusemark

Name of Authorized Agent

VP For Business & Adm. Services

Position/ Title of Authorized Agent

Stacy Krusemark 6-6-18
Signature of Authorized Agent Date

Dakota State University
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

RECEIVED

AUG 20 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.

Application

Robert Kohrman
Name of Applicant

VP/Fin & Admin
New Position Title

SOSU
Agency Employed By

\$240,000.00
Yearly Salary

Rochester Hills, MI
City, State Moving From

Brookings
New Post of Duty (City)

05/2019
Expected Month/Year of Move

8/7/18
Employment Date with the State

Bureau of Human Resources Class Code

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

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.

DocuSigned by:

Robert Kohrman
Signature of Applicant

8/15/2018 | 11:52 CDT

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.

Barry H. Dunn
Name of Authorized Agent

President
Position/ Title of Authorized Agent

Barry H. Dunn
Signature of Authorized Agent Date

SOUTH DAKOTA State University
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

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

Jason Daniel Clark	Assistant Professor	South Dakota State University
Name of Applicant	New Position Title	Agency Employed By
77,446	Falcon Heights, MN	Brookings, SD
Yearly Salary	City, State Moving From	New Post of Duty (City)
<i>00800</i>	05/22/2018	05/2018
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.

<i>Jason D Clark</i>	06/29/2018
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.

<i>David L. Wright</i>	Head AAPS
Name of Authorized Agent	Position/ Title of Authorized Agent
<i>[Signature]</i>	SDSU
Signature of Authorized Agent	Agency of Authorized Agent
7/1/18	
Date	

Approval by State Board of Finance

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

Household Moving Allowance State of South Dakota

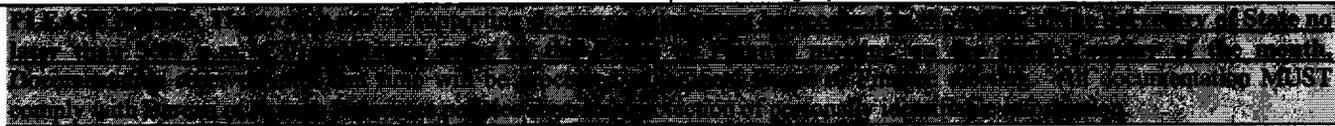
When Application and Authorization sections are completed, please submit the original to:

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

Phone: 605-773-3537

Please check one:

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



Application

<u>Amanda Dunlop</u>	<u>Residence Hall Director</u>	<u>SDSU Housing & Residence Life</u>
Name of Applicant	New Position Title	Agency Employed By
<u>\$28,040</u>	<u>Brookings</u>	<u>July 2018</u>
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
<u>00546</u>	<u>July 22, 2018</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>Amanda Dunlop</u>	<u>July 2, 2018</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>Rebecca Peden</u>	<u>7/13/18</u>
Name of Authorized Agent	Date
Signature of Authorized Agent	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

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. of the 15th day prior to the Board of Finance meeting of the United States of the month. Documents received after that time will be processed at the next Board of Finance meeting. All documentation must comply with Bureau of Information Source, privacy, and security policies for personally identifiable information.

Application

Aileen Garcia
Name of Applicant

Assistant Professor SDSU
New Position Title Agency Employed By

65,000
Yearly Salary

Lincoln, NE
City, State Moving From

Brookings
New Post of Duty (City)

7/18
Expected Month/Year of Move

00800
Bureau of Human Resources Class Code

8/22/18
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]
Signature of Applicant

7/11/18
Date

Authorization

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

Jay Trenhaile
Name of Authorized Agent

Dept. Head
Position/ Title of Authorized Agent

[Signature] 7/17/18
Signature of Authorized Agent Date

SPSU
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

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 each day 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

Damion Hahn

Name of Applicant

Head Wrestling Coach

New Position Title

SDSU - Athletics

Agency Employed By

\$140,000

Yearly Salary

Dryden, NY

City, State Moving From

Brookings, SD

New Post of Duty (City)

Expected Month/Year of Move

00815

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.



Signature of Applicant

8/1/18

Date

Authorization

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

JUSTIN G. SELL

Name of Authorized Agent

DIRECTOR OF ATHLETICS

Position/ Title of Authorized Agent

Justin G Sell

Signature of Authorized Agent

8/5/18

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

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

Application

<u>Erin Lavender-Stott</u>	<u>Assistant Professor</u>	<u>SDSU</u>
Name of Applicant	New Position Title	Agency Employed By
<u>\$65,000</u>	<u>Brookings</u>	<u>7/2018</u>
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
<u>00800</u>	<u>8/22/18</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>Erin L. Stott</u>	<u>8/11/2018</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>Jay Trenbale</u>	<u>Dept. Head</u>
Name of Authorized Agent	Position Title of Authorized Agent
<u>[Signature]</u>	<u>SDSU</u>
Signature of Authorized Agent	Agency of Authorized Agent
<u>7/17/18</u>	
Date	

Approval by State Board of Finance

Approved by the State Board of Finance on

Date	Signature of Secretary, State Board of Finance

RECEIVED

JUL 12 2018

Household Moving Allowance State of South Dakota

Human Resources

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

Sarah McGill

Name of Applicant

Assistant Professor

New Position Title

SDSU

Agency Employed By

\$104,000

Yearly Salary

West Salem, WI

City, State Moving From

Brookings, SD

New Post of Duty (City)

September 2018

Expected Month/Year of Move

00800

Bureau of Human Resources Class Code

September 4, 2018

Employment Date with the State

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

Sarah McGill

Signature of Applicant

7/3/18

Date

Authorization

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

Jane Mort

Name of Authorized Agent

Dean

Position/ Title of Authorized Agent

Jane Mort

Signature of Authorized Agent

6/29/2018

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

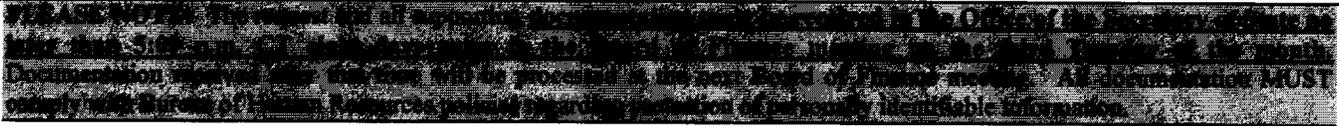
When Application and Authorization sections are completed, please submit the original to:

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

Phone: 605-773-3537

Please check one:

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



Application

<u>Kristin M. Rotert</u>	<u>Women's Basketball Operations Coordinator</u>	<u>SDSU - Athletics</u>
Name of Applicant	New Position Title	Agency Employed By
<u>\$40,480</u>	<u>Aberdeen, SD</u>	<u>Brookings, SD</u>
Yearly Salary	City, State Moving From	New Post of Duty (City)
<u>00301</u>		<u>July 2018</u>
Bureau of Human Resources Class Code		Expected Month/Year of Move
		<u>7-11-18</u>
		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]
Signature of Applicant

7-11-18
Date

Authorization

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

Justin G. Sell
Name of Authorized Agent

Director of Athletics 8/1/18
Signature of Authorized Agent Date

Justin G. Sell
Position/ Title of Authorized Agent

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

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 575701 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

<u>Zachary Smith</u> Name of Applicant	<u>Assistant Professor</u> New Position Title	<u>SDSU</u> Agency Employed By
<u>\$73,500</u> Yearly Salary	<u>Lubbock, TX.</u> City, State Moving From	<u>Brookings, SD</u> New Post of Duty (City)
<u>00800</u>	<u>Bureau of Human Resources</u>	<u>July 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.

[Signature]
Signature of Applicant

6/6/18
Date

Authorization

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

Joseph P. Cassady
Name of Authorized Agent

[Signature] 6-13-18
Signature of Authorized Agent Date

Head, Animal Science Department
Position/ Title of Authorized Agent

SDSU
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

Morgan DiGiulio

Name of Applicant

\$32,500

Yearly Salary

San Diego, CA

City, State Moving From

00568
Bureau of Human Resources Class Code

Assistant Equestrian Coach

New Position Title

Brookings, SD

New Post of Duty (City)

8/10/18

Employment Date with the State

SDSU Athletics

Agency Employed By

August / 2018

Expected Month/Year of Move

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


Signature of Applicant

8/29/18
Date

Authorization

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

JUSTIN G. SELL

Name of Authorized Agent

Justin G. Sell 8/29/18
Signature of Authorized Agent Date

DIRECTOR OF ATHLETICS

Position/ Title of Authorized Agent

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

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 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

<u>Michael Gutierrez</u>	<u>Public Serv Dept Head</u>	<u>SDSU</u>
<u>Name of Applicant</u>	<u>New Position Title</u>	<u>Agency Employed By</u>
<u>105,000</u>	<u>Brookings, SD</u>	<u>August 2018</u>
<u>Yearly Salary</u>	<u>New Post of Duty (City)</u>	<u>Expected Month/Year of Move</u>
<u>Las Cruces, NM</u>		
<u>City, State Moving From</u>		

00251

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.

Michael Gutierrez
Signature of Applicant

8/6/2018
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.

Kristi Tomquist
Name of Authorized Agent

Kristi Tomquist 8/6/18
Signature of Authorized Agent Date

Chief University Librarian
Position/ Title of Authorized Agent

SDSU
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

<u>Don A. McCrea</u>	<u>Instructor</u>	<u>SDSU</u>
Name of Applicant	New Position Title	Agency Employed By
<u>56,500</u>	<u>Pierre, SD</u>	<u>August 2018</u>
Yearly Salary	City, State Moving From	Expected Month/Year of Move
<u>00900</u>	<u>August 22 2018</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>Don McCrea</u>	<u>8-5-18</u>
Signature of Applicant	Date

Authorization

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

<u>Michele Dudash</u>	<u>Department Head</u>
Name of Authorized Agent	Position/ Title of Authorized Agent
<u>Michele Dudash</u>	<u>South Dakota State University</u>
Signature of Authorized Agent	Agency of Authorized Agent
<u>8.6.2018</u>	
Date	

Approval by State Board of Finance

Approved by the State Board of Finance on

Date	Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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

Hossein Moradi Rekabdarkolaee

Assistant Professor of
Statistics

SDSU

Name of Applicant

New Position Title

Agency Employed By

\$81,272.00

Richmond, VA

Brookings, SD

August 2018

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00820

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

Date

[Handwritten Signature]

08/24/2018

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.

