

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. on eight days before 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

Tammy Williams

Name of Applicant
\$98,054.96 **Spearfish, SD**
Yearly Salary City, State Moving From
11-2193
Bureau of Human Resources Class Code

Engineering Manager III
New Position Title
Pierre, SD
New Post of Duty (City)
August 27, 2018
Employment Date with the State

Transportation
Agency Employed By
Sept/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.

Tammy D. Williams
Signature of Applicant

10/4/18
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.

Dawn Bergquist
Name of Authorized Agent
[Signature] 10/4/18
Signature of Authorized Agent Date

Secretary
Position/ Title of Authorized Agent
Department of Transportation
Agency of Authorized Agent

Approval by State Board of Finance

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

Household Moving Allowance State of South Dakota

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Application

Travis Theilen
Name of Applicant

\$55,000
Yearly Salary

Cameton, SD
City, State Moving From

GS K
Bureau of Human Resources Class Code

Dr Staff Spee
New Position Title

Pierre SD
New Post of Duty (City)

4/30/02 adjusted date of 10/1/00
Employment Date with the State

SD GFP
Agency Employed By

10/2018
Expected Month/Year of Move

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[Signature]
Signature of Applicant

10-23-18
Date

Authorization

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Kelly R. Hepler
Name of Authorized Agent

[Signature]
Signature of Authorized Agent

_____ Date

Cabinet Secretary
Position/ Title of Authorized Agent

GFP
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on _____
Date

Signature of Secretary, State Board of Finance

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Application

Prasanthi Pallapu	Instructional Designer	Black Hill State University
Name of Applicant	New Position Title	Agency Employed By
60,000.00	Secunderabad, India	Spearfish
Yearly Salary	City, State Moving From	Expected Month/Year of Move
00527	9/22/2018	9/18
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.

DocuSigned by:

Prasanthi Pallapu
Signature of Applicant

8/21/2018 | 8:15:04 PM MDT

Date

Authorization

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Brandon Bentley

Name of Authorized Agent

Controller

Position/ Title of Authorized Agent

DocuSigned by:

Brandon Bentley
Signature of Authorized Agent

8/22/2018 | 10:47:02 AM MDT

Black Hills State University

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

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Application

Charles Miller

Name of Applicant

\$50,000

Yearly Salary

Kansas City, MO

City, State Moving From

00352

Bureau of Human Resources Class Code

Associate Athletic Trainer

New Position Title

Brookings, SD

New Post of Duty (City)

August 2018

Employment Date with the State

SDSU - Athletics

Agency Employed By

Aug 2018

Expected Month/Year of Move

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Charles Miller

Signature of Applicant

9/21/18

Date

Authorization

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JUSTIN G. SELL

Name of Authorized Agent

Justin G Sell

Signature of Authorized Agent

9/24/18

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

500 E Capitol Ave

expenses.

Please check one:

State Transfer (SDCL 3-9-9)

Full-time continuous employment for 6 months.



Professional Recruitment (SDCL 3-9-12)

Pierre SD 57501 Phone: 605-773-3537 moving

Application

Sharrel Pinto

Name of Applicant

\$127,260

Yearly Salary

Maumee, OH

City, State Moving From

00603

Bureau of Human Resources Class Code

Professor

New Position Title

Sioux Falls, SD

New Post of Duty (City)

Employment Date with the State

SDSU

Agency Employed By

March 2018

Expected Month/Year of Move

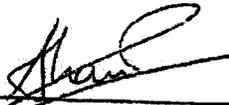
Apr. 1 2018

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

10/19/18

Date

Authorization

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Jane Mort
Name of Authorized Agent

Dean, College of Pharmacy +
Position/ Title of Authorized Agent Allied Health
Profess

[Signature] 11/2/2018
Signature of Authorized Agent Date

SDSU
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date Signature of Secretary, State Board of Finance

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Application

<u>Elliot Powell</u>	<u>ASST. AD, Development</u>	<u>SDSU Athletics</u>
Name of Applicant	New Position Title	Agency Employed By
<u>52,000</u>	<u>Brookings, SD</u>	<u>September 2018</u>
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
<u>00347</u>	<u>8/6/18</u>	
Bureau of Human Resources Class Code	Employment Date with the State	

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

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

	<u>9/12/18</u>
Signature of Applicant	Date

Authorization

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<u>JUSTING SELL</u>	<u>DIRECTOR OF ATHLETICS</u>
Name of Authorized Agent	Position/ Title of Authorized Agent
	<u>SDSU</u>
Signature of Authorized Agent	Agency of Authorized Agent
<u>9/12/18</u>	
Date	

Approval by State Board of Finance

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

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Application

Dr. Komal Raina

Name of Applicant

Associate Professor

New Position Title

South Dakota State University

Agency Employed By

\$95,000

Yearly Salary

Denver, CO

City, State Moving From

Brookings

New Post of Duty (City)

Oct 2018

Expected Month/Year of Move

00700

Oct 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.

Komal Raina

Signature of Applicant

Komal Raina 09/26/2018

Date

Authorization

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DM PEROMAL

Name of Authorized Agent

Head, Dept. of Pharm. Sci

Position/ Title of Authorized Agent

P. Che

Signature of Authorized Agent

9/28/18

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

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Application

Cameron Simaz

Name of Applicant

Asst. Wrestling Coach

New Position Title

SDSU - Athletics

Agency Employed By

\$80,000

Yearly Salary

Highland Falls, NY

City, State Moving From

Brookings, SD

New Post of Duty (City)

May 2018

Expected Month/Year of Move

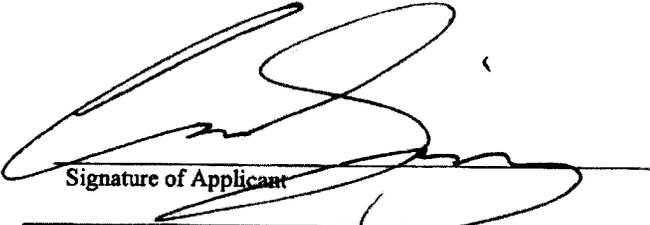
00548

Bureau of Human Resources Class Code

May 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

8-6-2018
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.

JUSTIN G. SELL

Name of Authorized Agent

DIRECTOR OF ATHLETICS

Position/ Title of Authorized Agent

Justin G. Sell

Signature of Authorized Agent

8/1/18

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

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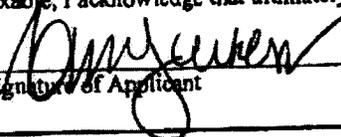
Application

<u>Kathryn M. Yunker</u>	<u>Program Advisor for Greek Life</u>	<u>South Dakota State University</u>
<u>Name of Applicant</u>	<u>New Position Title</u>	<u>Agency Employed By</u>
<u>\$42,000</u>	<u>Farmington, MN</u>	<u>Brookings, SD</u>
<u>Yearly Salary</u>	<u>City, State Moving From</u>	<u>New Post of Duty (City)</u>
<u>00539</u>		<u>September 2018</u>
<u>Bureau of Human Resources Class Code</u>		<u>Expected Month/Year of Move</u>

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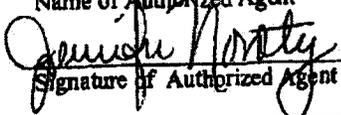
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 9/13/18
Signature of Applicant Date

Authorization

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<u>Jennifer Novotny</u>	<u>Senior Director of the Union</u>
<u>Name of Authorized Agent</u>	<u>Position/ Title of Authorized Agent</u>
<u></u>	<u>South Dakota State University – the University Student Union</u>
<u>September 7, 2018</u>	<u>Agency of Authorized Agent</u>
<u>Date</u>	

Approval by State Board of Finance

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

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

Household Moving Allowance State of South Dakota

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Pierre SD 57501

Phone: 605-773-3537

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Application

<u>Brian Boyenga</u> Name of Applicant	<u>Academic Advisor and Recruiter</u> New Position Title	<u>USD</u> Agency Employed By
<u>\$50,000</u> Yearly Salary	<u>Chicago, IL</u> City, State Moving From	<u>Vermillion, SD</u> New Post of Duty (City)
<u>00540</u> Bureau of Human Resources Class Code	<u>Aug. 6, 2018</u> Employment Date with the State	<u>Sept. 2018</u> Expected Month/Year of Move

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[Signature]
Signature of Applicant

11/2/18
Date

Authorization

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Adam Rosheim
Name of Authorized Agent

[Signature] 11-8-18
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

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Application

Michael S. McCrone

Name of Applicant

\$33,000.00

Yearly Salary

00514

Bureau of Human Resources Class Code

Saukville, WI

City, State Moving From

Athletic Trainer

New Position Title

Vermillion

New Post of Duty (City)

October 29, 2018

Employment Date with the State

USD

Agency Employed By

October 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

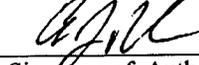
10/12/18
Date

Authorization

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Adam Rosheim

Name of Authorized Agent

 11-8-18
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

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Application

<i>Alisa Rosales</i>	<i>Manager of Career Services</i>	<i>USD</i>
Name of Applicant	New Position Title	Agency Employed By
<i>77525.00</i>	<i>Bloomington, IN</i>	<i>October 2018</i>
Yearly Salary	City, State Moving From	Expected Month/Year of Move
<i>00350</i>	<i>10/08/2018</i>	
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.

Alisa M. Rosales

Signature of Applicant

10/18/2018

Date

Authorization

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Adam Rosheim

Name of Authorized Agent

[Signature] *10-22-18*

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

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- 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

Cathy Tierney

Name of Applicant

58,500.00

Yearly Salary

Columbus, Ne.
City, State Moving From

00905

Bureau of Human Resources Class Code

Instructor

New Position Title

Vermillion

New Post of Duty (City)

08/22/2018

Employment Date with the State

USD

Agency Employed By

Oct, 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.

Cathy Tierney
Signature of Applicant

September 26, 2018
Date

Authorization

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

Adam Rosheim

Name of Authorized Agent

AR

Signature of Authorized Agent

10-22-18

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

Shawn Waltz

Name of Applicant

Academic Advisor

New Position Title

USD

Agency Employed By

\$40,000.00

Yearly Salary

New Orleans

City, State Moving From

Vermillion

New Post of Duty (City)

August 2018

Expected Month/Year of Move

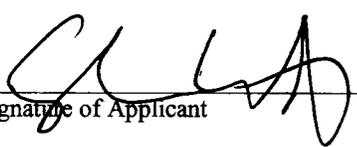
00540

Bureau of Human Resources Class Code

08/23/2018

Employment Date with the State

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


Signature of Applicant

10/11/2018
Date

Authorization

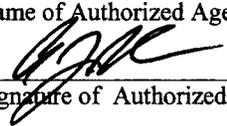
The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best 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


Signature of Authorized Agent

10-18-18
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

State Hosting Reimbursement Request – SDCL 3-9-2.1

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

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

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

Application

Date: 10/9/18 Agency: Tourism
Agency Address: 711 East Wells, Pierre, SD 57501
Agency Phone Number: 605-773-5971
Employee Requesting Reimbursement: Katlyn Richter for Custer Resorts
Total Amount of Reimbursement: \$12,943.30
Date(s) of Hosting Expense: 9/27/18 - 9/29/18
Receipts Attached: Y N

Explanation of official business performed: Hosted journalists for the Buffalo Roundup Press Trip. These rooms are the only room in the park available and in the centrally located area for all our activities, touring & research. The higher rate has been approved by Auditor's office & is attached

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

Katlyn Richter
Signature of Employee

10/11/18
Date

Authorization

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

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

Deputy Secretary
Position/Title of Agency Official
10-15-18
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.

Custer State Park Resorts Invoice

Date: 10/10/17

Contact: Katlyn Richter
 Group Name: SD Tourism
 Address: 711 E Wells Ave, Pierre SD 57501
 Phone Number: 605-773-3301

Date & Description	Rooms	Park/wildlife Foundation	3%	Total
Thursday, September 27, 2018				
Calley Worth – 1 night stay	\$210.00	\$1.00	\$6.30	\$217.30
Hagen, Jim – 1 night stay	\$210.00	\$1.00	\$6.30	\$217.30
Thurs, Sept 27 - Fri, Sept 28 - Sat, Sept 29, 2018				
Richter, N - 3 night stay	\$645.00	\$3.00	\$19.35	\$667.35
Carda, Keegan - 3 night stay	\$480.00	\$3.00	\$14.40	\$497.40
Morgan, Kate - 3 night stay	\$645.00	\$3.00	\$19.35	\$667.35
Cogliati, Alessia - 3 night stay	\$705.00	\$3.00	\$21.15	\$729.15
Dodd, Claire Nicole - 3 night stay	\$600.00	\$3.00	\$18.00	\$621.00
Ensing, Jos - 3 night stay	\$705.00	\$3.00	\$21.15	\$729.15
Harris, Pat - 3 night stay	\$705.00	\$3.00	\$21.15	\$729.15
Jacey, Sd - 3 night stay	\$480.00	\$3.00	\$14.40	\$497.40
Hespe, Michelle - 3 night stay	\$705.00	\$3.00	\$21.15	\$729.15
Moore, Olivia - 3 night stay	\$645.00	\$3.00	\$19.35	\$667.35
Nickell, Patti - 3 night stay	\$705.00	\$3.00	\$21.15	\$729.15
Palmer, Stephanie - 3 night stay	\$645.00	\$3.00	\$19.35	\$667.35
Salisbury, Vanita - 3 night stay	\$705.00	\$3.00	\$21.15	\$729.15
Salvador, Elisabeth - 3 night stay	\$705.00	\$3.00	\$21.15	\$729.15
Vadino, Diane - 3 night stay	\$705.00	\$3.00	\$21.15	\$729.15
Variol, Manon - 3 night stay	\$705.00	\$3.00	\$21.15	\$729.15
Wilson, Breanna - 3 night stay	\$705.00	\$3.00	\$21.15	\$729.15
Coppess, Chad - 3 night stay	\$480.00	\$3.00	\$14.40	\$497.40
Bartel, Angela - 2 night stay	\$420.00	\$2.00	\$12.60	\$434.60
Total	\$12,510.00	\$58.00	\$375.30	\$12,943.30

Richter, Katlyn

From: Jessop, Harla
Sent: Tuesday, September 18, 2018 2:19 PM
To: Richter, Katlyn; Carda, Keegan
Subject: FW: Approval to pay over state rates RUP



Harla Jessop
Department of Tourism
Phone: 605-773-3301
TravelSouthDakota.com

From: Keith, Dennis
Sent: Tuesday, September 18, 2018 2:15 PM
To: Jessop, Harla
Subject: RE: Approval to pay over state rates RUP

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

From: Jessop, Harla
Sent: Tuesday, September 18, 2018 2:05 PM
To: Keith, Dennis
Cc: Jessop, Harla
Subject: RE: Approval to pay over state rates RUP

Hello Dennis,

We need to reserve 20 rooms for the Governor's Buffalo Roundup. We have 4 staff members and 16 guests we are hosting prior to and after the Roundup. The rooms must be near or in Custer State Park to allow early access to the corrals the day of the Roundup.