Kurt Cogswell

Department Head and Professor

Name of Authorized Agent

Position/ Title of Authorized Agent

[Handwritten Signature]

08.24.18

SDSU Department of Mathematics and Statistics

Signature of Authorized Agent

Date

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 each day 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

Keandria Stokes

Name of Applicant

Assistant Softball Coach

New Position Title

SDSU Athletics

Agency Employed By

\$37,182

Yearly Salary

Kansas City, MO

City, State Moving From

Brookings, SD

New Post of Duty (City)

Aug 2018

Expected Month/Year of Move

00568

Bureau of Human Resources Class Code

Aug 2018

Employment Date with the State

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

[Signature]

Signature of Applicant

8/16/18

Date

Authorization

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

JUSTIN G. SELL

Name of Authorized Agent

DIRECTOR OF ATHLETICS

Position/ Title of Authorized Agent

[Signature]

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

Household Moving Allowance*

State of South Dakota

*For moves less than 50 miles only

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

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

Please check one:

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

PLEASE NOTE: The Request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. (CST) on the Thursday prior to the Board of Finance meeting. Documents 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>Shari Theroux</u> Name of Applicant	<u>Electronic Resources Librarian</u> New Position Title	<u>SDSU</u> Agency Employed By
<u>61,000</u> Yearly Salary	<u>Aberdeen, SD</u> City, State Moving From	<u>Brookings, SD</u> New Post of Duty (City)
<u>00520</u> Bureau of Human Resources Class Code		<u>August 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.

<u>Shari Theroux</u> Signature of Applicant	<u>8/8/18</u> Date
--	-----------------------

Authorization

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

<u>Kristi Tornquist</u> Name of Authorized Agent	<u>Chief University Librarian</u> Position/ Title of Authorized Agent
<u>Kristi Tornquist</u> <u>8/9/18</u> Signature of Authorized Agent Date	<u>SDSU</u> Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on	<hr/>	Signature of Secretary, State Board of Finance
	Date	

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

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 4:00 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

Matthew Whitehead

Name of Applicant

Director, APEX Gallery/Lecturer - HUM Dept.

South Dakota School of Mines & Technology

\$56,500

Yearly Salary

Gainesville, FL

City, State Moving From

New Position Title

Agency Employed By

Rapid City

New Post of Duty (City)

August 2018

Expected Month/Year of Move

00905

Bureau of Human Resources Class Code

08/22/18

Employment Date with the State

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



Signature of Applicant

8-29-18

Date

Authorization

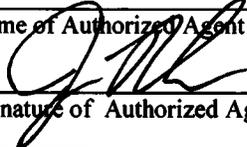
The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best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

James Rankin

Name of Authorized Agent

President

Position/ Title of Authorized Agent



06/08/18

Signature of Authorized Agent

Date

South Dakota School of Mines & Technology

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

A.00230802

Household Moving Allowance State of South Dakota

RECEIVED

AUG 28 2018

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

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

Phone: 605-773-3537

Please check one:

State Transfer (SDCL 3-9-9)
Full-time continuous employment for 6 months.

Professional Recruitment (SDCL 3-9-12)
Attach a written copy of the offer of employment and of payment of moving expenses.

S.D. SEC. OF STATE

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

Application

Daniel J. Haakenson

Name of Applicant

Assistant Cross Country and Track & Field Coach

New Position Title

SD School of Mines & Technology

Agency Employed By

~~200,754~~ ^{#32,458} Gunnison, CO

Rapid City, SD

August, 2018

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00511

August 13, 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.


Signature of Applicant

8-13-18
Date

Authorization

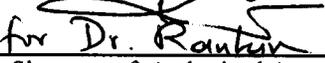
The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best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

James M. Rankin

President

Name of Authorized Agent

Position/ Title of Authorized Agent


for Dr. Rankin

South Dakota School of Mines & Technology

Signature of Authorized Agent

8/8/18
Date

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

A06230687

Household Moving Allowance State of South Dakota

RECEIVED

AUG 28 2018

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

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

Please check one:

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

S.D. SEC. OF STATE

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

Application

Michael L. Vander Heyden

Wellness Center & Physical Ed Coordinator

SD School of Mines & Technology

Name of Applicant

New Position Title

Agency Employed By

\$55,101.66

Albion, MI

Rapid City

August, 2018

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00360

August 13, 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.



Signature of Applicant

8/13/18

Date

Authorization

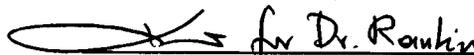
The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best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

James M. Rankin

President

Name of Authorized Agent

Position/ Title of Authorized Agent

 8/3/18

South Dakota School of Mines & Technology

Signature of Authorized Agent Date

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

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

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

Please check one:

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

Application

Nicole Steinbach

Name of Applicant

Assistant Coach-Softball

New Position Title

USD

Agency Employed By

\$35,000.00

Yearly Salary

Mishawaka, IN

City, State Moving From

Vermillion

New Post of Duty (City)

July 2018

Expected Month/Year of Move

00511

Bureau of Human Resources Class Code

August 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.

Nicole Steinbach

Signature of Applicant

8/9/18

Date

Authorization

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

Adam Rosheim

Name of Authorized Agent

Assistant Vice President, Finance & Admin

Position/ Title of Authorized Agent

AR

Signature of Authorized Agent

8-20-18

Date

University of South Dakota

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance 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

Jose E. Pietri	Assistant Professor	USD - Sunford SOM
Name of Applicant	New Position Title	Agency Employed By
\$85,300.00 (11mo) Walnut Creek, CA	Vermillion, SD	Oct 2018
Yearly Salary City, State Moving From	New Post of Duty (City)	Expected Month/Year of Move
00800	Nov 5, 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.

Signature of Applicant

8/31/2018

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.

Adam Rosheim

Name of Authorized Agent

8.2018

Signature of Authorized Agent Date

Assistant Vice President, Finance & Admin

Position/ Title of Authorized Agent

University of South Dakota

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on _____

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance 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.

Submit this form to the Office of the Secretary of State on the 15th day of the month following the date of the move. All documentation MUST be readily available.

Application

Thomas J. Mrozla

Name of Applicant

Assistant Professor

New Position Title

USD

Agency Employed By

\$63,500.00

Fargo, ND

Vermillion

New Post of Duty (City)

August 2018

Expected Month/Year of Move

Yearly Salary

City, State Moving From

August 22, 2018

Employment Date with the State

Bureau of Human Resources Class Code

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



Signature of Applicant

7-27-18

Date

Authorization

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

Adam Rosheim

Name of Authorized Agent

Assistant Vice President, Finance & Admin

Position/ Title of Authorized Agent

 8-20-18

Signature of Authorized Agent

Date

University of South Dakota

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance 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 each day 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

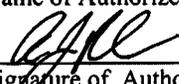
Sherry Muyuan He	Assistant Professor	USD
Name of Applicant	New Position Title	Agency Employed By
\$1,000	Vermillion	08/2018
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
00800	08/22/2018	
Bureau of Human Resources Class Code	Employment Date with the State	

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.

	08/15/2018
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.

Adam Rosheim	Assistant Vice President, Finance & Admin
Name of Authorized Agent	Position/ Title of Authorized Agent
	University of South Dakota
Signature of Authorized Agent	Agency of Authorized Agent
8-20-18	
Date	

Approval by State Board of Finance

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

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.

Application

Brett Bennett

Name of Applicant

Women's Golf Head Coach

New Position Title

USD

Agency Employed By

\$38,000.00

Brandon, SD

Vermillion

New Post of Duty (City)

August 2018

Expected Month/Year of Move

Yearly Salary

City, State Moving From

August 6, 2018

Employment Date with the State

Bureau of Human Resources Class Code

00510

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.

Brett Bennett

Signature of Applicant

8/7/18

Date

Authorization

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

Adam Rosheim

Name of Authorized Agent

Assistant Vice President, Finance & Admin

Position/ Title of Authorized Agent

AR

8-20-18

Signature of Authorized Agent

Date

University of South Dakota

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance 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

<u>Sonja Kraus</u>	<u>Assistant Professor of Music</u>	<u>USD</u>
Name of Applicant	New Position Title	Agency Employed By
<u>\$46,000</u>	<u>Vermillion</u>	<u>August 2018</u>
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
<u>00700</u>	<u>07/22/2018</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.



Signature of Applicant

08/06/2018

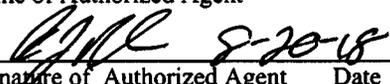
Date

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.

Adam Rosheim

Name of Authorized Agent



Signature of Authorized Agent Date

Assistant Vice President, Finance & Admin

Position/ Title of Authorized Agent

University of South Dakota

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on _____
Date

Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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

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

Please check one:

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

Application

AMRO MAHER
Name of Applicant

Assistant Professor
New Position Title

USD-Vermillion
Agency Employed By

120,000
Yearly Salary

DOHA, QATAR
City, State Moving From

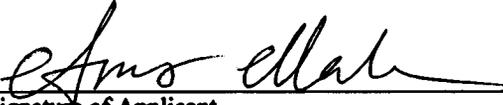
Vermillion
New Post of Duty (City)

August 2018
Expected Month/Year of Move

00800
Bureau of Human Resources Class Code

August 22, 2018
Employment Date with the State

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


Signature of Applicant

7/30/2018
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.

Adam Rosheim
Name of Authorized Agent

Assistant Vice President, Finance & Admin
Position/ Title of Authorized Agent

 8-20-18
Signature of Authorized Agent Date

University of South Dakota
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on _____
Date

Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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

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

Phone: 605-773-3537

Please check one:

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

Application

Jacob Knowles

Name of Applicant

Assistant Swim Coach

New Position Title

USD

Agency Employed By

\$34,000.00

Yearly Salary

Lockport, IL

City, State Moving From

Vermillion

New Post of Duty (City)

July 2018

Expected Month/Year of Move

00511

Bureau of Human Resources Class Code

August 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.


Signature of Applicant

8/14/18
Date

Authorization

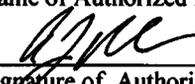
The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best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

Adam Rosheim

Name of Authorized Agent

Assistant Vice President, Finance & Admin

Position/ Title of Authorized Agent


Signature of Authorized Agent

8/20/18
Date

University of South Dakota

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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

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

Please check one:

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

Application

Timothy Doyle

Name of Applicant

Asst. AD/Marketing & Promotions

New Position Title

USD

Agency Employed By

48,500.00

Yearly Salary

Corpus Christi, TX

City, State Moving From

Vermillion

New Post of Duty (City)

July 2018

Expected Month/Year of Move

00360

Bureau of Human Resources Class Code

August 6, 2018

Employment Date with the State

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



Signature of Applicant

7-30-18

Date

Authorization

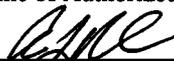
The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best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

Adam Rosheim

Name of Authorized Agent

Assistant Vice President, Finance & Admin

Position/ Title of Authorized Agent

 8-20-18

Signature of Authorized Agent Date

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

RECEIVED

AUG 20 2018

State Hosting Reimbursement Request – SDCL 3-9-2.1

SD SEC OF STATE

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

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

PLEASE NOTE: The receipt and all supporting documents submitted to the Office of the Secretary of State are subject to public release. All documents submitted to the State Board of Finance meeting. All documents MUST comply with the Bureau of Finance's policies regarding protection of personally identifiable information.

Application

Date: 08/13/2018 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: \$30.56-11(per diem)-.40(tip overage)
Date(s) of Hosting Expense: 08/07/2018
Receipts Attached / N
Explanation of official business performed: Business prospect hosting that included the president of a company.

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

Kristen Honey
Signature of Employee

8/14/2018
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

Commissions
Position/Title of Agency Official

[Signature]

8/15/18

Signature of Department/Office Head

Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

DATE 8/07/18 TIME 1:24:57PM
MID 000003078204

This is the only receipt.

APPLEBEE'S #9967
2630 9th Ave SE
Watertown, South Dakota
57201
605-882-8804
PLEASE SIGN AND LEAVE THE MERCHANT COPY
THE CUSTOMER COPY IS YOURS TO TAKE

VISA XXXXXXXXXXXXX5501 S
AUTH 550719 CHECK 1136907
PRE-AUTH DINING Any

Transaction Key: KIK007876967568

AMOUNT 23.78
TAX 1.78

SUBTOTAL \$ 25.56

TIP \$ 5.00

TOTAL \$ 30.56
=====

SIGNATURE X.....

CARDHOLDER WILL PAY CARD ISSUER ABOVE
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT

MERCHANT COPY

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

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

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

RECEIVED

SEP 06 2018

S.D. SEC. OF STATE

Application

Date: September 5, 2018 Agency: SD Bureau of Finance and Management

Agency Address: 500 E Capitol Ave Suite 217, Pierre, SD 57501

Agency Phone Number: 605-773-3411

Employee Requesting Reimbursement: Jim Terwilliger, BFM Deputy Commissioner

Total Amount of Reimbursement: \$130.00 total (\$10.00 per lunch x 13 attendees)

Date(s) of Expense: August 30, 2018

Event Leave Time: 11:00 AM Event Return Time: 3:00 PM

Explanation of official business performed: Quarterly Governor's Council of Economic Advisors meeting held at Capitol in the Governor's Large Conference Room. See attached attendee list of participants - total

of 12 attendee participants.

*14
re*

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.

Jim Terwilliger
Signature of Employee

9/5/18
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.

Lisa Clark
Name of Department/Office Head

BFM Commissioner
Position/Title of Agency Official

Lisa Clark
Signature of Department/Office Head

9/5/18
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.



**DEPARTMENT OF EXECUTIVE MANAGEMENT
BUREAU OF FINANCE AND MANAGEMENT**

500 East Capitol Ave. • Pierre, South Dakota 57501-5070 • Voice: (605) 773-3411 • Fax: (605) 773-4711

**Governor's Council of Economic Advisors Meeting
August 30, 2018**

**Governor's Large Conference Room
500 East Capitol Avenue
Pierre, SD 57501**

11:00 PM –12:00 PM

Council Discussion on Current Outlook

- General economic discussion: each council member to provide an update on their assessment on the current and future economic state, including trends in their respective geographic location and potential risks facing the state economy.

12:00 PM –2:00 PM

Update on most recent US economic forecast/SD economic trends

- Dr. Ralph Brown will present the most recent IHS Economics forecast for the United States economy as well as recent trends in the South Dakota economy including trends in employment, income and various other economic indicators specific to South Dakota.
- Council discussion on specific regional areas of the state and how those regions are performing economically, including any possible positive or negative developments that could impact the state economy.
- Council discussion on agriculture, tourism, manufacturing, financial services as well as other sectors that have a large presence in the state and how those specific sectors are performing or are expected to perform over 2018-2020.

2:00 PM – 3:00 PM

Overview of SD economic forecast and recent tax collection trends

- Jim Terwilliger will present the most recent SD specific forecast for specific SD economic indicators from IHS Economics.
- Jim Terwilliger will present recent general fund revenue collection trends for major revenue sources that populate the state general fund and how those collection trends compare to the most recent budgeted levels and historical growth rates.

3:00 PM

**Public Comment
Adjourn**

Emery, Nora

From: Terwilliger, Jim
Sent: Wednesday, August 22, 2018 10:24 AM
To: Prater, Deana
Cc: Emery, Nora
Subject: 8/30 flights

The highlighted members below are what I expect to need to have flights for next week on August 30th, Vermillion, Sioux Falls, and Brookings are the typical pick up spots.

Let me know if you need anything more.

Member	30-Aug	Location	
Ralph Brown	X	Vermillion	✓
Jim T	X	Pierre	✓
Liza Clark	X	Pierre	✓
Dan Newell	X	Sioux Falls	✓
Doug Sharp	X	Brookings	✓
Susan Johnson		Rapid City	
Evert Vandersluis	X	Brookings	✓
Steve Zellmer	X	Rapid City	✓
Dan Noteboom	X	Sioux Falls	✓
Curt Everson	X	Pierre	✓
Joel Rosenthal	maybe	Sioux Falls	✓
John Hammingstad	X	Vermillion	✓ - canceled 8/30
David Sweet		Sioux Falls	✓
David Shicoine	X	Brookings	✓
Mike Allgrunn		Vermillion	✓
Roger Musick	X	Mitchell or Sioux Falls	✓

Jim Terwilliger

Deputy Commissioner
Bureau of Finance and Management
605-773-4145 office
605-295-1873 cell
jim.terwilliger@state.sd.us

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

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

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

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.

Chris L. Petersen
Name of Department/Office Head

CFO
Position/Title of Agency Official

Chris L. Petersen
Signature of Department/Office Head

9-10-18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

**STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL**

Name: Kendyll Jones		Employee #	Fed Code	State Code	Expense	License #	Mileage	Home Station			
		154101		AD-AGRM LE-LAW VL-VEHICLE HP-HABITAT PS-PASSENGER	X	34E591	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 Meets	Overnight Meals	Miles	Amount Claimed	Lodging	Misc. Expense
		Leave	Return								
6/1	Pierre- LET Academy	5:58AM		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	Pt. Pierre to Hoven		3:00PM	ST	LE			63.40	\$36.02		
6/9											
6/10	Hoven to Medison (Post Academy)	5:00PM		ST	LE		\$15.00	206.20	\$87.44		
6/11	Medison (Post Academy)			ST	LE		\$26.00				
	Travel from Medison to Yankton (WEPOC)			7100	7100		\$15.00	94.50	\$39.60		
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 Hoven Post Academy (WEPOC)		1:00PM	7100	7100		\$17.00	271.60	\$114.20		
6/16											
6/17	Hoven to Ft. Pierre (Post Academy)	5:00PM		ST	LE		\$15.00	63.40	\$36.08		
6/18	Post Academy (Ft. Pierre)			ST	LE		\$32.00				
6/19	Post Academy (Ft. Pierre)			ST	LE		\$32.00				
6/20	Post Academy (Ft. Pierre)			ST	LE		\$32.00				
6/21	Post Academy (Ft. Pierre)			ST	LE		\$32.00				
6/22	Ft. Pierre to Hoven (Post Academy)		5:00PM	ST	LE		\$17.00	63.40	\$36.08		
6/23											
6/24	Hoven to Watertown (Post Academy)	5:00PM		ST	LE		\$15.00	145.20	\$60.98		
6/25	Post Academy (Watertown)			ST	LE		\$32.00				
6/26	Post Academy (Watertown)			ST	LE		\$32.00				
6/27	Watertown to Aberdeen (Post Academy)			ST	LE		\$32.00	101.10	\$42.46		
6/28	Post Academy (Aberdeen)			ST	LE		\$32.00				
6/29	Aberdeen to Hoven (Post Academy)		5:00PM	ST	LE		\$17.00	79.10	\$33.22		
6/30											

PURPOSE OF TRAVEL: <u>Post Academy Training</u>	Subtotals	Taxable \$0.00	Non taxable \$568.00	1,150.10	\$483.17	\$0.00
	Grand Total					\$1,051.17
	Apply to Advance					\$1,051.17
	AMOUNT REIMBURSABLE					\$1,051.17