We need rooms September 27, September 28 and September 29. Departing on September 30.

Sylvan Lake Lodge will accommodate our request. To get twenty rooms we had to mix up the type of rooms so the room rates vary:

- \$165.80 for rooms with 1 queen bed (3)
- \$207.00 for 2 queen combo (1)
- \$222.45 for 2 queens and sofa sleeper (3)
- \$217.30 for handicapped room (2)
- \$222.45 for 2 queen with balcony (1)
- \$243.05 for sleeping cabins with 2 queens, 1 room (10)

These are examples of other rooms in area those days:

- Comfort Inn Hill City - \$254 (three rooms)
- Holiday Inn Express Custer – (no rooms available)
- Super 8 Custer - \$230 – (one room only)

Comfort Inn near Mt. Rushmore - \$258 (does not have 20 rooms available)
Under Canvas \$275 (does not have 20 rooms available)

We seek your approval to reserve rooms at Sylvan Lake Lodge. Thank you for your consideration.



Harla Jessop

Department of Tourism

Phone: 605-773-3301

TravelSouthDakota.com | SDVisit.com

State Hosting Reimbursement Request – SDCL 3-9-2.1

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

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

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

Application

Date: 10/9/18
Agency: Tourism
Agency Address: 711 East Wells Avenue, Pierre SD 57501
Agency Phone Number: 605.773.3301
Employee Requesting Reimbursement: Kathyn Richter for Custer Resorts
Total Amount of Reimbursement: \$ Total for multiple meals \$1,574.24
Date(s) of Hosting Expense: 9/27, 9/28, 9/30
Receipts Attached: Y N

Explanation of official business performed: Hosted journalists for the Buffalo Roundup press trip. As we were staying in the park doing Roundup activities, it was most convenient in our schedule to dine in park several meals.

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

[Signature]
Signature of Employee

10/11/18
Date

Authorization

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

[Signature]
Name of Department/Office Head

Deputy Secretary
Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

10-15-18
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 Hosting Reimbursement Request – SDCL 3-9-2.1

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

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Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
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Application

Date: 10/25/18 Agency: Tourism
Agency Address: 711 E Wells Ave, Pierre SD 57501
Agency Phone Number: 605-773-3301
Employee Requesting Reimbursement: Katlyn Richter on behalf of Buglin Bull
Total Amount of Reimbursement: 327.72
Date(s) of Hosting Expense: 9/27/18
Receipts Attached: Y / N
Explanation of official business performed: _____

Hosted meal and appetizers for Dept. of Tourism's group of journalists we were hosting during the Buffalo roundup.

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

Signature of Employee: [Signature] Date: 10/25/18

Authorization

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

Name of Department/Office Head: _____ Position/Title of Agency Official: _____
Signature of Department/Office Head: _____ Date: _____

State Board of Finance Approval

Approval Date: _____ Signature of Secretary, State Board of Finance

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

Dinner in Custer

Richter, Katlyn

Jos Ensing
Olivia Moore
Elisabeth Salvador
Alessia Cogliati
Michelle Hesper
Claire Dodd
Manon Variol
Breanna Wilson
Kate Morgan
Patti Nickell
Pat Harris
Vanita Salisbury
Diane Vadino
Katlyn Richter
Stephanie Palmer
Jacey Jessop
Keegan Carda
Ashley Worth
Chad Coppess



Katlyn Richter | Global Media & Public Relations Director
Department of Tourism
Phone: 605-773-3301
TravelSouthDakota.com | SDVisit.com



Great FACES
GREAT *Places*

State Hosting Reimbursement Request – SDCL 3-9-2.1

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

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

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Application

Date: 10/29/18 Agency: Tourism
Agency Address: 711 E WELLS AVE
Agency Phone Number: 605 773 3301
Employee Requesting Reimbursement: KATHY RICHTER
Total Amount of Reimbursement: 29.54
Date(s) of Hosting Expense: 10/24/18
Receipts Attached: Y N

Explanation of official business performed: Hosted two journalists from USA Today who were in the Black Hills filming a video series for the outlet.
Christine van Blockland / Craig Whiteley ← Journalists

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

[Signature]
Signature of Employee

10/29/18
Date

Authorization

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

Wanda Goodman
Name of Department/Office Head

Deputy Secretary
Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

10-31-18
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.

Firehouse Brewing Co.
610 Main
Rapid City, SD 57701
605-348-1915

Firehouse Brewing Co.
610 Main
Rapid City, SD 57701
605-348-1915

Server: Ami
Time: 5:55 PM
Table: 28/1
DOB: 10/26/2018
10/26/2018
3/30035

Server: Ami
Time: 5:28/1
Tables: 0
10/26/2018
5:27 PM

SALE

VISA
Card #XXXXXXXXXXXX5879
Magnetic card present: richter katlyn
Card Entry Method: S
Approval: 026926

#30035

6.00
Hm Burger 11.4
Salad 13.9
Gst Subtotal 31.3
Total 31.3
33.8

Amount: \$ 31.30
+ Tip: 5.74
= Total: 39.54

Balance Due \$ 33.80

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

Suggested Tip
15% - 4.72
18% - 5.66
20% - 6.29

X _____

** CUSTOMER COPY **

State Hosting Reimbursement Request – SDCL 3-9-2.1

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

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

RECEIVED

SEP 11 2018

S.D. SEC. OF STATE

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

Application

Date: 08/30/2018 Agency: GOED

Agency Address: 2329 N Career Ave., Suite 221, Sioux Falls, SD 57107

Agency Phone Number: 605-367-4516

Employee Requesting Reimbursement: Scott Stern

Total Amount of Reimbursement: \$116.59

Date(s) of Hosting Expense: 07/25/2018

Receipts Attached: / N

Explanation of official business performed: Business prospect hosting that included the CEO/Founder, CFO, investor, and connector/investor 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.

Scott Stern
Signature of Employee

8/30/18
Date

Authorization

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

Scott Stern
Name of Department/Office Head

Commissioner
Position/Title of Agency Official

Scott Stern

10/17/18

Signature of Department/Office Head

Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

State Hosting Reimbursement Request – SDCL 3-9-2.1

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

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

RECEIVED

SEP 11 2018

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

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Agency Phone Number: 605-367-4516
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Total Amount of Reimbursement: \$116.59
Date(s) of Hosting Expense: 07/25/2018
Receipts Attached: / N
Explanation of official business performed: Business prospect hosting that included the CEO/Founder, CFO, investor, and connector/investor 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.

Scott Stern
Signature of Employee

8/30/18
Date

Authorization

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

Name of Department/Office Head

Position/Title of Agency Official

Signature of Department/Office Head

Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

CRAVE

FRESH • VIBRANT • AMERICAN

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

Coleton 07/25/20
7:20 PM
1 200

Wings 0.
Falo Wings 14.
11 17.
Cackler Shrimp 11.
ne 7.
o & Berry Salad 17.
ed Jerk Shrimp 23.

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idation code
eive \$15 off a \$30 purchase!!
valid 7 days from purchase,
alid for 60 days.)

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SIoux FALLS (#113)
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alls, SD 57103
605-782-2600

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www.craveamerica.com

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

: Coleton DOB: 07/25/2
PM 07/25/2016
2/20036

SALE

2097

XXXXXX0779
icard present: STERN SCOTT
ntry Method: S

al: 00086P

Amount: \$10

+ Tip: 15.00

= Total: 116.50

Thanks!



www.craveamerica.com

***** Guest Copy *****

Stern, Scott

From: Dowling, Kayla
Sent: Tuesday, October 9, 2018 11:57 AM
To: Stern, Scott
Subject: State Hosting Authorization
Attachments: Pages from MonthlyBackupDetail20181016.pdf

Scott –

Attached is the State Hosting request that was sent in to the Board of Finance for you. In order for it to go on the agenda this month I will need the signed copy back by 2:00 this afternoon or it will get pushed to next month. I will accept a scanned copy of the form. Please let me know if you can get this signed or not.

Thank you!

Kayla Dowling

ACCOUNTANT
OFFICE OF THE SECRETARY OF STATE
500 EAST CAPITOL AVENUE STE 204
PIERRE, SD 57501
PH: 605-773-5009
FAX: 605-773-6580
KAYLA.DOWLING@STATE.SD.US

Thank you,
help!
for your
help!

This E-mail (including any attachments) is covered by the Electronic Communications Privacy Act, 18 USC Sections 2510-2521, as confidential and may be legally privileged. If you are not the intended recipient, you are hereby notified that any retention, dissemination, distribution, or copying of this communication is strictly prohibited. Please reply to the sender that you received the message in error, then delete it. Thank you.

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: 9-18-18 Agency: Agriculture
Agency Address: 523 E Capitol Ave. Pierre, SD 57501
Agency Phone Number: 605 773.5425
Employee Requesting Reimbursement: Tammy Harmon
Total Amount of Reimbursement: \$165
Date(s) of Expense: 9.18.18
Event Leave Time: 7AM Event Return Time: 7pm
Explanation of official business performed: Strategic planning team meeting in Huron. Lunch provided by Tinos Tacos.

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.

Tammy Harmon
Signature of Employee

10-26-18
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.

Dustin Oederkoven
Name of Department/Office Head

Interim Secretary of Agriculture
Position/Title of Agency Official

[Signature]

10-26-2018

Signature of Department/Office Head

Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

Tenos Tacos

LEONARD AND MICHELLE DOLL

644 12TH ST S W
HURON, DC 57350

Invoice

Date	Invoice #
10/5/2015 9-18-18	1

Bill To
Dept of Ag.

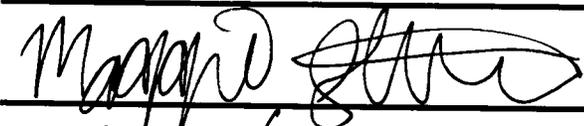
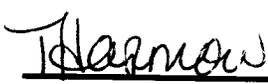
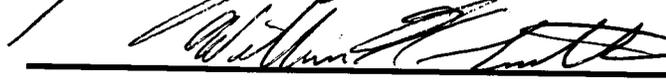
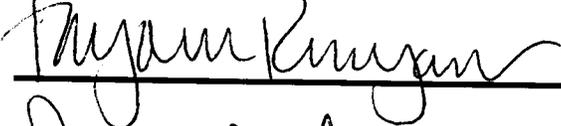
Ship To
Fair office

P.O. Number	Terms	Rep	Ship	Via	FOB	Project
			10/5 2015			
Quantity	Item Code	Description			Price Each	Amount
15		Bibeye steak sandwich Onion potatoes Sautéed salad Fruit salad Desert Paper			11.00	165.00
					tax	12.37
					Total	177.37

9-Month Strategic Planning Review

Huron, SD (Nordby Hall)

Tuesday, September 18, 2018

<u>Employee</u>	<u>Signature</u>	
Dr. Oedekoven		Pierre
Kyle Holt		Pierre
Dani Hanson		Pierre
Maggie Stensaas		Pierre
Lorin Naasz		Pierre
Tammy Harmon		Pierre
Chris Petersen		Pierre
Jeremy Freking		Sioux Falls
Bill Smith		Pierre
Greg Josten		Rapid City
Tom Gere		Pierre
Taya Runyan		Pierre
Peggy Besch		Huron
Sue Konstant		

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: 10.29.18 Agency: Agriculture
Agency Address: 523 E Capitol Ave Pierre, SD 57501
Agency Phone Number: 605.773.5425
Employee Requesting Reimbursement: Tammy Harmon
Total Amount of Reimbursement: \$598
Date(s) of Expense: 9.27.18
Event Leave Time: 8 AM Event Return Time: 4 PM
Explanation of official business performed: Meeting for department
supervisors. Training included BHR + other
discussions

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.

Tammy Harmon
Signature of Employee

10.29.18
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.

Dustin Odekoven
Name of Department/Office Head

Interim Secretary
Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

10-30-18
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.

Banquet Check

Pierre Ramkota Hotel & Conference Center

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

Date of Functions 9/27/2018	Room Lake Sharpe
Organization SD Department of Agriculture	Time 08:00 AM - 03:30 PM
Contact Person Tammy Harmon	Function Type Meeting
Address 523 E Capitol Ave Pierre, SD 57501	Salesperson Chad Botts
	Set For 50 Guarantee 50
	Post As SD Department of Agriculture
Telephone 605-773-5436 Fax	Today's Date 9/27/2018 BEO # 797581

Summary of Charges

Quantity Menu Actual	Unit	Total
Lake Sharpe Rental	\$100.00	\$100.00
4.50 Fresh Brewed Coffee & Water (per gallon) **2.5 gallons of coffee & 1 water container**	\$25.11	\$113.00
35 Deli Buffet LUNCH BUFFET - 1 LINE (LAKE SHARPE) 2 soups, assorted meats, cheeses and breads fresh vegetables & dip, appropriate condiments tossed salad with assorted dressings, 2 prepared salads, **Refill Coffee & Water on Station**	\$11.00	\$385.00
	Sub-Total	\$598.00
	Service Charge	\$.00
	Tax	\$.00
	Total	\$598.00
	Deposits Received	
	Grand Total	\$598.00

Details

Service Charge	Service Charge 2			
\$.00	\$.00			
Tax 1	Tax 2	Tax 3	Tax 4	Flat Tax
\$.00	\$.00	\$.00	\$.00	\$.00

Total Charges & Payment Instructions

Credit Card # _____ Expiration xx/xx Cardholder . _____

Accounting _____ Check #: _____ BEO Id 797581

I have read the above arrangements and the attached Catering Policies and agreed to the terms and conditions. Guarantee number due by 8/28/2018. If a count is not provided to the hotel on the date due the hotel will use the Set For as the guarantee number, not subject to reduction.

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

Pierre Ramkota Hotel & Conference Center

920 West Sioux Avenue - Pierre - SD - 57501 - 605-224-6877 - Fax 605-224-1042
Banquet Event Order

BEO #: 797581

Status: Definite

Printed on: 9/18/2018 9:01:21 AM

Account: SD Department of Agriculture Post As: SD Department of Agriculture Address: 523 E Capitol Ave Pierre, SD 57501 Deposit: Method of Payment:	Event Date: Thursday, 9/27/2018 Contact: Tammy Harmon Phone: 605-773-5436 Fax: Email: tammy.harmon@state.sd.us On-Site: Sales Mgr: Chad Botts Catering Mgr: Chad Botts
---	---

Date	Time	Setup	Set	Gtd	Room
Thursday, 9/27/2018	08:00 AM-03:30 PM	Classroom	50	50	Lake Sharpe

<p style="text-align: center;">FOOD</p> <p>Time: 9:00 AM Qty: 2.5 Price: \$23.40 Total: \$58.50 Fresh Brewed Coffee & Water (per gallon) **2.5 gallons of coffee & 1 water container**</p> <p>Time: 12:00 PM Qty: 50 Price: \$10.79 Total: \$539.50 Deli Buffet LUNCH BUFFET - 1 LINE (LAKE SHARPE) 2 soups, assorted meats, cheeses and breads fresh vegetables & dip, appropriate condiments tossed salad with assorted dressings, 2 prepared salads, **Refill Coffee & Water on Station**</p> <p style="text-align: center;">BEVERAGE</p> <p>No Bar Requested</p>	<p style="text-align: center;">ROOM REQUIREMENTS</p> <p>Time: 8:00 AM Price: \$100.00 Lake Sharpe Rental **Waived with Meal**</p> <p>SET-UP:8AM MEETING:9AM-3:30PM LUNCH:12PM classroom for 50 - FULL SIZE 6FTS speakers table with 2 chairs our screen down equipment table/ext. cord/power-strip **Their own projector** 2-6ft coffee/water station: 50 coffee cups & water glasses</p> <p>**4-6ft buffet line in Lake Hallway** - salt & pepper on line Roll-ups on the tables at Lunch - 12PM</p> <p style="text-align: center;">AUDIO VISUAL EQUIPMENT</p> <p>No AV Requested</p> <p style="text-align: center;">MISCELLANEOUS</p>
---	---

Estimated Charges			
Food	\$598.00	Room	\$0.00
Beverage	\$0.00	Staff	\$0.00
Audio/Visual	\$0.00	Miscellaneous	\$0.00
Total		\$598.00	

Confirmation is required 30 business days in advance of event or the expected attendance (set) above will become the guarantee. Pierre Ramkota Hotel & Conference Center requires this contract be signed by an authorized representative of your organization and returned by . Should this not occur, the hotel reserves the right of cancelling the contract upon notice to the organization. The hotel reserves the right to reassign meeting rooms based upon final guaranteed numbers, to a room suitable of accommodating the group and requirements. Food, beverage, and all charges are subject to Service Charge and Sales Tax.

Folio #:

BEO #: 797581

Tammy Harmon _____
 Event Representative Authorized Signature Date

 Hotel Representative Signature Date

Supervisor Meeting Agenda

September 27, 2018

Employee Name (PRINT)	Signature	Home Duty Station
Tammy Harman	T Harman	Pierre
Raymond Bubbs	Ray Bubbs	Rapid City
Heather Rogers	Heather Rogers	Milbank
Deanna Basch	Deanna Basch	Woron
Wendy Jorgensen	Wendy Jorgensen	Auron
Jim Burk	Jim Burk	Rapid City
Pat Hatley	Pat Hatley	Rapid City
Loann Brown	Loann Brown	Rapid City
Brian Scott	Brian Scott	S. Falls
Brenda Evers	Brenda Evers	WF
Jeremy Freking	Jeremy Freking	Sioux Falls
Jay Wickham	Jay Wickham	Custer
Cody Griffie	Cody Griffie	SDWF-Lead
Steve Esser	Steve Esser	SDWF - Hot Springs
Chris Blair	Chris Blair	SD-SDS - RC
Anthony Pritchard	Anthony Pritchard	SD-SDS-RC
JD Farley	JD Farley	Pierre
Ashley Pickner	Ashley Pickner	Pierre
Brenda Sievers	Brenda Sievers	Thorn
Stef Garland	Stef Garland	Pierre
Tom Gese	Tom Gese	Pierre
Chris Petersen	Chris Petersen	Pierre
Dani Hansen	Dani Hansen	Pierre
Tanya Runyan	Tanya Runyan	Pierre
Bill Smith	Bill Smith	Pierre
Terri LaBrie	Terri LaBrie	R.C.
MARCUS WAZNE	MARCUS WAZNE	RC
JAY T. ESPERANZA	JAY T. ESPERANZA	R.C.
VACHEL ARMSTRONG	VACHEL ARMSTRONG	Pierre
Brian Garbisch	Brian Garbisch	R.C.
PARKS BRIGMAN	PARKS BRIGMAN	RC

Supervisor Meeting Agenda

September 27, 2018 | Ramkota | Lake Sharpe Room



✓ Welcome

Deputy Secretary Kyle Holt

✓ Overview of the Style and Form Guide

Dani Hansen SDDA

✓ Employee Recruitment Process

Tom Geis SDDA

✓ Purpose and Progress for ACES

Jeff Wilcox SHR

Break

Employee Onboarding Resources Discussion

Christina Manser SDDA

Time of Meeting

End

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

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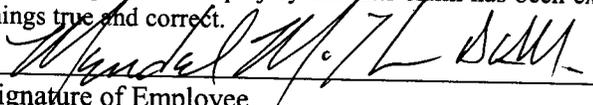
State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

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Application

Date: 11/05/2018 Agency: Animal Industry Board
Agency Address: 411 S Fort St, Pierre
Agency Phone Number: 605-773-3321
Employee Requesting Reimbursement: Pizza Ranch Ft Pierre
Total Amount of Reimbursement: \$370.00
Date(s) of Expense: 10/04/2018
Event Leave Time: 12:00 pm Event Return Time: 2:00 pm
Explanation of official business performed: Animal Industry Board All Staff Meeting / Annual Workshop
Roster attached - 23 out of town, 14 in Pierre

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


Signature of Employee

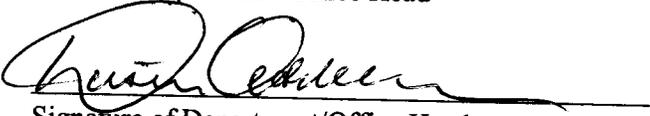
11/05/2018
Date

Authorization

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

Dustin Oedekoven, DVM
Name of Department/Office Head

State Veterinarian
Position/Title of Agency Official


Signature of Department/Office Head

11/05/2018
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.



TO: ANIMAL INDUSTRY BOARD ATTN:TERRY JOHNSON
411 S FORT STREET
PIERRE SD 57501

TELEPHONE:
(605) 773-3321

		Amount Due	Amount Enc.
		\$380.00	
Date	Transaction	Amount	Balance
Oct 1, 2018	Opening Balance		0.00
Oct 4, 2018	Ticket #73	380.00	380.00
	37 adult buffets @ \$10.00 each	370.00	370.00
Current		\$370.00	
1-30 Days Past Due		\$0.00	
31-60 Days Past Due		\$0.00	
61-90 Days Past Due		\$0.00	
Over 90 Days Past Due		\$0.00	
			\$380.00

* 370.00

Print Name	Signature of Employee	Date
Anderson, Dr Tammy	Tammy S Anderson	10-4-18
Baatz, Janet	Janet Baatz	10-4-18
Bauer, Bryan	Bryan Bauer	10-4-18
Brassfield, Gary	Gary Brassfield	10-5-18
Carda, Michael	Michael Carda	10-4-18
Collins, Shawn	Shawn Collins	10-4-18
Corth, Terry		
Cox, Gerald	Gerald Cox	10-4-18
Cross, Kipp	Kipp Cross	10-4-18
Demory, Amanda	Amanda Demory	10-4-18
Doty, Ben	Ben Doty	10-4-18
Dougherty, Peggy	Peggy Dougherty	10/4/18
Gaikowski, Crystal		
Geis, Dr Carolyn	Carolyn Geis	10/4/18
Good, Kylie	Kylie Good	10/4/18
Grasma, Chad	Chad Grasma	10-4-18
Gullickson, Jason	Jason Gullickson	10-4-18
Hall, Alicia	Alicia Hall	10-4-18
Hammrich, Dr Marc	Marc Hammrich, DVM	10/4/18
Hanson, Dr Craig	Craig Hanson	10/4/18

Print Name	Signature of Employee	Date
Harlan, Rodney	<i>Rodney Harlan</i>	10-4-18
Hiles, Samantha	<i>Samantha Hiles</i>	10-4-18
Johnson, Teresa	<i>Teresa Johnson</i>	10-4-18
Kolda, Milo	<i>Milo Kolda</i>	10-4-18
Maurer, Amy	<i>Amy Maurer</i>	10-4-18
Miller, Dr Mendel	<i>Mendel Miller DVM</i>	4 OCT 18
Oedekoven, Dr Dustin	<i>Dustin Oedekoven</i>	10-4-18
Olson, Cheyenne	<i>Cheyenne Olson</i>	10/4/18
Petrick, Austin	<i>Austin Petrick</i>	10-4-18
Poile, Lacey	<i>Lacey Poile</i>	10-4-18
Pritchard, Therese	<i>Therese Pritchard</i>	10-4-18
Reenders, Dr Susan	<i>Susan Reenders</i>	10/4/18
Retzlaff, Mike	<i>Mike Retzlaff</i>	10-4-18
Sarvis, Amanda	<i>Amanda Sarvis</i>	10-4-18
Stern, Hillary	<i>Hillary Stern</i>	10-4-18
Stout, Thad	<i>Thad Stout</i>	10-4-18
Tedrow, Dr Todd	<i>Todd Tedrow</i>	4 Oct 2018
Traupel, Sandi	<i>Sandi Traupel</i>	10-4-18
Wiechmann, Dr Adam	<i>Adam Wiechmann</i>	4 OCT 18

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

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

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

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Application

Date: 11/1/18 Agency: Animal Industry Board
Agency Address: 411 S Fort Street
Agency Phone Number: 605-773-3321
Employee Requesting Reimbursement: Dustin Oedekoven
Total Amount of Reimbursement: \$129.00
Date(s) of Expense: 11/1/18
Event Leave Time: 11:45 am Event Return Time: 1:00 pm
Explanation of official business performed: Animal Industry Board Meeting - lunch
Roster attached - 7 out of town, 5 from Pierre

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

Dustin Oedekoven DVM
Signature of Employee

11/1/18
Date

Authorization

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

Dustin Oedekoven, DVM
Name of Department/Office Head
Dustin Oedekoven DVM
Signature of Department/Office Head

State Veterinarian
Position/Title of Agency Official
11-1-18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

ATTENDANCE ROSTER

DATE 11-01-18

PAGE 1

PURPOSE OF MEETING ANIMAL INDUSTRY ANNUAL BOARD MEETING AND HEARING

PLEASE PRINT
FIRST AND LAST NAME

ADDRESS

REPRESENTING

<u>FIRST AND LAST NAME</u>	<u>ADDRESS</u>	<u>REPRESENTING</u>
Mendel Mill	Pierre	AIB
James Barty	Pierre	AIB
Bill Geschlinen	Vermilion	guest
John Voegeli	Winnin	AIB
Ray O'Leary	Hereford	SDSGA
James Holmstrom	RC	SDSGA
Eric Iversen	White River	SDAIB
Dani Hansen	Pierre	SDDA
Steve Rummerein	Alexander SD	SDPPC
Carolyn Geis	Emery, SD	AIB
Angie Bostrom	Baltic SD	AIB
Susan Reenders	Pierre, SD	AIB
Kan Casens	Edgemont	SD EIK Breeders
Jim Noy	Avon	AIB
Louis S. Wald	Pierre	AG

Pizza Ranch Fort Pierre
321 E. Hustan
PO Box 309
Fort Pierre, SD 57532

Card Type MasterCard
Card Number *****2671
Date/Time 11/1/2018 11:56 am
Server JIM B
Tender Station STATION2-Cash Drawer 1

Amount \$129.00

Approved - Thank you
Auth # 83270Z
Seq # 830461012526338

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

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

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

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

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Application

Date: 10/24/2018 Agency: Department of Education

Agency Address: 800 Governor's Drive, Pierre, SD 57501

Agency Phone Number: 605.773.6400

Employee Requesting Reimbursement: Shannon Malone, Administrator Office of Accountability and School Improvement, on behalf of Department of Education employees (see attached list)

Total Amount of Reimbursement: \$373.44 Total (\$6.00/breakfast x 23 employees, \$9.81/lunch x 24 employees)

Date(s) of Expense: 08/02/2018

Event Leave Time: _____ Event Return Time: _____

Explanation of official business performed: South Dakota Education Conference held at the Ramkota in Pierre. Staff members were required to attend the conference, including meal functions, as well as assist with the registration, sessions, set up, clean up, and other conference responsibilities. See attached list of SD DOE Staff Members and the conference agenda.

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.

Shannon Malone
Signature of Employee

10/24/2018
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.

Mary Stadick Smith
Name of Department/Office Head

Interim Secretary
Position/Title of Agency Official

Mary Smith
Signature of Department/Office Head

10/24/18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

2018 Summer Conference

Day One- Wednesday, August 1, 2018

Time:	Room D	Room E	Room F	Room G	Room Lewis & Clark
11:00 am				Lobby- Registration	
12:30-2:00 pm					
2:15-3:30 pm	Think Out-of-the-Box: Exciting Family Nights - Morgan VanHaden and Dr. Pam Lange	Maximizing Movement in the Classroom and the Effects on Academic Enhancement - Heather DeBoer	Dynamic and Engaging Classrooms...how they should look, feel and sound - Cheryl Abia	Y4Y Summer Learning Initiative- Nikki Bonenberger	Effective Grading Practices with ELLs in Mind - Tanya Vitek and Jean Larson
3:40-4:55 pm	Understanding the power we have to help those around us - Mitch Reed	Hands on Lesson Planning 101 for Arts and Sciences- Washington Pavilion Carl Feilbaum		Putting the Comprehensive in Comprehensive Needs Assessment - Michelle Glodi, Janeen Outka, Susie Roth, Jordan Varilek & Vera Tipton	QPR - Question, Persuade, Refer Suicide Prevention Training - Julie Moore
4:55 pm					

Enjoy the Pierre summer night!