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

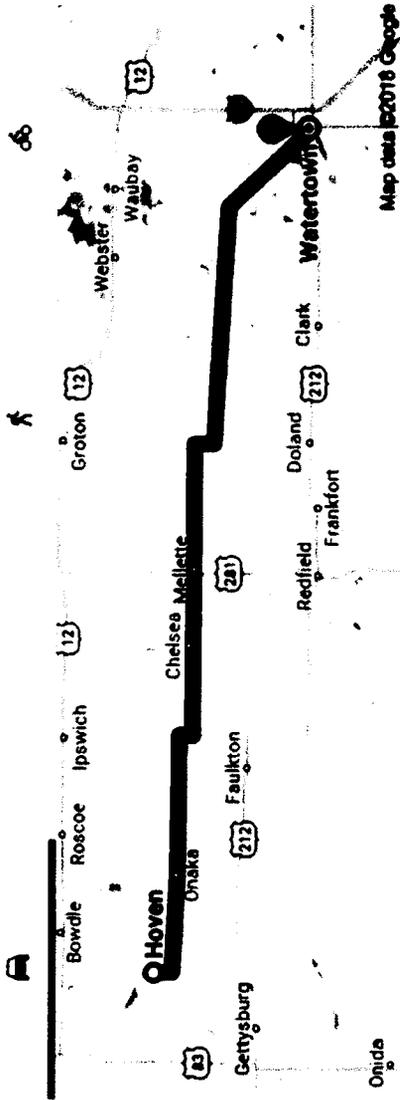
Kendyll Jones 7/3/18
Signature Date

Joseph Johnson 7/5/18
Authorization Date

Kendyll Jones 8/28/18

Hoven, South Dakota 57450

Watertown, South Dakota 57201

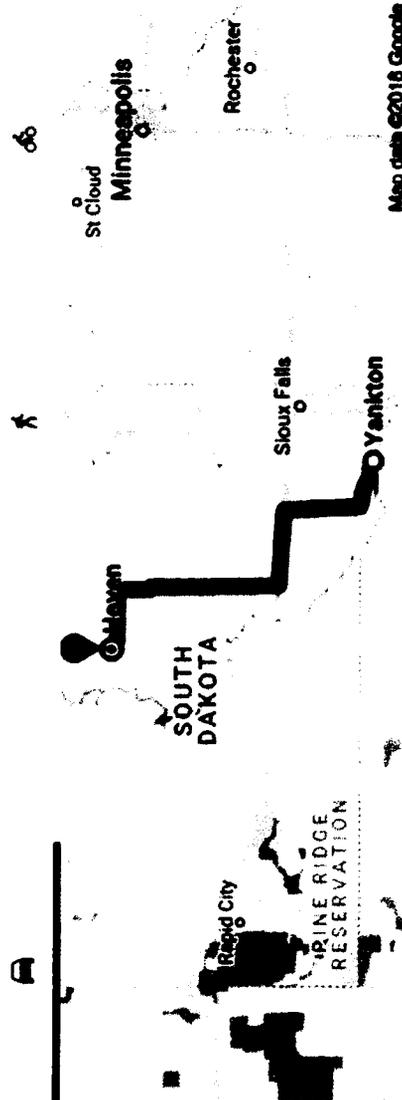


2 h 22 min (145.2 mi) via SD-20 E

Directions

Yankton, South Dakota 57078

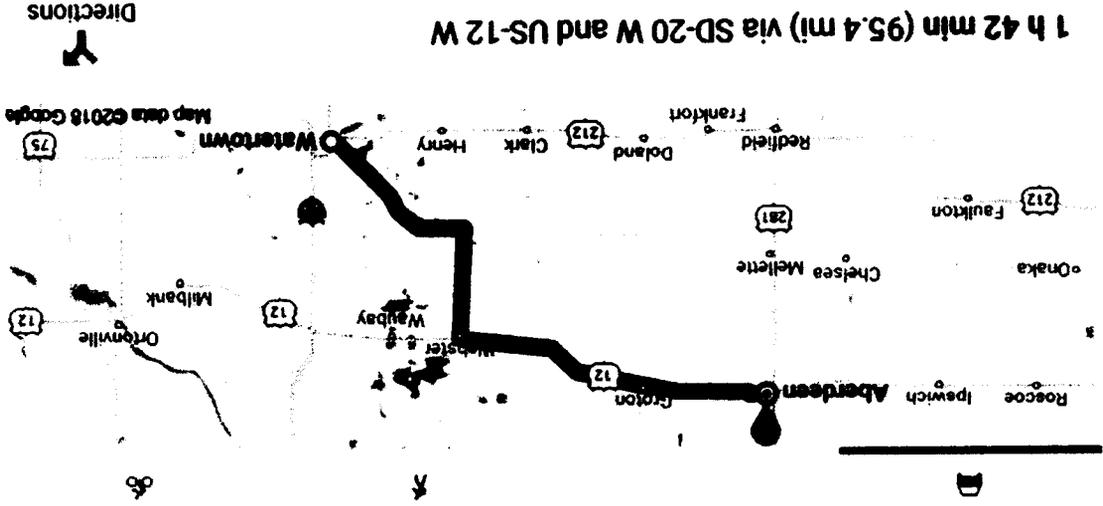
Hoven, South Dakota 57450



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

Directions

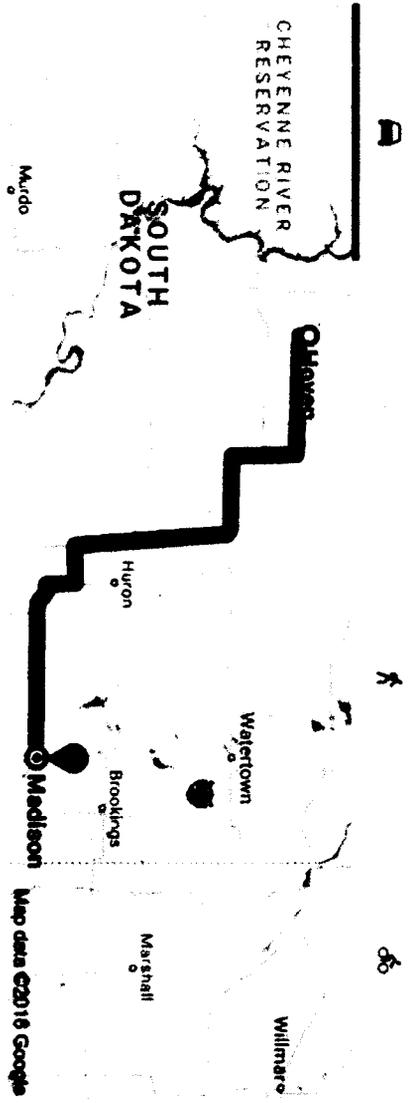
Watertown, South Dakota 57201
Aberdeen, South Dakota 57401



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

Directions

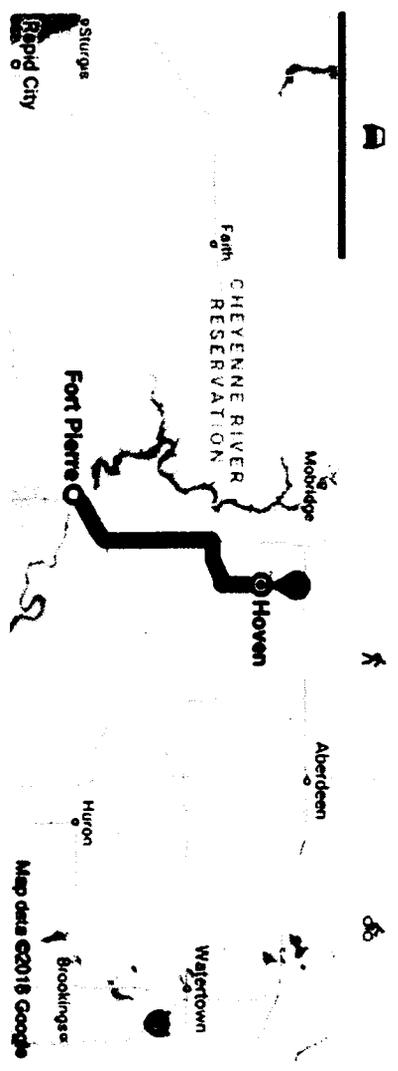
- Hoven, South Dakota 57450
- Madison, South Dakota 57042



Directions

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

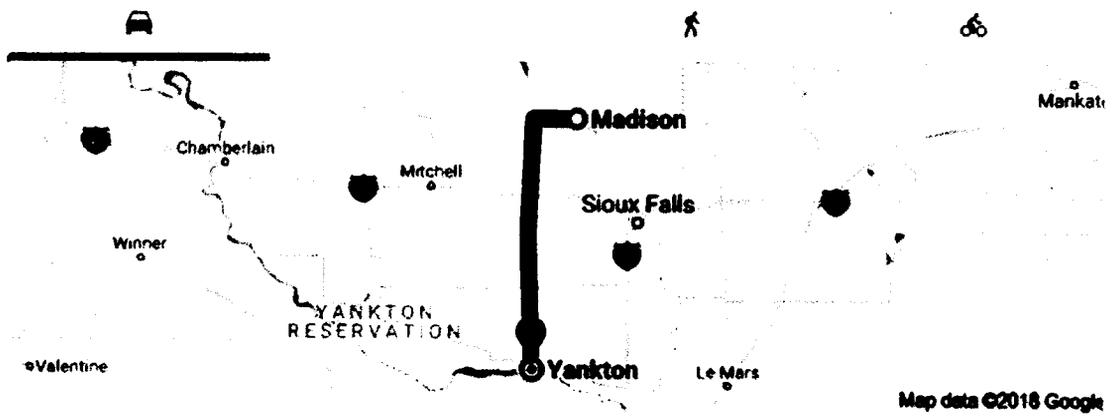
- Fort Pierre, South Dakota 57532
- Hoven, South Dakota 57450



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



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: Kendyll Jones

Invoice number: 20198808

Reason for delay: Process for home duty reimbursement

Kendyll Jones
 Claimant Signature

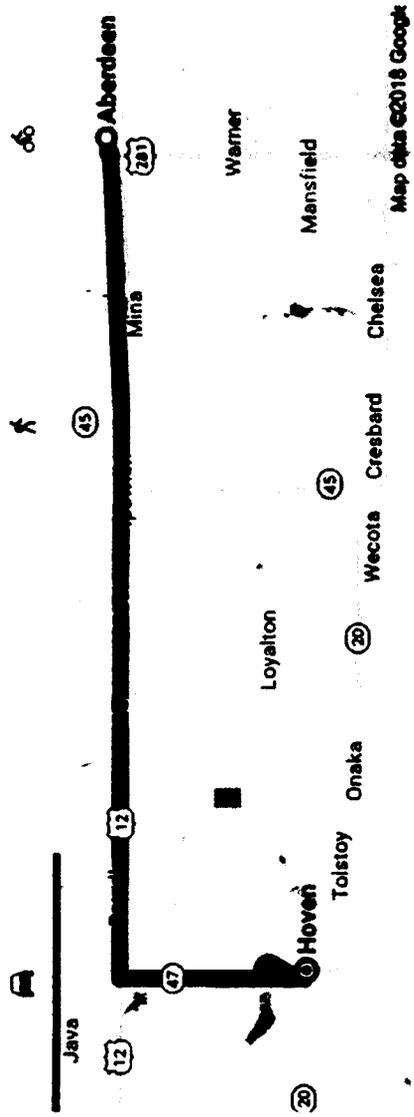
 Date

Chris J. Peterson
 Agency Official Authorization

9-10-18
 Date

○ Aberdeen, South Dakota 57401

○ Hoven, South Dakota 57450



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

 Directions

Game Fish and Parks
Voucher
Direct Invoice

Beth
AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: _____ ACTION: _____ 09/09/2018 19:55:13
REQUEST: _____

=====

EMP VOUCHER NBR: _____ Z069RB2 DATE: 06/30/2018 MODEL: _____
EMP SHORT NAME : JONESKENDYLL _____ JONES, KENDYLL CURR: _____
EMPLOYEE NUMBER: _____ 154101 _____ HARROLD CM/DM : 1
TRAVEL BEG DATE: _____ 06/01/2018 _____ APPROVAL NBR: _____ MULTI PYMT: N
TERMS CODE: _____ PYMT DUE DATE: 09/09/2018 DO NOT USE : _____
REMIT MSG: _____ TRAVEL_FROM_06/01/2018_TO_06/30/2018
SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO	NUMBER
VAT	QUANTITY	UNIT	ITEM	NUMBER	ITEM	DESCR	PRORATE (T F A D) USE 99 IRC
0001	184.80	001	3122	52030300	0610520		
	440					NNNN	
0002	926.00	001	3122	52031500	0610520		
						NNNN	
0003							
0004							

: _____ : _____
: _____ GROSS AMOUNT: _____ 1,110.80

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Claimant Date



Authorization Date

09/09/2018

Authorization Date

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

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

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: 9/4/18 Agency: Game Fish + Parks
Agency Address: 523 E Capitol Ave Pierre SD 57501
Agency Phone Number: 605 777 3307
Employee Requesting Reimbursement: Page Trana
Total Amount of Reimbursement: \$948.12
Date(s) of Expense: August 1st - August 31st
Event Leave Time: 5:00 A Event Return Time: 12:00AM
Explanation of official business performed: Pre-academy, Attended 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

9-4-18
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

9/4/18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

**STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL**

Name: Page Trana		Employee #	Fed Code	State Code	Expense	License #	Mileage	Home Station			
		162457		AD=ADMIN. LE=LAW WL=WILDLIFE HB=HABITAT FB=FISHERIES	X	725JPP	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								
08/08/18	Travel: Home (SD State Line) - Fort Pierre/P	2:00 PM		ST	LE			\$15.00	223.00	\$93.66	
08/09/18	Pre-Academy (Ft. Pierre)			ST	LE			\$32.00			
08/10/18	Pre-Academy (Ft. Pierre)			ST	LE			\$32.00			
08/11/18	Pre-Academy (Stay over weekend)			ST	LE			\$32.00			
08/12/18	Pre-Academy (Stay over weekend)			ST	LE			\$32.00			
08/13/18	Pre-Academy (Ft. Pierre)			ST	LE			\$32.00			
08/14/18	Pre-Academy (Ft. Pierre)			ST	LE			\$32.00			
08/15/18	Pre-Academy (Ft. Pierre)			ST	LE			\$32.00			
08/16/18	Pre-Academy (Ft. Pierre)			ST	LE			\$32.00			
08/17/18	Travel : Fort Pierre to Sioux Falls		4:00 PM	ST	LE			\$17.00	227.00	\$95.34	
08/18/18	Home										
08/19/18	Travel: Sioux Falls to Pierre LET Academy	12:00 PM		ST	LE			\$15.00	227.00	\$95.34	
08/20/18	Pierre LET Academy			ST	LE						
08/21/18	Pierre LET Academy			ST	LE						
08/22/18	Pierre LET Academy			ST	LE						
08/23/18	Pierre LET Academy			ST	LE						
08/24/18	Pierre LET Academy (Stay over weekend)			ST	LE			\$15.00			
08/25/18	Pierre LET Academy (Stay over weekend)			ST	LE			\$32.00			
08/26/18	Pierre LET Academy (Stay over weekend)			ST	LE			\$32.00			
08/27/18	Pierre LET Academy			ST	LE						
08/28/18	Pierre LET Academy			ST	LE						
08/29/18	Pierre LET Academy			ST	LE						
08/30/18	Pierre LET Academy			ST	LE						
08/31/18	Pierre LET Academy - Travel Pierre to Sioux Falls		8:00 PM	ST	LE			\$15.00	227.00	\$95.34	
08/18/18	Mouthguard			ST	LE						\$11.70
09/03/18	Boots			ST	LE						\$159.74

PURPOSE OF TRAVE To conduct the duties of a Conservation Officer Trainee in the State of South Dakota.	Subtotals					Taxable \$0.00	Non taxable \$397.00	\$904.00	\$379.68	\$0.00	\$171.44
											Grand Total \$948.12
											Apply to Advance AMOUNT REIMBURSABLE 948.12

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.