Day Two, Thursday, August 2, 2018

Day 2 Meals:

Breakfast: Continental Breakfast: Roll/Donut; Coffee

Lunch: Soup/Sandwich

Time:	Room D	Room E	Room F	Room G	Room Lewis & Clark	Amphitheater 1	Lake Sharpe
7:00-8:00 am							
8:00-9:15 am							
9:25-10:35 am	Stop Bullying, Stop Suicide - Break the Chains - Will Lewis & Sierra Thomas	Room Escapes in the Classroom 2.0 - Kristin and Christopher Larson	Bridging the Cultural Gap between Home and School - Cheryl Abia	Family Engagement Roadmap: Navigating the road, the bumps, the potholes but arriving safely "at the end goal" - Morgan VanHaden & Dr. Pam Lange	Emotional Intelligence: "Taking Ownership of Yourself"- Craig Wexler	Find the Money: Get the Grant- Brenda Hemmelman & Kathleen Stocum	
10:45-12:00 pm		(Repeat) Room Escapes in the Classroom 2.0 - Kristin and Christopher Larson	Connection between goals of behavior and out of school experiences - John Hegg		Minimal Space-Minimal Equipment: Activities for All Situations - Scott Klungseith	Family Engagement Strategies that Support English Learners - Lindsay Frankentfeld and Tanya Vitek	Teaching the Mind, Reaching the Heart - Steve VanBockern
12-1:30 pm							
1:30-2:45 pm	SD State Library Databases - Resources for a Well-Rounded Education - Daria Bossman	Providing a well-rounded education through exploration of SD- STARS reports- Brad Steckelberg	Outside the Box: Creative Activities for Common Equipment - Scott Klungseith	Advocating for English Learners - Bobbie Kilber	Supporting and Evaluating District Special Education Programs - Kyle Laughlin	Effective After-school Programs that Support Children to Manage their own Behaviors: What works and What doesn't- Richard Kiefer-O'Donnell	

Safe travels home!

08/02/2018 Breakfast

Yutzil Becker
Matt Booth
Daria Bossman
Julie Elrod
Mary Giddings
Alan Haarstad
Jeff Hegge
Breanda Hemmelman
Laura Johnson Frame
Laura Kelley
Ann Larsen
Shannon Malone
Kristi Maxfield
Jenifer Palmer
Miranda Rockwood
Ashley Slama
Kathleen Slocum
Dawn Smith
Brad Steckelberg
Katie Stier
Vera Tipton
Linda Turner
Jordan Varilek

08/02/2018 Lunch

Yutzil Becker
Matt Booth
Daria Bossman
Jill Cotton
Julie Elrod
Mary Giddings
Alan Haarstad
Jeff Hegge
Breanda Hemmelman
Laura Johnson Frame
Laura Kelley
Ann Larsen
Shannon Malone
Kristi Maxfield

Jenifer Palmer
Miranda Rockwood
Ashley Slama
Kathleen Slocum
Dawn Smith
Brad Steckelberg
Katie Stier
Vera Tipton
Linda Turner
Jordan Varilek

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

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Application

Date: 6/18/18 Agency: Game Fish and Parks
Agency Address: 523 E Capitol Avenue, Pierre, SD 57501
Agency Phone Number: 605.773.3718
Employee Requesting Reimbursement: Game Fish and Parks
Total Amount of Reimbursement: \$168.00
Date(s) of Expense: 4/24/2018
Event Leave Time: 10:00 am Event Return Time: 5:00 pm
Explanation of official business performed: Game Fish and Parks Leadership Meeting and Strategic Planning Session

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.

Garrett Anderson
Signature of Employee

11/6/18
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

K R Hepler
Signature of Department/Office Head

11/6/18
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.

RedRossa Italian Grille

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

BEO #: 773735

Printed on: 4/25/2018 12:04:32 PM

Account: Game, Fish, & Parks Post As: Game, Fish, & Parks Address: Payment Method: Accounting Information:	Event Date: Tuesday, 4/24/2018 Contact: Erin Boggs Phone: 605-773-3930 Fax: Email: erin.boggs@state.sd.us On-Site Sales Mgr: Hope Smith Catering Mgr: Hope Smith
---	--

Date	Time	Setup	Set	Gtd	Room
Tuesday, 4/24/2018	11:30 AM-12:00 PM	Delivery	25		Off Site (Delivery)

Qty	Menu Item	Unit	Total
25.00	Roma Plated Lunch	\$10.50	\$262.50
Food Totals			\$262.50
		Total	\$262.50
		Service Charge 1	\$47.25
		Tax	\$0.00
		Grand Total	\$309.75
		Deposits Received	\$0.00
		Amount Due	\$309.75

I have read the above arrangements and the attached Catering Policies and agreed to the terms and conditions. Guarantee number due by 4/17/2018. If a count is not provided to the hotel on the date due, the hotel will use the Set For as the guarantee number, not subject to reduction.

Folio #:

BEO #: 773735

 Event Representative Authorized Signature Date

 Hotel Representative Signature Date

Attendees	Division	Title	Location
Al Nedved	Parks	Assistant Director	pierre
Arden Petersen	Admin	Special Assistant	sioux falls
Bob Schneider	Parks	Assistant Director	pierre
Chris Petersen	Admin	Division Director	pierre
Emily Kiel	Admin	Communications Director	pierre
Emmett Keyser	Wildlife	Regional Supervisor	sioux falls
Jeff VanMeetern	Parks	Regional Supervisor	yankton
John Lott	Wildlife	Aquatic Resources Chief	pierre
John Ullmann	Admin	Engineering Manager	pierre
Jon Kotilnek	Admin	Senior Staff Attorney	pierre
Katie Ceroll	Parks	Division Director	pierre
Kelly Hepler	Admin	Cabinet Secretary	pierre
Kevin Robling	Admin	Special Projects Coordinator	rapid city
Mark Ohm	Wildlife	Regional Supervisor	chamberlain
Matt Snyder	Parks	Regional Supervisor	custar
Mike Kintigh	Wildlife	Regional Supervisor	rapid city
Mike Klosowski	Wildlife	Regional Supervisor	watertown
Pat Thompson	Parks	Regional Supervisor	pierre
Rachel Comes	Admin	Executive Secretary	pierre
Scott Simpson	Wildlife	Administration Chief	pierre
Tom Kirschenmann	Wildlife	Assistant Director/Terrestrials Chief	pierre
Tony Leif	Wildlife	Division Director	pierre
Lindsey Hildebrand	Admin	Foundation Director	pierre
Willy Collignon	Parks	Regional Supervisor	watertown
Cindy Longmire	Wildlife	Division Staff Specialist	pierre

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: September 27, 2018 Agency: SD Game, Fish & Parks
Agency Address: 400 West Kemp Ave, Watertown, SD 57201
Agency Phone Number: 605-882-5300
Employee Requesting Reimbursement: MIKE KLOSOWSKI - Elk Lodge - Mtg location
Total Amount of Reimbursement: \$110.00
Date(s) of Expense: September 27, 2018
Event Leave Time: 10:00 am Event Return Time: 4:00 pm
Explanation of official business performed: Region 4 Meeting (Region Meeting)
Want to have everyone at the meeting to be able to have
lunch. local home station staff.

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
MIKE KLOSOWSKI

9-28-2018
Date

Authorization

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

Kelly R. Hepler
Name of Department/Office Head
[Signature]
Signature of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official
10/10/18
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.



Game Fish & Parks

<i>Lunch Buffet (\$11x55)</i>	<i>\$605</i>
<i>Coffee/Pop/Water (\$1.50 x66)</i>	<i>\$99</i>

Total Due \$704

Elks Watertown Lodge 838

600 W Kemp Ave. Sep 27, 2018
WATERTOWN, SD 57201- 1:32 PM
3708 Jeff
(605) 886-5152

Ticket: Game Fish and Parks

FOR HERE

Custom Amount	<i>meals</i>	\$605.00
Pop x 66		\$99.00
(\$1.50 each)		
Coffee		
<hr/>		
Total		\$704.00

Elks Watertown Lodge 838

600 W Kemp Ave. Sep 27, 2018
WATERTOWN, SD 57201- 1:32 PM
3708 Jeff
(605) 886-5152

Ticket: Game Fish and Parks

FOR HERE

Custom Amount	<i>meals</i>	\$605.00
Pop x 66		\$99.00
(\$1.50 each)		
Coffee		
<hr/>		
Total		\$704.00

Regional Meeting: September 3rd

- Andrews, Tanya
- Becker, Mark**
- Behnke, Adam
- Blackwell, Brian
- Blank, Brett**
- Borah, Brennen
- Braun, Ryan
- Broughton, Jerry ✓
- Capper, Jenna
- Cochran, Nick
- Curtis, Bob
- Dowler, Casey
- Driskill, Cole**
- Egeland, Carey
- Elias, Alex
- Ermer, Jacquie
- Ermer, Mark
- Galbraith, Joe
- Goldade, Christopher
- Grovijahn, Mark**
- Haabala, Chad ✓
- Haase, Kraig
- Hook, Zachariah
- Hunt, Aaron
- Kaufman, Todd
- Kennedy, Steve
- Klipfel, Megan**
- Klosowski, Mike**
- Kraetsch, Eric
- Lehr, Clyde
- Lenzner, Kyle
- Losco, Robert
- Markl, Nick**
- McCurdy, Tim
- McElroy, Owen
- Moos, Tyrel
- Nelson, Dan
- Norton, Austin
- Pedersen, Shane
- Pekelder, Jamie;
- Pool, Nathan ✓
- Rasmus, Ryan ✓
- Ray, Tim
- Ries, Laura**
- Rossmann, Nick
- Russell, Rhet
- Shultz, Dean
- Smidt, Randy**
- Sternhagen, Dan
- Swanson, Blake
- Thomsen, Zachary
- Undlin, Michael
- Voigt, Eric
- Ward, Matthew ✓
- Wik, Michelle

NOT ATTENDING
 WATERTOWN
 HOME STATION

Add:

- Keeton
- Did not attend - Kirschenmann
- Leif
- Did not attend - Bentke
- Collipkin
- Murano

- Calvin Meyer
- Cortlin - WTA seasonal
- Tyler - ABN seasonal
- Lucas - ABN seasonal



**Region 4 Meeting
Elks – Watertown, SD
September 27, 2018**

Thursday, September 27th

10:00am	Welcome/Review of Agenda/ new employee introductions	Mike Klosowski
10:05am	PBLE	CO Trainee
10:20am	Work Group Updates/ Commission Updates	Mike Klosowski
10:45am	Strategic Planning Update	Mike Klosowski
11:00am	Pierre Updates & 'Open Mic'	Tony Leif & All Staff
12:00pm	Lunch Provided @ the ELKS	
1:00pm	Fisheries Updates	Mark Ermer
1:30pm	Habitat Assessment	Paul Coughlin
2:00pm	Flyway & Waterfowl Updates	Rocco Murano
2:20pm	Break	
2:30pm	LE and Regulation Updates	Kraig Haase
2:45pm	Parks LE Update	Calvin Meyer
3:00pm	WL/ Habitat Updates	Jacquie Ermer
3:30pm	TIPS Program Updates	Joe Keeton
4:00 pm	Adjourn (Approx.)	

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

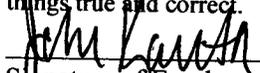
When Application and Authorization sections are completed, please submit the original to:
State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

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: 11/6/18 Agency: Game Fish and Parks
Agency Address: 523 E Capitol Avenue, Pierre, SD 57501
Agency Phone Number: 605.773.3718
Employee Requesting Reimbursement: John Kanta
Total Amount of Reimbursement: \$99.00
Date(s) of Expense: 10/2/2018
Event Leave Time: 8:00 am Event Return Time: 5:00 pm
Explanation of official business performed: Game Fish and Parks Mountain Lion Mgmt Plan Workgroup

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


Signature of Employee

11/6/18
Date

Authorization

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

Kelly R Hepler
Name of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official


Signature of Department/Office Head

11/6/18
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.

Mountain Lion Management Plan Workgroup

First Name	Last Name	City
Tom	Krafka	Rapid City
Mason	Cooper	Tabor
Chris	Hesla	Pierre
Brad	Tisdall	Rapid City
Larry	Bowden	Hot Springs
Bill	Rentz	Hill City
Tim	Goodwin	Rapid City
Sean	Fulton	Rapid City
Jim	Scherrer	Hill City
Mark	DeVries	Belvidere
Kerry	Burns	Pringle
Rob	Goodman	Kyle
Nancy	Hilding	Black Hawk
Jim	Margadant	Rapid City
Gary	Jensen	Rapid City
Tom	Kirschenmann	Pierre
Cindy	Longmire	Pierre
Andy	Lindbloom	Rapid City
Chad	Switzer	Pierre
John	Kanta	Rapid City
Trenton	Haffley	Rapid City
Kris	Cudmore	Rapid City
Steve	Griffin	Rapid City

-- REPRINT --
! DELAY !
! DO NOT MAKE !

Order Date: 10-03-2018 @ 11:30 AM

** DELIVERY **

Jimmy Johns #583
615 Mountain View
605-718-0600

10-02-2018 Open 10:26 AM
Tkr 118 Reg# 5 10:27 AM > TODAY <

! DELAY !
! DO NOT MAKE !

Order Date: 10-03-2018 @ 11:30 AM

#2 Big John (Box) 9.00
Salt Vin Chips
Choc Chip Cookie
w/pickle

TOM K -> 9.78 <-

#5 Vito (Box) 9.00
Salt Vin Chips
Choc Chip Cookie
w/pickle

MASON C -> 9.78 <-

#5 Vito (Box) 9.00
..WHEAT
Salt Vin Chips
Choc Chip Cookie
w/pickle

CHRIS H -> 9.78 <-

#1 Pepe (Box) 9.00
..WHEAT
Salt Vin Chips
Choc Chip Cookie
w/pickle

BRAD -> 9.78 <-

#1 Pepe (Box) 9.00
Regular Chips
Choc Chip Cookie
w/pickle

LARRY -> 9.78 <-

w/PICKLE

BRAD -> 9.78 <-

#1 Pepe (Box) 9.00
Regular Chips
Choc Chip Cookie
w/pickle

LARRY -> 9.78 <-

#4 Turkey Tom (Box) 9.00
..WHEAT
BBQ Chips
Choc Chip Cookie
w/pickle

ROSS S -> 9.78 <-

#1 Pepe (Box) 9.00
..WHEAT
Regular Chips
Choc Chip Cookie
w/pickle

TIM G -> 9.78 <-

#1 Pepe (Box) 9.00
NO mayo
Regular Chips
Choc Chip Cookie
w/pickle

SEAN F -> 9.78 <-

#5 Vito (Box) 9.00
BBQ Chips
Choc Chip Cookie
w/pickle

JIM S -> 9.78 <-

#2 Big John (Box) 9.00
Regular Chips
Choc Chip Cookie
w/pickle

MARK -> 9.78 <-

#2 Big John (Box) 9.00
..WHEAT
..WHEAT
Salt Vin Chips
Choc Chip Cookie
w/pickle

ROB G -> 9.78 <-

#6 The Veggie (Box) 9.00
..WHEAT
Salt Vin Chips
Choc Chip Cookie
w/pickle

NANCY H -> 9.78 <-

#2 Big John (Box) 9.00
..WHEAT
Regular Chips
Choc Chip Cookie
w/pickle

JIM M -> 9.78 <-

#5 Vito (Box) 9.00
..WHEAT

w/pickle

JIM M -> 9.78 <-

#5 Vito (Box) 9.00
..WHEAT
NO tomatoes
NO onion
Regular Chips
Choc Chip Cookie
w/pickle

GARY J -> 9.78 <-

#1 Pepe (Box) 9.00
..WHEAT
BBQ Chips
Choc Chip Cookie
w/pickle

TOM KIR -> 9.78 <-

#5 Vito (Box) 9.00
..WHEAT
Salt Vin Chips
Choc Chip Cookie
w/pickle

CINDY L -> 9.78 <-

#4 Turkey Tom (Box) 9.00
..WHEAT
Salt Vin Chips
Choc Chip Cookie
w/pickle

ANDY L -> 9.78 <-

#1 Pepe (Box) 9.00
BBQ Chips
Choc Chip Cookie
w/pickle

CHAD -> 9.78 <-

#5 Vito (Box) 9.00
Salt Vin Chips
Choc Chip Cookie
w/pickle

JOHN K -> 9.78 <-

#1 Pepe (Box) 9.00
..WHEAT
BBQ Chips
Choc Chip Cookie
w/pickle

TRENTON H -> 9.78 <-

#2 Big John (Box) 9.00
Salt Vin Chips
Choc Chip Cookie
w/pickle

KRIS C -> 9.78 <-

#1 Pepe (Box) 9.00
..WHEAT
BBQ Chips
Choc Chip Cookie
w/pickle

STEVE G -> 9.84 <-

 Subtotal 198.00
 Del Fee 2.25
 Sales Tax (7.5%) 14.97
 =====

Total \$ 215.22

*** PAID ***

Credit Tendered 215.22

 John kanta
 4130 Adventure Trail
 605-381-5856

Outdoor campus - call when on your way

 ** DELIVERY **

Order Taker: Jaime

! DELAY !
! DO NOT MAKE !

Order Date: 10-03-2018 @ 11:30 AM

Reg# 5 Delivery
 Trans Time: 10/2/2018 10:26 AM
 Trans Type: Sale
 Acct No: MasterCard XX.8150
 Auth Code: 49758P

Pre Auth: \$ 215.22

Gratuity: _____

Total Charge: _____

Signature: _____

I agree to pay the above total according to card issuer 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

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: 11/6/18 Agency: Game Fish and Parks
Agency Address: 523 E Capitol Avenue, Pierre, SD 57501
Agency Phone Number: 605.773.3718
Employee Requesting Reimbursement: Game Fish and Parks
Total Amount of Reimbursement: \$189.00
Date(s) of Expense: 10/24/2018
Event Leave Time: 10:00 am Event Return Time: 5:00 pm
Explanation of official business performed: Game Fish and Parks Leadership Meeting and Strategic Planning Session

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.

Rachel Curis
Signature of Employee

11/6/18
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

KRH
Signature of Department/Office Head

11/6/18
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.

Boggs, Erin

From: Pure Bliss Bakery & Cafe <invoicing@messaging.squareup.com>
Sent: Wednesday, October 24, 2018 11:36 AM
To: Boggs, Erin
Subject: [EXT] New Invoice: #261 from Pure Bliss Bakery & Cafe



New Invoice

\$283.50 due on October 24, 2018

[Pay Invoice](#)

GF&P

Invoice #261
October 24, 2018

Customer

Erin Boggs
erin.boggs@state.sd.us

We appreciate your business.

Lunch Box x 27 (\$10.50 ea.)	\$283.50
Subtotal	\$283.50
Total Due	\$283.50

Pure Bliss Bakery & Cafe
107 W Capitol Ave
Pierre, SD 57501 United States

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Square Privacy Policy | Security



Attendees	Division	Title	Location
Al Nedved	Parks	Assistant Director	pierre
Arden Petersen	Admin	Special Assistant	sioux falls
Bob Schneider	Parks	Assistant Director	pierre
Chris Petersen	Admin	Division Director	pierre
Emily Kiel	Admin	Communications Director	pierre
Emmett Keyser	Wildlife	Regional Supervisor	sioux falls
Jeff VanMeetern	Parks	Regional Supervisor	yankton
John Lott	Wildlife	Aquatic Resources Chief	pierre
John Ullmann	Admin	Engineering Manager	pierre
Jon Kotilnek	Admin	Senior Staff Attorney	pierre
Katie Ceroll	Parks	Division Director	pierre
Kelly Hepler	Admin	Cabinet Secretary	pierre
Kevin Robling	Admin	Special Projects Coordinator	pierre
Mark Ohm	Wildlife	Regional Supervisor	chamberlain
Matt Snyder	Parks	Regional Supervisor	custar
John Kanta	Wildlife	Regional Supervisor	rapid city
Mike Klosowski	Wildlife	Regional Supervisor	watertown
Pat Thompson	Parks	Regional Supervisor	pierre
Rachel Comes	Admin	Executive Secretary	pierre
Scott Simpson	Wildlife	Administation Chief	pierre
Tom Kirschenmann	Wildlife	Assistant Director/Terrestrials Chief	pierre
Tony Leif	Wildlife	Division Director	pierre
Sean Blanchette	Admin	Foundation Director	pierre
Willy Collignon	Parks	Regional Supervisor	watertown
Cindy Longmire	Wildlife	Division Staff Specialist	pierre
Sue Konstant	Admin	Strategic Plan Consultant	Spearfish
Lindsey Hildebrand	Admin	Foundation Director	pierre



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

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Application

Date: 10/1/18 Agency: SD GFLP
Agency Address: 523 E. Capitol Ave, Pierre SD 57501
Agency Phone Number: 605-773-3537
Employee Requesting Reimbursement: Spencer Carstens
Total Amount of Reimbursement: \$943.12
Date(s) of Expense: 9/1/18 - 9/30/18
Event Leave Time: 5:30 Am Event Return Time: 8:00 p.m.
Explanation of official business performed: attend required law enforcement field training

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

Spencer Carstens
Signature of Employee

10/1/18
Date

Authorization

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

Kelly R. Hepler
Name of Department/Office Head
KRH
Signature of Department/Office Head

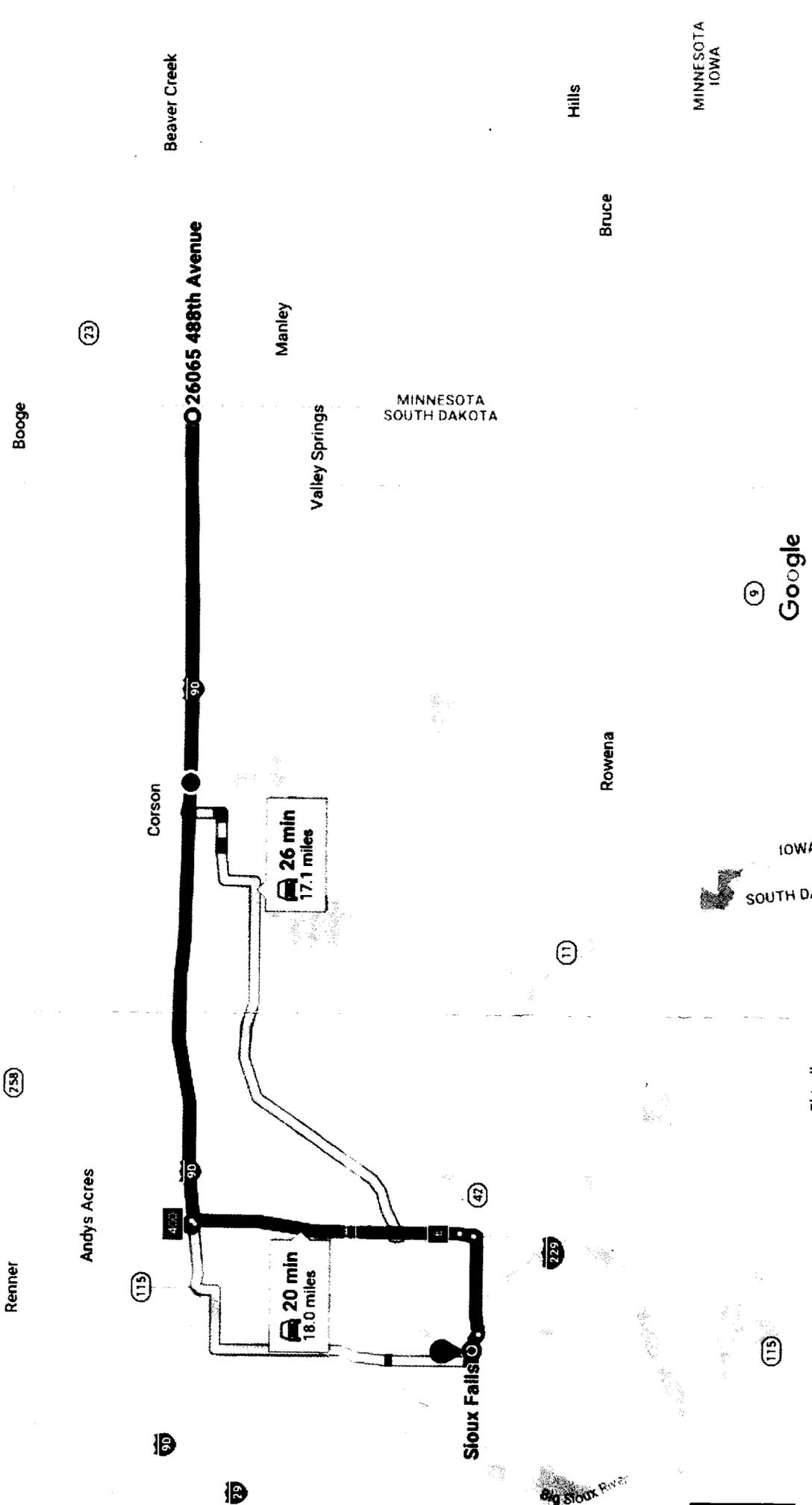
Cabinet Secretary
Position/Title of Agency Official
10/10/18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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



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

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

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

Date: 10/03/2018 Agency: SD GF 3 P
Agency Address: 523 E Capitol Ave Pierre, SD 57501
Agency Phone Number: 605-773-3387
Employee Requesting Reimbursement: Daniel Dirks
Total Amount of Reimbursement: 1000.12
Date(s) of Expense: 09/01/2018 through 09/30/2018.
Event Leave Time: 5:30AM Event Return Time: 8:00 PM
Explanation of official business performed: Attending wildlife training officer program
(field 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

10/03/2018
Date

Authorization

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

Kelly R. Hepler
Name of Department/Office Head
[Signature]
Signature of Department/Office Head

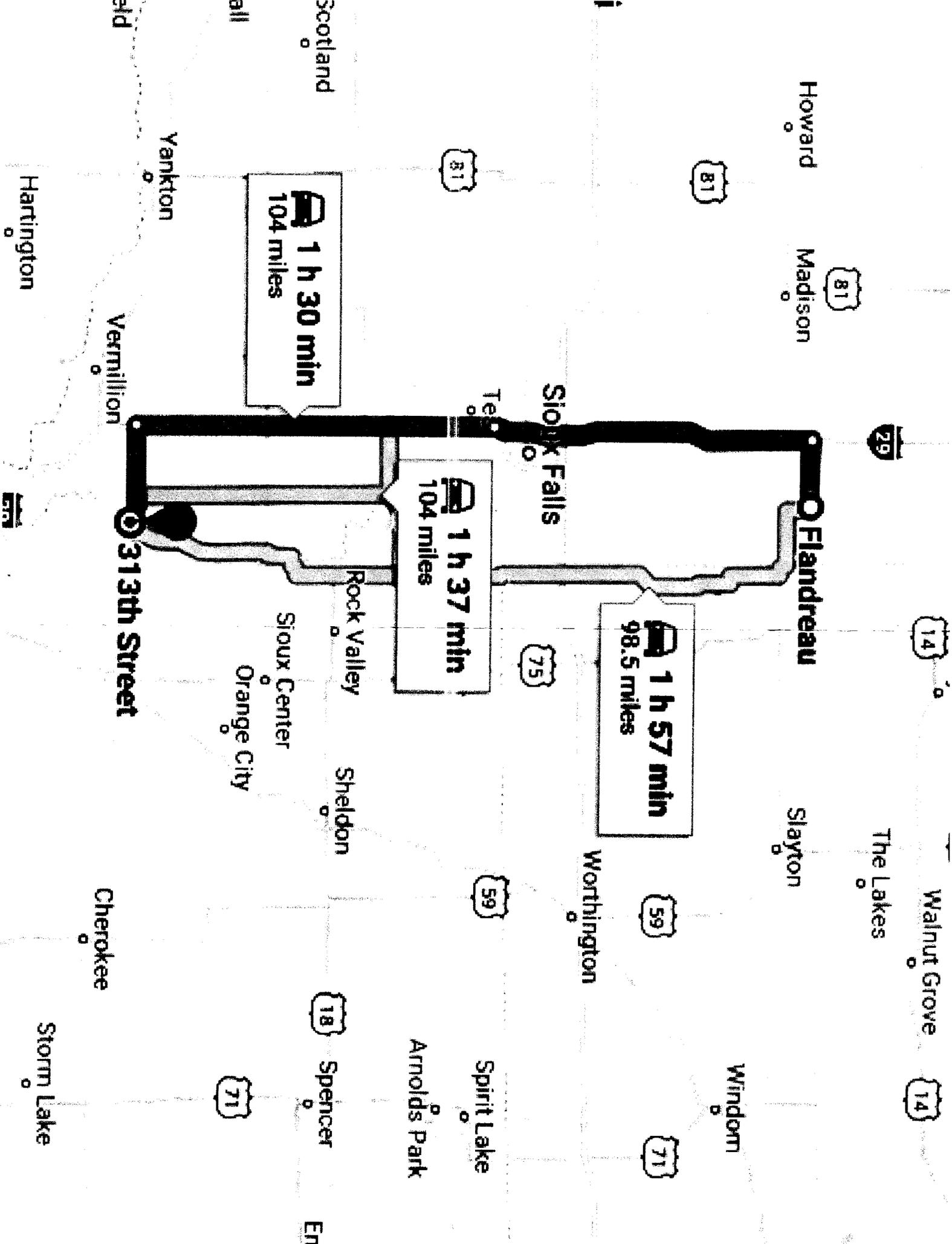
Cabinet Secretary
Position/Title of Agency Official
10/10/18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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



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

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

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Application

Date: 9/30/18 Agency: SD GF&P
Agency Address: 523 E Capitol Avenue Pierre, SD 57501
Agency Phone Number: (605) 773-3387
Employee Requesting Reimbursement: 154101 Kendall Jones
Total Amount of Reimbursement: \$1,171.88
Date(s) of Expense: 9/1/18 - 9/30/18
Event Leave Time: 6:00 AM Event Return Time: 11:00 PM
Explanation of official business performed: WTO Field Training Duties

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.