Page Trana
Claimant
9/4/18
Date

Page Trana
Authorization

9/6/2018
Authorizat Authorization
Date

SCHEELS

scheels.com

Sioux Falls Scheels
2101 W. 41st Street
Sioux Falls, SD 57105
(605)334-7767

9/3/18 11:58 AM
Trans.: 5889 Store: 00048
Reg.: 023 Till: 023
Cashier: Julie Sales: Julie

Sale



PRONGHORN GT-8D/BRN 61263208981 1 @	149.99	T
Subtotal	149.99	
Sales Tax 6.50%	9.75	
Total	159.74	
Credit	159.74	
Card: MasterCard		
Account: 3124		
Auth: 702772 (A)		
Terminal ID: 023		
Application Name: Debit MasterCard		
Verification: Signature		
Capture Method: Chip Read		
Auth Mode: Issuer		
Total Tender	159.74	
Change Due	0.00	

SCHEELS

scheels.com

Sioux Falls Scheels
2101 W. 41st Street
Sioux Falls, SD 57105
(605)334-7767

8/18/18 10:47 AM
Trans.: 1918 Store: 00048
Reg.: 016 Till: 016
Cashier: Keagan Sales: Keagan

Sale



MOUTHGUARD SNGL W/CASE-BLK/GRY	10.99	T
00928357461 1 @	10.99	
Subtotal	10.99	
Sales Tax 6.50%	0.71	
Total	11.70	
Credit	11.70	
Card: Visa		
Account: 8920		
Auth: 172701 (A)		
Terminal ID: 016		
Application Name:		
Verification: Signature		
Capture Method: Chip Read		
Auth Mode: Issuer		
Total Tender	11.70	
Change Due	0.00	
Number of Items Sold:	1	

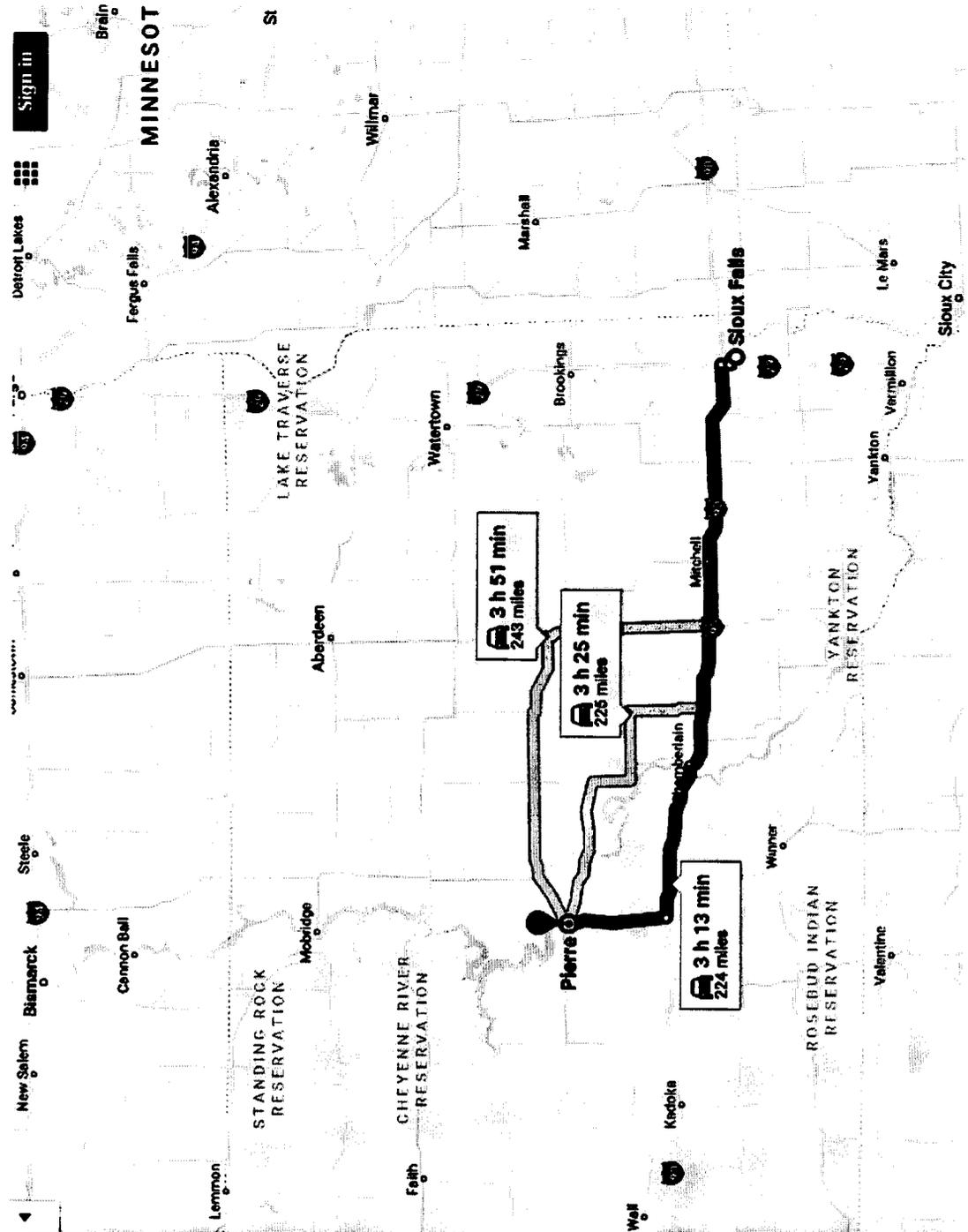
You used a Scheels Visa Card today.
You earned \$0.25 in reward value.
Visit [scheels.com](#) for more info on our Gift Card.

Pay

Sioux Falls, South Dakota
 Pierre, South Dakota 57501

TO YOUR VIEW

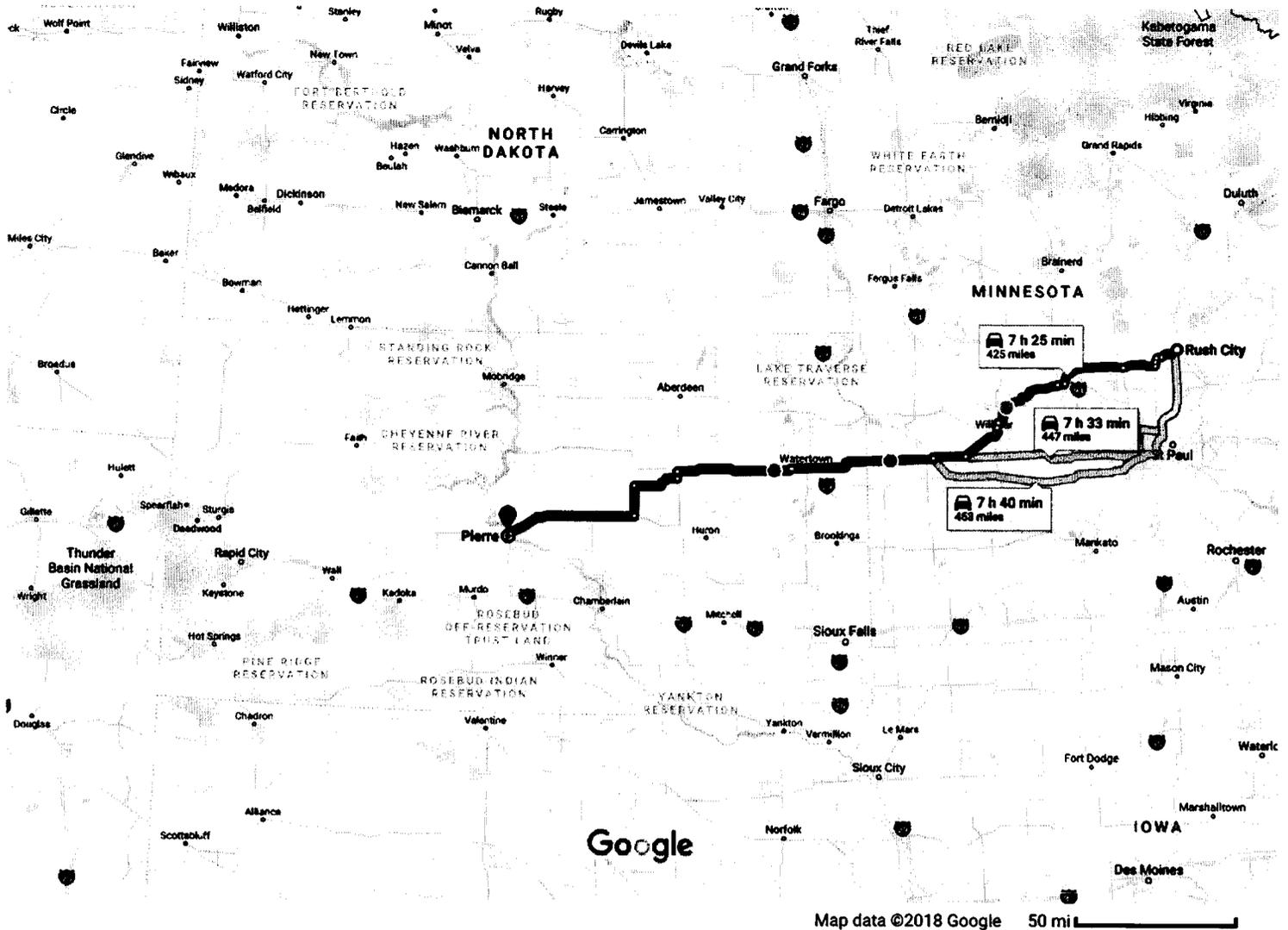
OFFERS



Send directions to your phone

- via I-90 W**
 Fastest route, the usual traffic
3 h 13 min
 224 miles
- via I-90 W and SD-34 W**
3 h 25 min
 225 miles
- via I-90 W and US-14 E**
3 h 51 min
 243 miles

DETAILS



Google

Map data ©2018 Google 50 mi



via US-212 W

Fastest route, the usual traffic

7 h 25 min

425 miles



via US-212 W and US-14 W

7 h 33 min

447 miles



via US-212 W, US-212 W and US-14 W

7 h 40 min

453 miles

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: 8/31/2018 Agency: Game Fish and Parks
Agency Address: 523 E Capital Ave, Pierre, SD 57501
Agency Phone Number: (605) 223-7660
Employee Requesting Reimbursement: Jacob Schwint
Total Amount of Reimbursement: \$ 786.36
Date(s) of Expense: 8/08/18 - 08/31/18
Event Leave Time: 3pm 8-8-18 Event Return Time: 8pm 8-31-18
Explanation of official business performed: Conservation Officer 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.