Kendall Jones
Signature of Employee

10/1/18
Date

Authorization

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

Kelly R. Hepler
Name of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official

KRH
Signature of Department/Office Head

10/10/18
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=ADMIN. LE=LAW WL=WILDLIFE HB=HABITAT FS=FISHERIES	X	36E591	Claim if Personal Vehicle Was Used		Pierre		
Date Mo. Day	DESCRIPTION OF TRAVEL DESTINATION Miles, Misc. Expense, etc.	Time		Proj Code	State Code	Day Trip Meals	Overnight Meals	Miles	Amount Claimed	Lodging	Misc. Expense
		Leave	Return								
9/1	Canistota to Yankton	6:00AM					\$32.00	57.20	\$24.02		
9/2	Yankton-Field Training						\$32.00				
9/3	Yankton-Field Training						\$32.00				
9/4	Yankton-Field Training						\$32.00				
9/5	Yankton-Field Training						\$32.00				
9/6	Yankton-Field Training						\$32.00				
9/7	Yankton-Field Training						\$32.00				
9/8	Yankton to Harold to Hoven	5:00PM					\$17.00	300.40	\$126.70		
9/9	HOME										
9/10	Hoven to Yankton		12:00PM				\$26.00	271.80	\$114.16		
9/11	Yankton- Field Training						\$32.00				
9/12	Yankton- Field Training						\$32.00				
9/13	Yankton- Field Training						\$32.00				
9/14	Yankton- Field Training						\$32.00				
9/15	Yankton- Field Training						\$32.00				
9/16	Yankton- Field Training						\$32.00				
9/17	Yankton- Field Training						\$32.00				
9/18	Yankton- Field Training						\$32.00				
9/19	Yankton- Field Training						\$32.00				
9/20	Yankton- Field Training						\$32.00				
9/21	Yankton- Field Training						\$32.00				
9/22	Yankton- Field Training						\$32.00				
9/23	Yankton- Field Training						\$32.00				
9/24	Yankton- Field Training						\$32.00				
9/25	Yankton- Field Training						\$32.00				
9/26	Yankton- Field Training						\$32.00				
9/27	Yankton- Field Training						\$32.00				
9/28	Yankton- Field Training						\$32.00				
9/29	Yankton- Field Training						\$32.00				
9/30	Yankton- Field Training		11:00PM				\$32.00				

PURPOSE OF TRAVEL: WTO Field Training Duties	Subtotals	Taxable		Non taxable		
		\$0.00	\$907.00	629.40	\$264.88	\$0.00
Grand Total					\$1,171.88	
Apply to Advance						
AMOUNT REIMBURSABLE						1,171.88

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

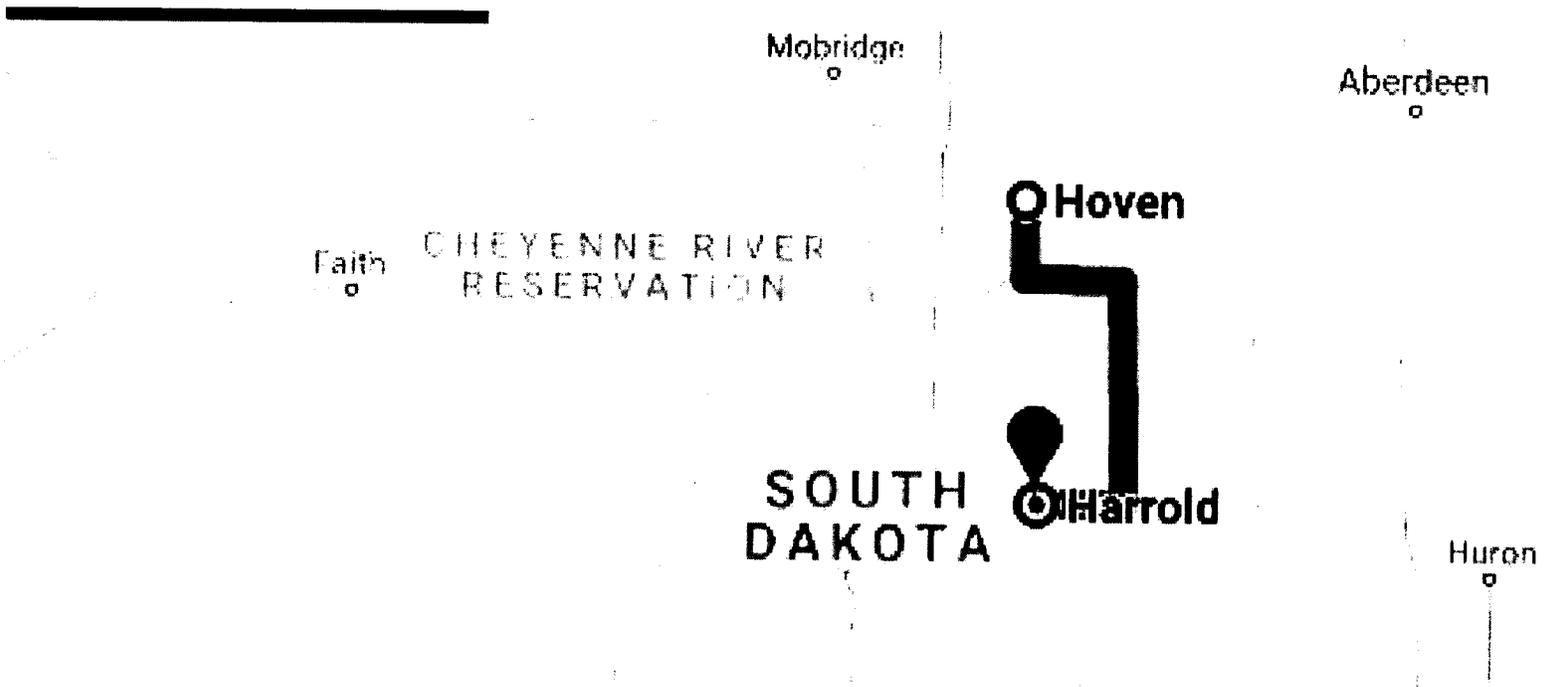
Kendyll Jones 10/1/18
Claimant Date

[Signature] 10/03/2018
Authorization Date

○ Hoven, South Dakota 57450



📍 Harrold, South Dakota 57536

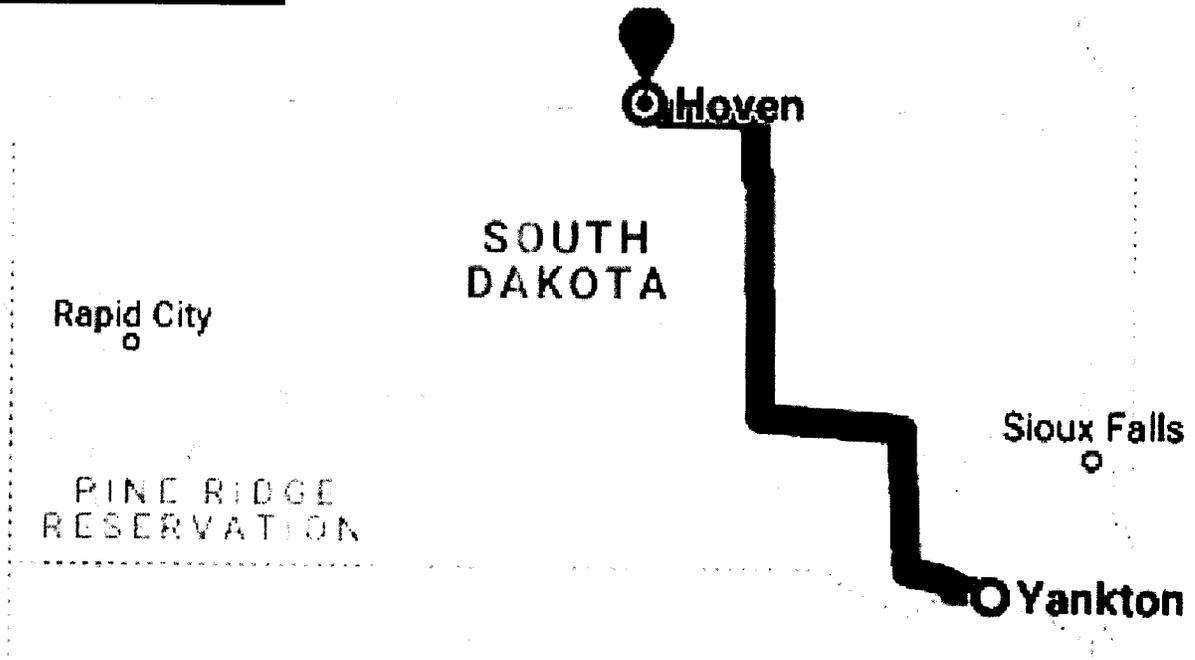


1 h 16 min (80.4 mi) via SD-47 S

○ Yankton, South Dakota 57078



📍 Hoven, South Dakota 57450



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

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: 9/30/18 Agency: SD GFP
Agency Address: 523 E. Capitol Ave Pierre SD 57501
Agency Phone Number: 605-773-3387
Employee Requesting Reimbursement: Dylan Peterson
Total Amount of Reimbursement: \$380.00
Date(s) of Expense: 9/1/2018 thru 9/30/2018
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

9/30/2018
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
KRH
Signature of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official
10/10/18
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: Dylan Peterson		Employee #	Fed Code	State Code		Expense	License #	Mileage		Home Station	
		157854		AD=ADMIN. LE=LAW WL=WILDLIFE HB=HABITAT FS=FISHERIES		X	017 ZIT	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								
09/01/18	LET Academy	5:00 AM		ST	LE				\$32.00		
09/02/18	LET Academy			ST	LE				\$32.00		
09/03/18	LET Academy			ST	LE						
09/04/18	LET Academy			ST	LE						
09/05/18	LET Academy			ST	LE						
09/06/18	LET Academy			ST	LE						
09/07/18	LET Academy			ST	LE						
09/08/18	LET Academy			ST	LE				\$15.00		
09/09/18	LET Academy			ST	LE				\$32.00		
09/10/18	LET Academy			ST	LE				\$32.00		
09/11/18	LET Academy			ST	LE						
09/12/18	LET Academy			ST	LE						
09/13/18	LET Academy			ST	LE						
09/14/18	LET Academy			ST	LE						
09/15/18	LET Academy			ST	LE				\$15.00		
09/16/18	LET Academy			ST	LE				\$32.00		
09/17/18	LET Academy			ST	LE				\$32.00		
09/18/18	LET Academy			ST	LE						
09/19/18	LET Academy			ST	LE						
09/20/18	LET Academy			ST	LE						
09/21/18	LET Academy			ST	LE						
09/22/18	LET Academy			ST	LE				\$15.00		
09/23/18	LET Academy			ST	LE				\$32.00		
09/24/18	LET Academy			ST	LE				\$32.00		
09/25/18	LET Academy			ST	LE						
09/26/18	LET Academy			ST	LE						
09/27/18	LET Academy			ST	LE						
09/28/18	LET Academy			ST	LE						
09/29/18	LET Academy			ST	LE				\$15.00		
09/30/18	LET Academy	8:00 PM		ST	LE				\$32.00		

PURPOSE OF TRAVE To conduct the duties of a
Conservation Officer Trainee in the State of South Dakota.

Subtotals

Taxable	Non taxable	
\$0.00	\$380.00	0.00
	\$0.00	\$0.00
	\$0.00	\$0.00

Grand Total

Apply to Advance
AMOUNT REIMBURSABLE

\$380.00
380.00

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.

Dylan Peterson
Claimant 10/11/18
Date

Greg Jones
Authorization 10/03/2018
Authorizat 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: 10/1/18 Agency: Game Fish + Parks
Agency Address: 523 E Capitol Ave Pierre SD 57501
Agency Phone Number: 605 773 3387
Employee Requesting Reimbursement: Page Traana
Total Amount of Reimbursement: \$380⁰⁰
Date(s) of Expense: 09/01/2018 thru 09/30/18
Event Leave Time: 5:00 a Event Return Time: D.O.A
Explanation of official business performed: Attend 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.

Page Traana 10/1/18
Signature of Employee Date

Authorization

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

Kelly R. Hepler Cabinet Secretary
Name of Department/Office Head Position/Title of Agency Official
K R H 10/10/18
Signature of Department/Office Head Date

State Board of Finance Approval

Approval Date: _____ Signature of Secretary, State Board of Finance

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

**STATE 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 FS=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								
09/01/18	LET Academy	5:00 AM		ST	LE				\$32.00		
09/02/18	LET Academy			ST	LE				\$32.00		
09/03/18	LET Academy			ST	LE						
09/04/18	LET Academy			ST	LE						
09/05/18	LET Academy			ST	LE						
09/06/18	LET Academy			ST	LE						
09/07/18	LET Academy			ST	LE				\$15.00		
09/08/18	LET Academy			ST	LE				\$32.00		
09/09/18	LET Academy			ST	LE				\$32.00		
09/10/18	LET Academy			ST	LE						
09/11/18	LET Academy			ST	LE						
09/12/18	LET Academy			ST	LE						
09/13/18	LET Academy			ST	LE						
09/14/18	LET Academy			ST	LE						
09/15/18	LET Academy			ST	LE				\$15.00		
09/16/18	LET Academy			ST	LE				\$32.00		
09/17/18	LET Academy			ST	LE				\$32.00		
09/18/18	LET Academy			ST	LE						
09/19/18	LET Academy			ST	LE						
09/20/18	LET Academy			ST	LE						
09/21/18	LET Academy			ST	LE				\$15.00		
09/22/18	LET Academy			ST	LE				\$32.00		
09/23/18	LET Academy			ST	LE				\$32.00		
09/24/18	LET Academy			ST	LE						
09/25/18	LET Academy			ST	LE						
09/26/18	LET Academy			ST	LE						
09/27/18	LET Academy			ST	LE						
09/28/18	LET Academy			ST	LE				\$15.00		
09/29/18	LET Academy			ST	LE				\$32.00		
09/30/18	LET Academy	8:00 PM		ST	LE				\$32.00		

PURPOSE OF TRAVE To conduct the duties of a
Conservation Officer Trainee in the State of South Dakota.

Subtotals											
						Taxable	Non taxable				
						\$0.00	\$380.00	0.00	\$0.00	\$0.00	\$0.00
Grand Total											
Apply to Advance											\$380.00
AMOUNT REIMBURSABLE											
380.00											

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.