Jacob Schwint
Signature of Employee

08/31/2018
Date

Authorization

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

Kelly R. Hepler
Name of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official

K R Hepler
Signature of Department/Office Head

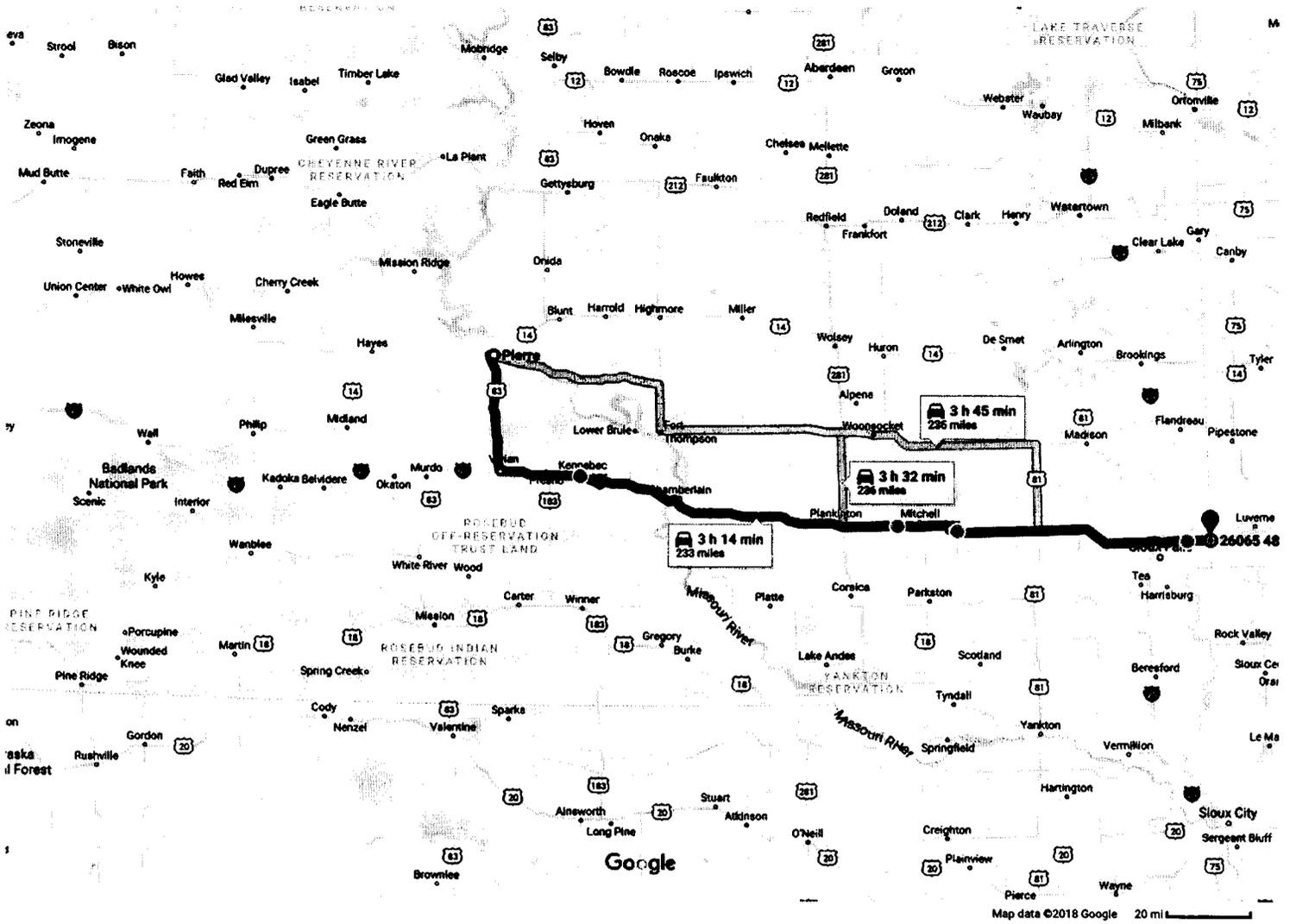
9/4/18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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



-  via I-90 E
Fastest route, the usual traffic 3 h 14 min
233 miles
-  via SD-34 E and I-90 E 3 h 32 min
236 miles
-  via SD-34 E 3 h 45 min
235 miles

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: 9-4-18 Agency: SD G F + P
Agency Address: 523 E Capitol Ave Pierre SD 57501
Agency Phone Number: 605-773-3387
Employee Requesting Reimbursement: Dylan Peterson
Total Amount of Reimbursement: 879.29
Date(s) of Expense: August 8th - August 31st
Event Leave Time: 5:00 A Event Return Time: 12:01 A
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.

Dylan Peterson
Signature of Employee

9-4-18
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

9/4/18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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



TAX ID # 75-3057963

Dunes Clinic Indian Hills Clinic
 Morningside Clinic Movable Clinic
 Northside Clinic Urgent Care Clinic

South Sioux City Clinic

OFFICE	NEW	ESTAB.	FEE
BRIEF	99211	99212	
FOCUSED	99201	99212	
EXPANDED	99202		
DETAILED/L.COMP	99203		
EXP/L.COMP		99213	
COMP/M.COMP	99204		
DETAILED/M.COMP		99214	
COMP/H.COMP	99205	99215	
OB CHECK	OBCK		

PREVENTIVE	NEW	ESTAB.	FEE
NFANT<1	99381	99391	
AGE 1-4	99382	99392	
AGE 5-11	99383	99393	
AGE 12-17	99384	99394	
AGE 18-39	99385	99395	
AGE 40-64	99386	99396	
65 & OVER	99387	99397	
DOT PHYSICAL	DOTPX		

TCM		
MOD COMPLEXITY		99495
HIGH COMPLEXITY		99496

LACERATION REPAIR			
LACERATION			
SIMPLE	INTERMEDIATE	COMPLEX	
LOCATION:			
SIZE:			
SIZE <2.5 cm	2.6-5.0 cm	5.1-7.5 cm	>7.5 cm

EXCISIONS		
BENIGN	MALIGNANT	HOLD
LOCATION:		
SIZE:		

DESTRUCTION	
PRE-MALIG LESIONS	1/2-14 17000/17003
SKIN TAGS	11200
WARTS/OTHER LESIONS	1-14 17110
# OF LESIONS	
CONDYLOMA, CHEMICAL (male)	54050
CONDYLOMA (female)	56501

FRACTURES/DISLOCATIONS	
FRACTURE CARE:	
LOCATION:	
INITIAL VISIT	
FOLLOW UP	
DATE OF INJURY	
SUPPLIES	

LAB	PROCEDURES	INJECTIONS con
ALT/SGPT 84460	ANOSCOPY 46600	DEPO-TEST- cc
AMYLASE/LIPASE 82150/83690	AVULSION NAIL 11730	KENALOG cc
ANA 86038	CERUMEN REMOVAL 69210	PROLIA mg J0
AST/SGOT 84450	COLPOSCOPY 57452	ROCEPHIN mg J06
B-12 82807	COLPOSCOPY W/BIOPSY 57454	SOLU MEDROL J293
BMP/MGA 80048	CRYOCAUTERY CX 57511	SYNIVISC J7325
BUN 84520	EKG 93000	TORADOL mg J1885
CBC W/DIFFERENTIAL 85025	ENDOMETRIAL BIOPSY 58100	VERSED mg J2250
CBC W/PLATELET 85027	FOREIGN BODY, CORNEAL 65220	VISTARIL J3410
CHEM 14/CMP 80053	HEMORRHOID BANDING 46221	ZOFAN 1mg J2405
CHLAMYDIA/GC 87491/87591	HEMORRHOID EXCISION/EXT 46320	INJECTION FEE 96372
CHOLESTEROL *** 82485	HEMORRHOID I&D 46083	
CREATININE 82565	I&D CYST, SINGLE/COMP 10060/10061	
CPK 82550	INHALER INSTRUCTIONS 94664	
CRP 86140		
CULTURE, AEROBIC/GPS 87070		
CULTURE, URINE 87086/87088		
DIGOXIN *** 80162		
EMSAFP		
FERRITIN 82728		
FOLIC ACID 82746		
FSH 83001		
GENERAL HEALTH PANEL 80050		
GLUCOSE 82947		
GLUCOSE P. GLUCOLA 82950		
GRAM STAIN 87205		
GROUP B STREP CULTURE 87081/87149		
GTT x 82951/82952		
HDL 83718		
HEMOCCULT * 82270/82272		
HEMOGLOBIN GLYCATED 83036		
HEPATIC FUNCTION PANEL 80076		
HEPATITIS PROFILE 80074		
HGB/HCT 85018/85014		
H. PYLORI 86677/86318		
HSCRIP 86141		
I FOB 99070/82274/G0328		
IOC/CALCIUM 82330		
INFLUENZA A+B 87502		
IRON 83540		
KOH, SKIN 87220		
LEAD 83655		
LDL, DIRECT *** 83721		
LIPOID PANEL* 80061		
MAGNESIUM 83735		
MEDICARE PAP & PELVIC G0101/Q0091		
MONOSPOT 86308		
PAP SMEAR/THIN PREP 88164/88175		
PHOSPHORUS 84100		
POTASSIUM 84132		
PREG. TEST, SERUM/QUAL 84703		
PREG. TEST, SERUM/QUANT 84702		
PREG. TEST, URINE 81025		
PRENATAL PROFILE 80055		
ProBNP 83880		
PROTIME 85610		
PSA 84153/G0103		
PTH 83970		
PTT 85730		
RHEUMATOID FACT, QUANT 86431		
RSV 87807		
SED RATE 85651/85652		
SODIUM 84295		
STATIN 80061/82550/84450		
STREP RAPID 87880		
STSH ** 84443		
T4 FREE** 84439		
TIBC 83550		
TESTOSTERONE TOTAL 84403		
TRIGLYCERIDES 84478		
URIC ACID 84550		
MICROALBUMIN/CREAT RATIO 82043/82570		
UA DIP/COMPLETE 81003/81001		
VITAMIN D 82306		
WET MOUNT/KOH, VAG. 87210		
VENI/FINGST 36415/36416		