[Signature]
 Claimant 10/1/18
 Date

[Signature]
 Authorization 10/03/2018
 Authorizat 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: 9-30-18 Agency: Game, Fish and Parks
Agency Address: 523 E Capitol Ave Pierre, SD 57501
Agency Phone Number: (605) 223-7660
Employee Requesting Reimbursement: Jacob Schwint
Total Amount of Reimbursement: \$380.00
Date(s) of Expense: 9-1-18 to 9-30-18
Event Leave Time: 6am Event Return Time: 3pm
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

9/30/2018
Date

Authorization

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

Kelly R. Hepler
Name of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

10/10/18
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: Jacob Schwint		Employee #	Fed Code	State Code	Expense	License #	Mileage	Home Station			
		162458		AD=ADMIN. LE=LAW WL=WILDLIFE HB=HABITAT FS=FISHERIES	X	831-RHT	Claim if Personal Vehicle Was Used	Location??			
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								
09/01/18	Pierre-LET Academy	6am		ST	LE				\$32.00		
09/02/18	Pierre-LET Academy			ST	LE				\$32.00		
09/03/18	Pierre-LET Academy			ST	LE						
09/04/18	Pierre-LET Academy			ST	LE						
09/05/18	Pierre-LET Academy			ST	LE						
09/06/18	Pierre-LET Academy			ST	LE						
09/07/18	Pierre-LET Academy			ST	LE				\$15.00		
09/08/18	Pierre-LET Academy			ST	LE				\$32.00		
09/09/18	Pierre-LET Academy			ST	LE				\$32.00		
09/10/18	Pierre-LET Academy			ST	LE						
09/11/18	Pierre-LET Academy			ST	LE						
09/12/18	Pierre-LET Academy			ST	LE						
09/13/18	Pierre-LET Academy			ST	LE						
09/14/18	Pierre-LET Academy			ST	LE				\$15.00		
09/15/18	Pierre-LET Academy			ST	LE				\$32.00		
09/16/18	Pierre-LET Academy			ST	LE				\$32.00		
09/17/18	Pierre-LET Academy			ST	LE						
09/18/18	Pierre-LET Academy			ST	LE						
09/19/18	Pierre-LET Academy			ST	LE						
09/20/18	Pierre-LET Academy			ST	LE						
09/21/18	Pierre-LET Academy			ST	LE				\$15.00		
09/22/18	Pierre-LET Academy			ST	LE				\$32.00		
09/23/18	Pierre-LET Academy			ST	LE				\$32.00		
09/24/18	Pierre-LET Academy			ST	LE						
09/25/18	Pierre-LET Academy			ST	LE						
09/26/18	Pierre-LET Academy			ST	LE						
09/27/18	Pierre-LET Academy			ST	LE						
09/28/18	Pierre-LET Academy			ST	LE				\$15.00		
09/29/18	Pierre-LET Academy			ST	LE				\$32.00		
09/30/18	Pierre-LET Academy	8pm		ST	LE				\$32.00		

PURPOSE OF TRAVE To conduct the duties of a Conservation Officer Trainee in the State of South Dakota.

Subtotals											
						Taxable	Non taxable				
						\$0.00	\$380.00	0.00	\$0.00	\$0.00	\$0.00
Grand Total											\$380.00
Apply to Advance											
AMOUNT REIMBURSABLE											
380.00											

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.

Jacob Schwint 10-1-18
Claimant Date

[Signature] 10/08/2018
Authorization Authorizat 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

Application

Date: 10/02/18 Agency: 0600
Agency Address: 4500 S Oxbow Ave
Agency Phone Number: 605-362-2700
Employee Requesting Reimbursement: Chris Kuntz
Total Amount of Reimbursement: \$ 251.00
Date(s) of Expense: 8/31/18 to 9/28/18
Event Leave Time: 10:30 AM Event Return Time: 11:pm
Explanation of official business performed: wildlife training required for job duties with training officer - eating out in public setting.

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

[Signature]
Signature of Employee

10/02/18
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

10/10/18
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.



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.

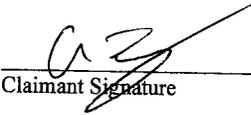
General Authority: SDCL 4-9-1.1.

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

Claimant name: Christopher Kuntz

Invoice number: Z069RB03

Reason for delay: Wildlife training officer waiting for
paperwork processing


Claimant Signature

10/02/18
Date

Agency Official Authorization

Date

State of South Dakota
VOUCHER
 Direct Invoice

kathy

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: _____ ACTION: _____ 10/03/2018 14:30:00
 REQUEST: _____

=====

EMP VOUCHER NBR: _____ Z069RB03 DATE: 09/28/2018 MODEL: V _____ 144422
 EMP SHORT NAME : KUNTZCHRISTOPHE KUNTZ, CHRISTOPHER A CURR: _____
 EMPLOYEE NUMBER: _____ 144422 _____ HARRISBURG CM/DM : I
 TRAVEL BEG DATE: _____ 08/31/2018 _____ APPROVAL NBR: _____ MULTI PYMT: N
 TERMS CODE: _____ PYMT DUE DATE: 10/03/2018 DO NOT USE : _____
 REMIT MSG: _____ TRAVEL_EXPENSE_FOR_08/31_TO_09/28/18 _____

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 I'RC
0001	214.00	001	3122	52031400	0610310	N N N N
0002	26.00	001	2029	52031400	0610310046	0008 9601
0003	11.00	001	2029	52031400	061031004102	0008 7100
0004						N N N N
					GROSS AMOUNT: _____ 251.00	

 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

10/03/2018 14:29

 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: November 2, 2018 Agency: SD GF&P
Agency Address: 523 E. Capitol Ave, Pierre, SD 57501
Agency Phone Number: 605-773-3387
Employee Requesting Reimbursement: 154101 - Kendyll Jones
Total Amount of Reimbursement: \$1,098.54
Date(s) of Expense: 10/1/18 - 10/26/18
Event Leave Time: 5:00AM Event Return Time: 10:00AM
Explanation of official business performed: WTO Field Training Duties

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

11/2/18
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

KRH
Signature of Department/Office Head

11/5/18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

STATE OF SOUTH DAKOTA TRAVEL PAYMENT DETAIL

Name: Kendyll Jones		Employee #	Fed Code	State Code	Expense	License #	Mileage	Home Station			
		154101		AD=ADMIN. LE=LAW WL=WILDLIFE HB=HABITAT FS=FISHERIES	X	36E591	Claim if Personal Vehicle Was Used		Pierre		
Date Mo. Day	DESCRIPTION OF TRAVEL DESTINATION Miles, Misc. Expense, etc.	Time		Proj Code	State Code	Day Trip Meals	Overnight Meals	Miles	Amount Claimed	Lodging	Misc. Expense
		Leave	Return								
10/1	Yankton- Field Training	5:00AM		ST	LE		\$32.00				
10/2	Yankton- Field Training						\$32.00				
10/3	Yankton- Field Training						\$32.00				
10/4	Yankton- Field Training						\$32.00				
10/5	Yankton- Field Training						\$32.00				
10/6	Yankton- Field Training						\$32.00				
10/7	Yankton to Hoven Phase 4 Paid Trip Home							271.80	\$114.16		
10/8	Hoven to Yankton							271.80	\$114.16		
10/9	Yankton- Field Training						\$32.00				
10/10	Yankton- Field Training						\$32.00				
10/11	Yankton- Field Training						\$32.00				
10/12	Yankton- Field Training						\$32.00				
10/13	Yankton- Field Training						\$32.00				
10/14	Yankton- Field Training						\$32.00				
10/15	Yankton- Field Training						\$32.00				
10/16	Yankton- Field Training						\$32.00				
10/17	Yankton- Field Training						\$32.00				
10/18	Yankton- Field Training						\$32.00				
10/19	Yankton- Field Training						\$32.00				
10/20	Yankton- Field Training						\$32.00				
10/21	Yankton- Field Training						\$32.00				
10/22	Yankton- Field Training						\$32.00				
10/23	Yankton- Field Training						\$32.00				
10/24	Yankton- Field Training						\$32.00				
10/25	Yankton to Chamberlainto Harrold- DTE Presenta						\$32.00	222.40	\$93.41		
10/26	Harrold to Hoven- Orientation		10:00AM				\$6.00	82.90	\$34.81		

PURPOSE OF TRAVEL:
 WTO Field Training Duties

Subtotals										
						Taxable \$0.00	\$742.00	\$48.90	Non taxable \$356.54	\$0.00
Grand Total									\$1,098.54	
Apply to Advance									\$1,098.54	
AMOUNT REIMBURSABLE									1,098.54	

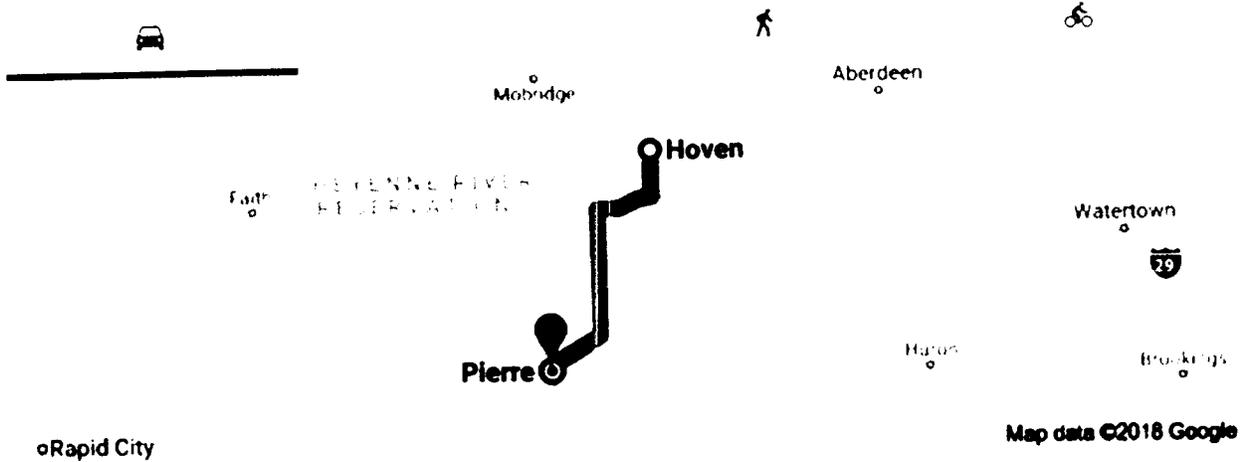
claim has been examined by me, and to the best of my knowledge and comply with the provision of the Civil Rights Act of 1964 and regulations and discrimination in Federally assisted programs.