LAB	PROCEDURES	INJECTIONS con
INJECT/ASPIR (S)20600 (M)20605 (L)20610		
GANGLION CYST 20812		
PLANTAR FASCIITIS 20550		
IUD INSERT/REMOVAL 58300/58301		
IV INF HYDRATION 96360/96361		
IV INF THERAPY 96365/96366		
IV INF PUSH 96374/96375		
SALINE 1000CC 70300		
LACTATE RINGERS 71200		
NEXPLANON INSERT/REM 11981/11982		
OSTEO MANIPULATION 98925/98926/98927		
SPIROMETER 94010		
SPIROMETER W/BRONCHO 94060		
TRIGGER POINT 20552		
TYMPANOGRAM 92567		
UPDRAFT/NEBULIZER 94840		
URETHRAL DILATION 53660		
VAECTOMY 55250		
DEXA 77080		

X-RAYS	
ABDOMEN 1V/2V 74000/74020	
ANKLE 3V R/Lt 73610	
CHEST, PA&LAT 71020	
ELBOW R/Lt 73080	
FINGERS R/Lt 73140	
FOOT 3V R/Lt 73630	
FOREARM 2V R/Lt 73090	
HAND 3V R/Lt 73130	
HEEL (OSCALCIS) 2V R/Lt 73650	
HIP 1V/2V R/Lt 73500/73510	
KNEE 1-2V/3V R/Lt 73560/73562	
PELVIS 1-2V R/Lt 72170	
RIB DETAIL 2V/3V R/Lt 71100/71101	
SHOULDER R/Lt 73030	
SINUS 70220	
SKULL 70250	
SPINE CERVICAL 2-3 VIEWS 72040	
SPINE CERVICAL 4-5 VIEWS 72050	
SPINE LUMBOSAC 3V/4V+ 72100/72110	
TIBIAL/FIBULA 2V R/Lt 73590	
THORACIC SPINE 72070	
WRIST 3V R/Lt 73110	
OTHER X-RAYS:	
ABN SIGNED	
MODIFIERS:	
25 24_50 59_76 79	

INJECTIONS	
ALLERGY S/MULTI 95115/95117	
B-12 J3420	
BICILLIN CR J0558	
CARBOCAINE J0670	
DEMEROL J2175	
DEPO-MEDROL cc J1020/30/40	
DEPO-PROVERA 1mg J1050	

INJECTIONS con	
ADACEL/BOOSTRIX 90715	
dTAP/HepB-IPV (Pediarix) 90723	
dTAP/TRIPEDIA 90700	
FLU CHILD/ADULT	
GARDASIL9 90651	
HEP A 90633	
HEP B-PED/ADOL 90744	
HEP B-ADULT 90746	
HIB 90647/90648	
KINRIX 90696	
MENECTRA/MENVEO 90734	
MENOMUNE 90733	
MMR 90707	
MMRV-PROQUAD 90710	
IPV 90713	
PNEUMOVAX 90732	
PREVNAR 90670	
ROTATEQ 90680	
TB INTRADERMAL 86580	
TWINRIX 90636	
VARIVAX 90716	
ZOSTAVAX 90736	
INJECTION FEE 90471/90472	

IMMUNIZATIONS	
ADACEL/BOOSTRIX 90715	
dTAP/HepB-IPV (Pediarix) 90723	
dTAP/TRIPEDIA 90700	
FLU CHILD/ADULT	
GARDASIL9 90651	
HEP A 90633	
HEP B-PED/ADOL 90744	
HEP B-ADULT 90746	
HIB 90647/90648	
KINRIX 90696	
MENECTRA/MENVEO 90734	
MENOMUNE 90733	
MMR 90707	
MMRV-PROQUAD 90710	
IPV 90713	
PNEUMOVAX 90732	
PREVNAR 90670	
ROTATEQ 90680	
TB INTRADERMAL 86580	
TWINRIX 90636	
VARIVAX 90716	
ZOSTAVAX 90736	
INJECTION FEE 90471/90472	

DIAGNOSIS	
ABDOMINAL PAIN	FREQ URINATION
ABNORMAL PAP	GASTROENTERITIS
ACNE	GERD
ADD/ADHD	GLUCOSE ABN
ALLERGIC RHINITIS	HEADACHE/MIGRAIN
ALLERGY	HEMORRHOID
AMENORRHEA	HIGH RISK MEDICATI
ANEMIA/PERN/IRON	HYPERLIPIDEMIA
ANGINA	HTN-BENIGN/MALIG
ANTICOAG THERAPY	HYPOHYROIDISM
ANXIETY	INFLUENZA
ARRHYTHMIA	INSOMNIA
ARTERIOSCLEROSIS	KERATOSIS-ACT/SEE
ASHD	LUMBAGO
ASTHMA	MENOPAUSAL
ATRIAL FIB	MYALGIA
BACK PAIN	NAUSEA/VOMITING
BLOOD IN STOOL	NECK PAIN
BPH	NEUROPATHY
BRONCHITIS AC/CHRON	OSTEOPOROSIS
CAD	OTITIS, EXT/MED/SEI
CARPAL TUNNEL	PAIN IN JOINT
CELLULITIS	PALPITATIONS
CERUMEN IMPACTION	PARESTHESIA
CHEST PAIN	PHARYNGITIS
CHF	PE-GYN/SPORT/WOF
COLITIS	PNEUMONIA
CONJUNCTIVITIS	PREGNANCY
CONSTIPATION	RADICULOPATHY
CONTRACEPTIVE MGT	RENAL FAILURE
COPD/EMPHYSEMA	RHEUMATOID ARTHR
COUGH	RHEUMATOID ARTHR
CVA	SCIATICA
DEHYDRATION	SEBACEOUS CYST
DEPRESSION	SEIZURE DISORDER
DEMENCIA	SINUSITIS
DERMATITIS/ECZEMA	SPRAIN/STRAIN
DIABETES II	STREP
DIARRHEA	SYNCOPE
DUB	TONSILLITIS
DYSMENORRHEA	UTI
DYSPNEA	VAGINITIS
DYSURIA	VERTIGO/DIZZY
EDEMA	VIRAL SYNDROME
FATIGUE/MALAISE	WARTS
FEVER	WEIGHT GAIN/LOSS
FIBROCYSTIC BREAST	WELL CHILD EXAM

DATE	TIME	PATIENT	REASON	PRIOR BALANCE	
5/7/18	2:50 pm	Dylan R Peterson	px		
TICKET NO.	DR. #	ATTENDING PHYSICIAN	LOCATION	D.O.B	
35700160	Schryver, Th	NS		06/01/1995	
PATIENT NO.	RESPONSIBLE PARTY	PH#	REFERRING PHYS.		
435170	Joel Peterson	712 276-8238			
S	M	F	ADDRESS	CITY/STATE	ZIP CODE
		M	4621 Applewo	Sioux City	IA 51106
E	C	A	OVER 90	OVER 60	OVER 30
			CURRENT	TOTAL DUE	PT
			\$ 0.00		
INSURANCE COMPANY	BA	SCT	POLICY I.D.	RELATIONSHIP TO INSURED	AMOUNT
Wellmark IA			XQHW00432002 53654	SELF	25.00

ESTIMATED CHARGE	ADJUSTMENTS	TODAY'S PAYMENT
TECH: _____		
DIAGNOSIS:		
<input type="checkbox"/> INR APPT <input type="checkbox"/> NON-FASTING LABS <input type="checkbox"/> FASTING LABS Prio		
RETURN	D	W M
REASON		
PHYSICIAN		
Patient does not object to disclosure of PHI to any individual who accompanies them at this visit. Pt initials		



1600 North Harrison
 Pierre, SD 57501
 605-224-1669

PROD ID	QTY	UM	PRICE	TOTAL
BOOT DETROIT WP SOFT TOE 10.5 D				
15770325	1	EA	144.99	144.99 t
SUBTOTAL				144.99
Tax	144.99 @	6.500%	=	9.42
Tax				9.42
TOTAL				154.41
Visa (Debit)				154.41

xxxxxxxxxxxx1130 (Approved)
 PETERSON/DYLAN R
 Authorization #: 660728

08/10/18 11:24:07 026 57010191026
 1 Runnings Valued Customer
 INVOICE #: 5068659 WSID: RSIWS1049
 36605E18-E015-46F0-AC88-2190E7E59CD6
 0770PMD 2.93.6199 TILL ID: 71

Thanks for choosing Runnings!
 If you've purchased an item eligible
 for an E-Rebate, visit www.runnings.com.
 Rebate must be submitted
 30 days from date of purchase.
 Text "JOIN" at 59957
 for new sale & promo alerts.



RECEIPT 212798

DATE 5-8-18
 RECEIVED FROM Dylan Peterson
 ADDRESS 4621 Applewood Ave Sioux City
Fifteen and 00/100 DOLLARS \$ 15.00
 FOR Jeans

ACCOUNT	HOW PAID
BEGINNING BALANCE	CASH <input checked="" type="checkbox"/>
AMOUNT PAID	CHECK <input type="checkbox"/>
BALANCE DUE	MONEY ORDER <input type="checkbox"/>

BY Wm PO 12/18

© 2001 REDIFORM® S1657N-CL

© 2001 REDIFORM® S1657N-CL



Antelope Valley Township, South Dakota

Fort Pierre, South Dakota 575...

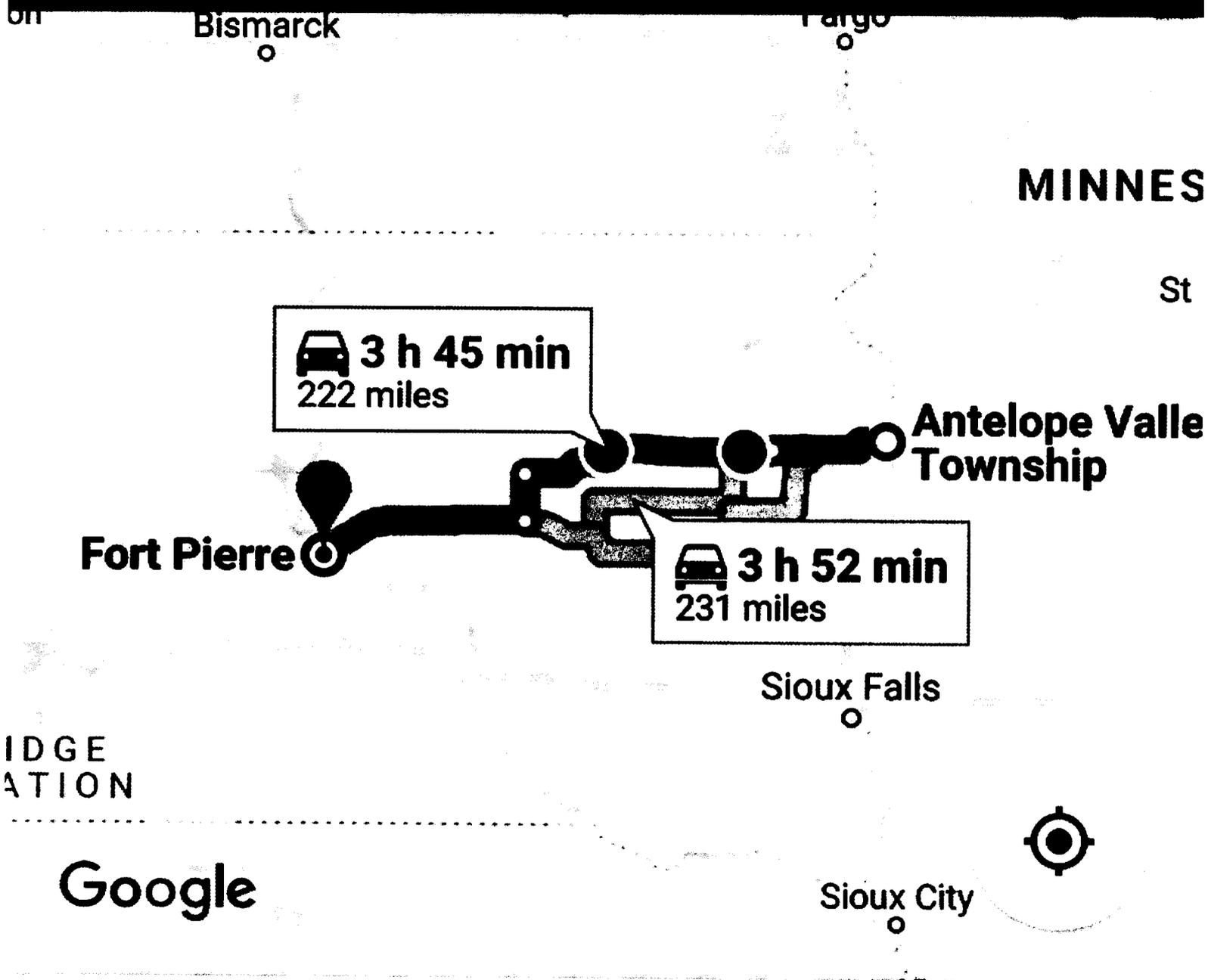


3 hr 45



3 days

1 day



EDGE
ATION

Google



3 h 45 min (222 miles)

Via US-212 W and US-14 W

Showing results for fort pierre SD to north *sioux* city

Search instead for fort pierre SD to north sioux city

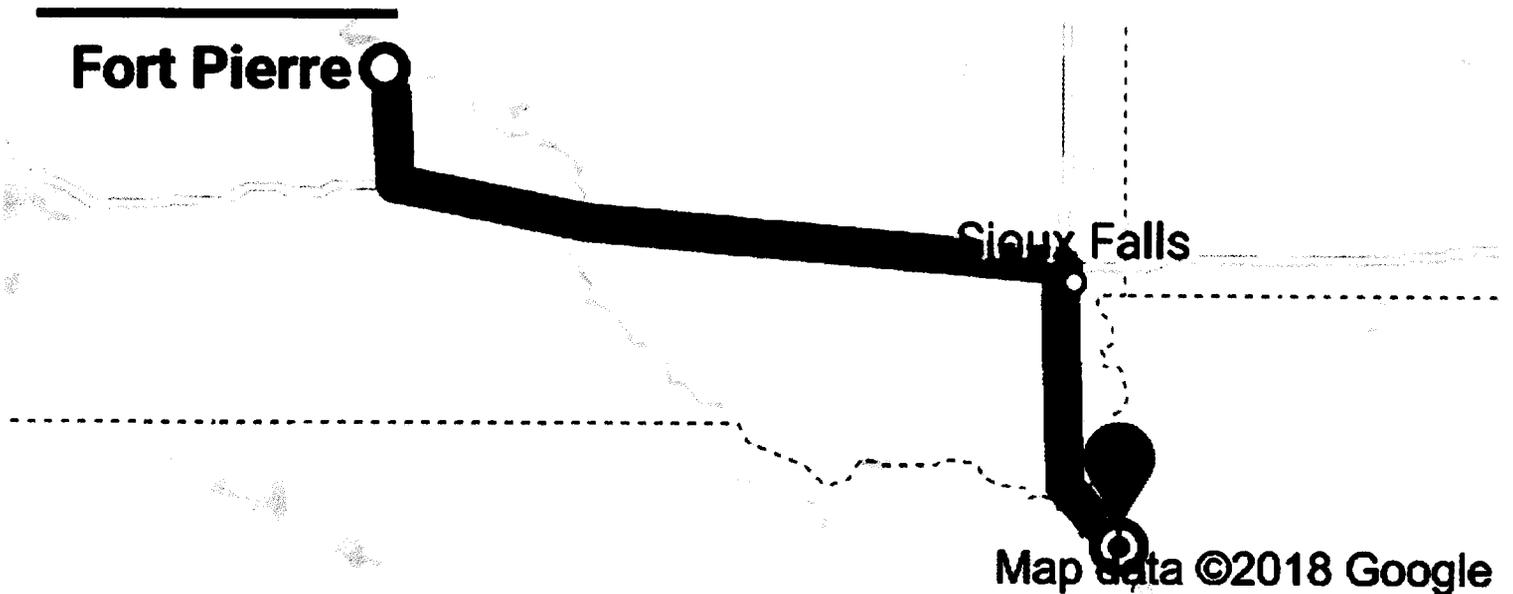
 Fort Pierre, South Dakota 57532

 North Sioux City, South Dakota 57049

 4 h 2 min

 93 h

 23 h 2



4 h 2 min (296.3 mi)

via I-90 E and I-29 S



DIRECTIONS



Fort Pierre, South Dakota 57532



22108 Plum Creek Pl, Fort Pie...



38 min



8 hr



2 hr 18



Fort Pierre



38 min
25.3 miles

Windte

Plum Creek Place



Google

38 min (25.3 miles)

Via Bad River Rd



south dakota
DEPARTMENT OF EDUCATION

Learning. Leadership. Service.

800 Governors Drive
Pierre, SD 57501-2235

T 605.773.3134
F 605.773.6139
www.doe.sd.gov

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

August 14, 2018

SUBJECT: Reimbursement of lodging expense

State Board of Finance:

The South Dakota Department of Education (SD DOE) is requesting the State Board of Finance approve the attached employee reimbursement voucher.

The employee reimbursement voucher was sent over to the State Auditor's office for payment. However, they are requesting that SD DOE get approval from the State Board of Finance before the voucher is approved for payment.

Ann Larsen, an employee of SD DOE, was scheduled to attend the 2018 National Network Meeting - 50 State Afterschool Network. However, due to inclement weather she could not fly out on April 15, 2018 and arrive at the hotel. In an effort to save the state money, she tried to cancel the room for the one night, but the hotel would not allow her to cancel the room for only one night.

SD DOE is requesting that the State Board of Finance approve payment for this employee reimbursement voucher as this lodging expense was accrued through no fault of the employee but inclement weather.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary Stadick-Smith".

Mary Stadick-Smith
Division of the Secretariat
South Dakota Department of Education

OFFICE OF THE STATE AUDITOR

Your voucher is not quite clear to us in some instances and we would appreciate your supplying us with the necessary explanation, and adjustment or correction. Please return the voucher to the State Auditor's Office as soon as possible. Please leave slip attached to voucher. Thank you for your cooperation.

This will need to be sent to the Board of Finance for approval.
Dennis would like this ~~to be~~ approved by the Board of Finance.
Date returned 5-25-18 the Board of Finance. Claim Auditor AS

**STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL**

NAME Ann Larsen
ADDRESS Pierre, SD

ORGANIZATION DOE
BUDGET ENTITY Title IV-Part B 21st Century

Invoice ID	Date	Employee ID		Rtn Date	Adv	Exp	License No.	Home Station	
		121976				x	36N043	Pierre	
Dates Mo/Day	Description of Travel, Destination, Misc. Expense	Time		Auto Miles	Trans. Cost	Overnight Meals	Non-Over Nite Meals	Lodging	Misc. Expense
		Leave	Return						
4/15/18	LODGING -- Washington, DC							343.25 ✓	
	With bad weather on April 15, Ann could not fly into Washington, DC and so she tried cancelling her reservation for the night of April 15, 2018 but they would not do it -- If they did...they told her that they would have to cancel the entire reservation because it was a group rate. At first she thought they did not charge her but then she looked at her credit card statement and found that they had charged her. She called the hotel and then they sent her this invoice.								
	(2018 Nat'l. Network Mtg. - 50 State AFTERSCHOOL Network)								
SUBTOTALS				0	0.00	0.00	0.00	343.25 ✓	0.00

PURPOSE OF TRAVEL: EXPENSES -- 2018 Nat'l. Network Mtg--The 50 State AFTERSCHOOL Network
April 15-19, 2018 -- Lodging for the night of April 16, 2018.

GRAND TOTAL	343.25
APPLY TO ADVANCE	
AMOUNT REIMBURSABLE	343.25 ✓

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Ann Larsen 5.15.18
Claimant Date
[Signature] 5/16/18
Authorization Date

Authorization Date

Authorization Date

The Westin Washington, D.C. City Center
1400 M Street Northwest
Washington, DC 20005
United States
Tel: 202-429-1700 Fax: 202-785-0786

WESTIN[®]

HOTELS & RESORTS

Mrs. Ann Larsen
116 Grey Goose Rd
Pierre, SD, 57501-6107
CD12AB - Collaborative Communicatio Att

Page Number	:	2	Invoice Nbr	:	503429
Guest Number	:	1045255			
Folio ID	:	A			
Arrive Date	:	15-APR-18	15:00		
Depart Date	:	19-APR-18			
No. Of Guest	:	1			
Room Number	:				
SPG Account	:	SPG - A7997			

As a Starwood Preferred Guest you have earned at least 598 Starpoints for this visit A7997

Tell us about your stay. www.westin.com/reviews

The Westin Washington, D.C. City Center
 1400 M Street Northwest
 Washington, DC 20005
 United States
 Tel: 202-429-1700 Fax: 202-785-0786



Mrs. Ann Larsen
 116 Grey Goose Rd
 Pierre, SD, 57501-6107
 CD12AB - Collaborative Communicatio Att

Page Number : 1 Invoice Nbr : 503429
 Guest Number : 1045255
 Folio ID : A
 Arrive Date : 15-APR-18 15:00
 Depart Date : 19-APR-18
 No. Of Guest : 1
 Room Number :
 SPG Account : SPG - A7997

Westin Washington MAY-10-2018 16:03 RAIHAN

16-APR-18	1045255	Guaranteed No Show	299.00	
16-APR-18	1045255	Room Tax	44.25	
16-APR-18	DI	Discover Network-9610		-343.25
For Authorization Purpose Only				
xxxxxx9610				
	Date	Code	Authorized	
	16-APR-18	01643R	343.25	
** Total			343.25	-343.25
*** Balance			0.00	

FIND CLARITY, BOOST HAPPINESS - Like a gym membership for your mind, Headspace gives you simple tools to feel happier, work smarter and sleep better. Get some Headspace at westin.com/headspace

Continued on the next page