Kendyll Jones
 Claimant 11/2/18
 Date

Kendyll Jones
 Authorization 11/5/18
 Date

○ Hoven, South Dakota 57450

● Pierre, South Dakota 57501



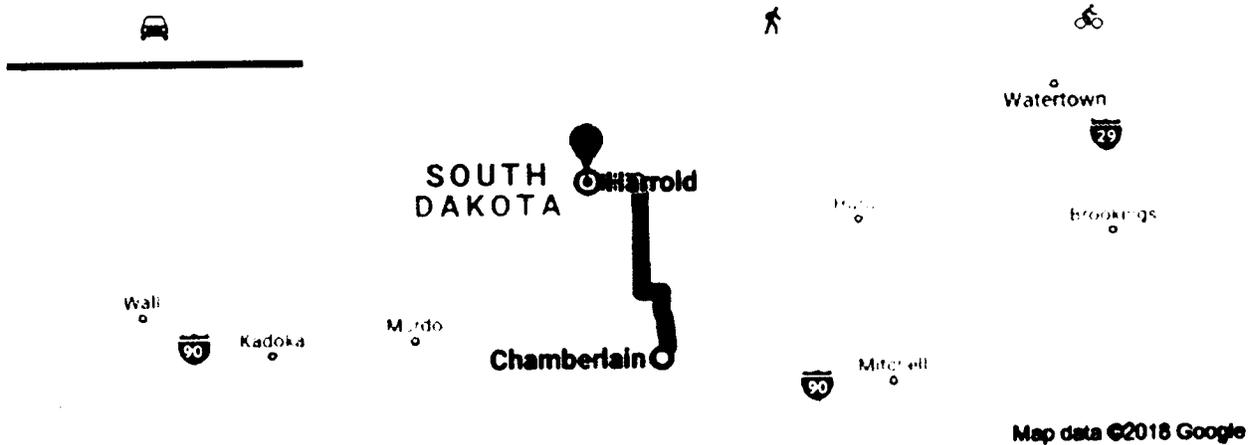
○ Rapid City

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

Directions

○ Chamberlain, South Dakota 57325

● Harrold, South Dakota 57536

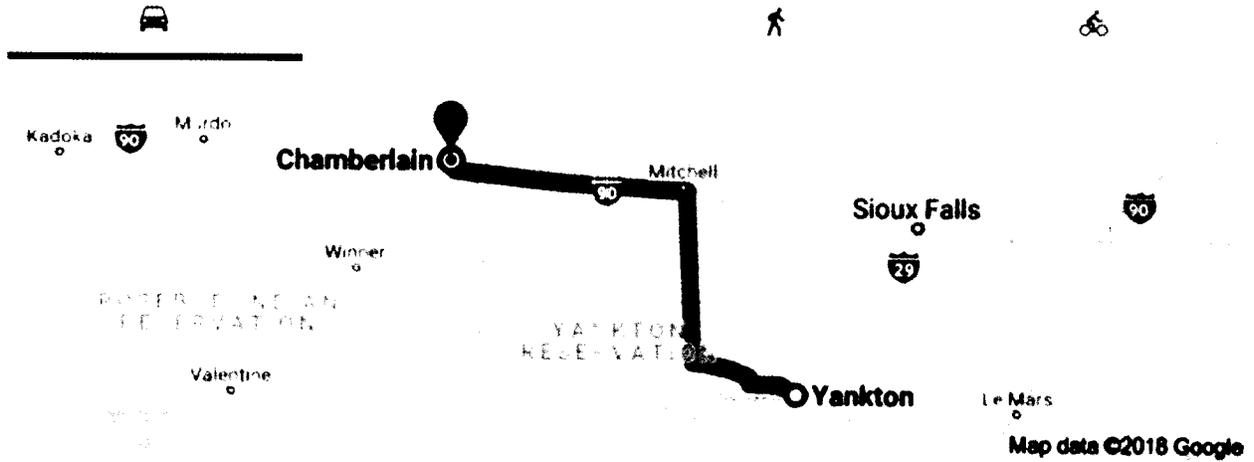


1 h 11 min (71.6 mi) via SD-50 W, SD-34 W and SD-47 N

Directions

○ Yankton, South Dakota 57078

● Chamberlain, South Dakota 57325

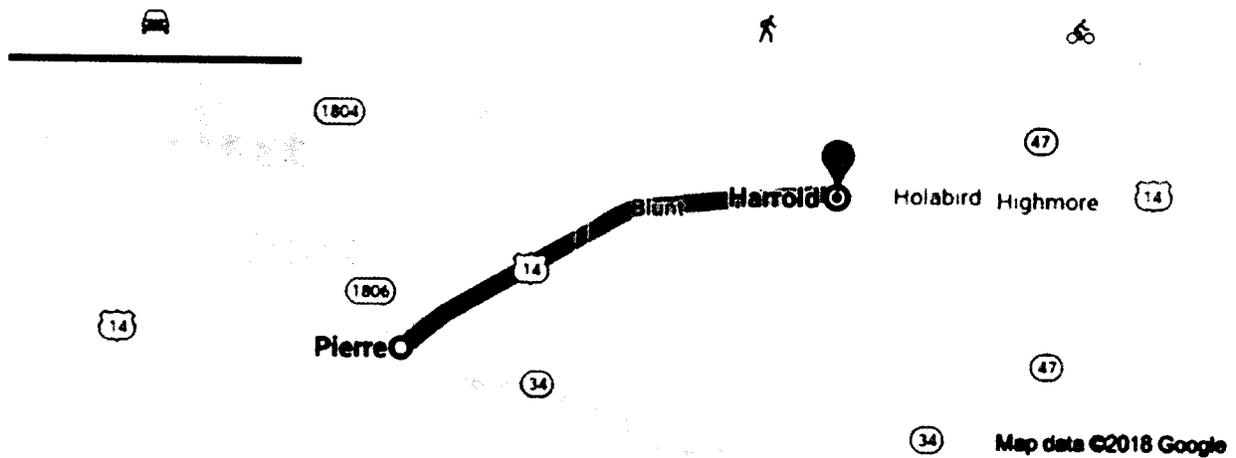


2 h 23 min (150.8 mi) via SD-37 N and I-90 W


Directions

○ Pierre, South Dakota 57501

● Harrold, South Dakota 57536



36 min (34.2 mi) via US-14 E


Directions

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: 10/31/18 Agency: SD GFP
Agency Address: 523 E. Capitol Ave, Pierre SD 57501
Agency Phone Number: 605-773-3387
Employee Requesting Reimbursement: Dylan Peterson
Total Amount of Reimbursement: \$ 348.00
Date(s) of Expense: 10/1/2018 thru 10/31/2018
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

10/31/18
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
K R Hepler
Signature of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official
11/5/18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

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: 10-31-18 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: \$348.00
Date(s) of Expense: 10-1-18 to 10-31-18
Event Leave Time: 6am Event Return Time: 8pm
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

10-31-18
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

KRH
Signature of Department/Office Head

11/5/18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

**STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL**

Name: Jacob Schwint		Employee #	Fed Code	State Code	Expense	License #	Mileage	Home Station		
		162458		AD=ADMIN. LE=LAW WL=WILDLIFE HB=HABITAT FS=FISHERIES	X	831-RHT	Claim if Personal Vehicle Was Used		Location??	
Date Mo. Day	DESCRIPTION OF TRAVEL DESTINATION Miles, Misc. Expense, etc.	Time Leave Return	Proj Code	State Code	Day Trip Meals	Overnight Meals	Miles	Amount Claimed	Lodging	Misc. Expense
10/01/18	Pierre LET academy	6am	ST	LE						
10/02/18	Pierre LET academy		ST	LE						
10/03/18	Pierre LET academy		ST	LE						
10/04/18	Pierre LET academy		ST	LE						
10/05/18	Pierre LET academy		ST	LE						
10/06/18	Pierre LET academy		ST	LE				\$15.00		
10/07/18	Pierre LET academy		ST	LE				\$32.00		
10/08/18	Pierre LET academy		ST	LE				\$32.00		
10/09/18	Pierre LET academy		ST	LE				\$32.00		
10/10/18	Pierre LET academy		ST	LE						
10/11/18	Pierre LET academy		ST	LE						
10/12/18	Pierre LET academy		ST	LE						
10/13/18	Pierre LET academy		ST	LE				\$15.00		
10/14/18	Pierre LET academy		ST	LE				\$32.00		
10/15/18	Pierre LET academy		ST	LE				\$32.00		
10/16/18	Pierre LET academy		ST	LE						
10/17/18	Pierre LET academy		ST	LE						
10/18/18	Pierre LET academy		ST	LE						
10/19/18	Pierre LET academy		ST	LE				\$15.00		
10/20/18	Pierre LET academy		ST	LE				\$32.00		
10/21/18	Pierre LET academy		ST	LE				\$32.00		
10/22/18	Pierre LET academy		ST	LE						
10/23/18	Pierre LET academy		ST	LE						
10/24/18	Pierre LET academy		ST	LE						
10/25/18	Pierre LET academy		ST	LE						
10/26/18	Pierre LET academy		ST	LE				\$15.00		
10/27/18	Pierre LET academy		ST	LE				\$32.00		
10/28/18	Pierre LET academy		ST	LE				\$32.00		
10/29/18	Pierre LET academy		ST	LE						
10/30/18	Pierre LET academy		ST	LE						
10/31/18	Pierre LET academy	8pm	ST	LE						

PURPOSE OF TRAVE To conduct the duties of a Conservation Officer Trainee in the State of South Dakota.	Subtotals			Taxable \$0.00	Non taxable \$348.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00
Grand Total										
Apply to Advance										
AMOUNT REIMBURSABLE										
\$348.00										
348.00										

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.

Jacob Schwint 10-31-18
Claimant Date

[Signature] 11/01/2018
Authorization Authorizat Authorization Date

RECEIVED
NOV 1 2018
SOUTH DAKOTA
DEPARTMENT OF REVENUE

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: 11/1/18
Agency: SD Game, Fish & Parks
Agency Address: 523 E Capitol Ave Pierre SD 57501
Agency Phone Number: 605-773-3387
Employee Requesting Reimbursement: Page Trana
Total Amount of Reimbursement: \$380.00
Date(s) of Expense: 10/01/2018 thru 10/31/2018
Event Leave Time: 5:00 Am Event Return Time: 8:00 pm
Explanation of official business performed: attend required law enforcement training

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

[Signature]
Signature of Employee

11/1/18
Date

Authorization

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

Betty R. Hepler
Name of Department/Office Head
[Signature]
Signature of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official
11/5/18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

**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 FS=FISHERIES		X	755JPP	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								
10/01/18	LET Academy	5:00 AM		ST	LE						
10/02/18	LET Academy			ST	LE						
10/03/18	LET Academy			ST	LE						
10/04/18	LET Academy			ST	LE						
10/05/18	LET Academy			ST	LE						
10/06/18	LET Academy			ST	LE				\$15.00		
10/07/18	LET Academy			ST	LE				\$32.00		
10/08/18	LET Academy			ST	LE				\$32.00		
10/09/18	LET Academy			ST	LE						
10/10/18	LET Academy			ST	LE						
10/11/18	LET Academy			ST	LE						
10/12/18	LET Academy			ST	LE						
10/13/18	LET Academy			ST	LE				\$15.00		
10/14/18	LET Academy			ST	LE				\$32.00		
10/15/18	LET Academy			ST	LE				\$32.00		
10/16/18	LET Academy			ST	LE						
10/17/18	LET Academy			ST	LE						
10/18/18	LET Academy			ST	LE						
10/19/18	LET Academy			ST	LE						
10/20/18	LET Academy			ST	LE				\$15.00		
10/21/18	LET Academy			ST	LE				\$32.00		
10/22/18	LET Academy			ST	LE				\$32.00		
10/23/18	LET Academy			ST	LE						
10/24/18	LET Academy			ST	LE						
10/25/18	LET Academy			ST	LE						
10/26/18	LET Academy			ST	LE						
10/27/18	LET Academy			ST	LE				\$15.00		
10/28/18	LET Academy			ST	LE				\$32.00		
10/29/18	LET Academy			ST	LE				\$32.00		
10/30/18	LET Academy			ST	LE						
10/31/18	LET Academy	8:00 PM		ST	LE						

PURPOSE OF TRAVE To conduct the duties of a
Conservation Officer Trainee in the State of South Dakota.

Subtotals

Taxable	Non taxable	
\$0.00	\$348.00	0.00
	\$0.00	\$0.00
	\$0.00	\$0.00

Grand Total
Apply to Advance
AMOUNT REIMBURSABLE

\$348.00
348.00

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.

[Signature]
Claimant
11/1/18
Date

[Signature]
Authorization
11/01/2018
Authorizat 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

Application

Date: 10/23/18 Agency: 0600
Agency Address: 4500 S Oxbow Ave
Agency Phone Number: 605-362-2707
Employee Requesting Reimbursement: Chris Kuntz
Total Amount of Reimbursement: \$ 98.83
Date(s) of Expense: 10/4 to 10/11/18
Event Leave Time: 8AM Event Return Time: 4:30 pm
Explanation of official business performed: wildlife training
required for job duties with training
officer - eating out in public setting.

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

[Signature]
Signature of Employee

10/23/18
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 B. Hepler
Name of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

11/5/18
Date
11/5/18

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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



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: Christopher Kuntz

Invoice number: Z069RB04

Reason for delay: Paper work processing for wildlife

training officer travel voucher

C. J.
Claimant Signature

10/19/18
Date

Agency Official Authorization

Date

**STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL**

Not Valid Unless Accompanied by a Travel Voucher Coding Form.

Name:		144422	Advan.	Expense	Fed	License #	Home Station			
Chris Kuntz		144422		X	Code	GF522	Sioux Falls			
Date Mo. Day	DESCRIPTION OF TRAVEL DESTINATION Miles, Misc. Expense, etc.	Time		Auto Miles	Trans. Cost	Proj Code	Day Trip Meals	Meals over nights	Lodging	Misc. Expense
		Leave	Return							
14-Sep	Anti freeze for Dept UTV									\$13.83
04-Oct	WTO, Patrol Minnehaha Co	10:15am	4:30pm			LAW	\$11.00			
05-Oct	WTO, Patrol Lincoln and Minnehaha Co	2:00pm	12:30am			LAW	\$15.00			
06-Oct	WTO, Patrol Lincoln and Minnehaha Co	3:30pm	2:00am			LAW	\$15.00			
08-Oct	WTO, Patrol Minnehaha Co	8:30am	3:30pm			LAW	\$11.00			
09-Oct	WTO, Patrol Minnehaha Co, Admin, Reports	8:30am	5:00pm			LAW	\$11.00			
10-Oct	WTO, Patrol Minnehaha Co, Admin, Reports	10:00am	3:00pm			LAW	\$11.00			
11-Oct	WTO, Admin	10:30am	4:30pm			LAW	\$11.00			
PURPOSE OF TRAVEL: <u>CO and Field Training duties</u>		Subtotals		0	\$0.00		taxable \$85.00	nontaxable \$0.00	\$0.00	\$13.83
Grand Total										\$98.83
Apply to Advance										\$0.00
AMOUNT REIMBURSABLE										\$98.83

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.

CK
Claimant

10/19/08
Date

Authorization

Date



Service is our best part!

Store 7387 2601 West 41st Street, Sioux Falls, SD 57105 Phone: (605) 331-3903
 Questions or feedback? Contact the Commercial Customer Support Team
 at 1-877-280-5965 or email us at service@advanceautoparts.com

State Of South Dakota
 2501 W 22nd St

Sioux Falls, SD 57117
 Phone: (605) 333-6869
 Account ID: 7387070768

P.O. #: Chris
 Date: 9/14/18
 Register: 2
 Store/Unit#: 2
 Internet Order #:

Invoice/Trans: 7387825723068
 Time: 9:03:48AM
 Delivery: No
 Salesperson: Brett

Product Line	Part #	Description	SKU	Warranty	Qty	List	Cost	Extended
	201	CONVENTIONAL 50/50 1 EA	11061797	REPLACE OR REFUND AT MGR DISCRETION	1	16.79	12.99	12.99

MERCHANDISE SUBTOTAL
 T1 Tax @
TOTAL INVOICE
 Tender Type
 CHANGE

12.99
 0.84
 13.83
 13.83
 0.00



D2N9K1C2411K6D1B3T

6.5000%
 Visa 0048 014518

personally paid for

ORIGINAL

Customer's signature below certifies that the tax free purchase items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable. All cores need to be in the original box and in rebuildable condition to receive full core credit. Invoice required as proof of purchase for all returns.

THANK YOU FOR YOUR BUSINESS!

1 of 1
 Customer 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

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: 10-23-18 Agency: Department of Labor and Regulation

Agency Address: 123 West Missouri Ave., Pierre, SD 57501

Agency Phone Number: 605-773-3101

Employee Requesting Reimbursement: see attached

Total Amount of Reimbursement: 9.50 x 6 = \$57

Date(s) of Expense: 9/20/2018

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

Explanation of official business performed: Kaizen Event - UI Division
Improving UI Business Registration process to make more efficient.

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

Signature of Employee

Date

Authorization

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

Marcia Hultman
Name of Department/Office Head

DLR Cabinet Secretary
Position/Title of Agency Official

M. Hultman

10-30-18

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.

KAIZEN-DLR-9.20.18

Attendance Record for Lunch

Name

Home Station

1. <u>Mitt Pearson</u>	<u>Aberdeen</u>
2. <u>Bridgette French</u>	<u>Watertown</u>
3. <u>Jack Merritt</u>	<u>Pierre</u>
4. <u>Don Gustafson</u>	<u>Pierre</u>
5. <u>Jim Dornbusch</u>	<u>PIERRE</u>
6. <u>Scott Gekke</u>	<u>ABERDEEN</u>
7. <u>Ashley Jost</u>	<u>Aberdeen</u>
8. <u>Mary (Dade)</u>	<u>Aberdeen</u>
9. <u>Ben Kueger</u>	<u>Aberdeen</u>
10. <u>Rebecca Stoltenburg</u>	<u>Aberdeen</u>
11. _____	_____
12. _____	_____

Qdoba Mexican Eats
3828 6th Ave SE, Suite H
Aberdeen, SD 57401
605-262-0284

TM2002

Host: Drawer 2
TM2002
REPRINT# 1

09/20/2018
3:01 PM
20002

Box Lunch (5 @9.50)	47.50
(5)Box Steak	47.50
Box Lunch (5 @9.50)	
(5)Box Chicken	
Subtotal	95.00
Tax Exempt #466000364	0.00
Tax	0.00
TO GO Total	95.00
House Acnt #27	95.00

Tip : _____

TOTAL : _____

TOTAL : 95.00

RECEIVED

SEP 24 2018

LABOR & REGULATION
ADMIN SERVICES

SIGNATURE : _____

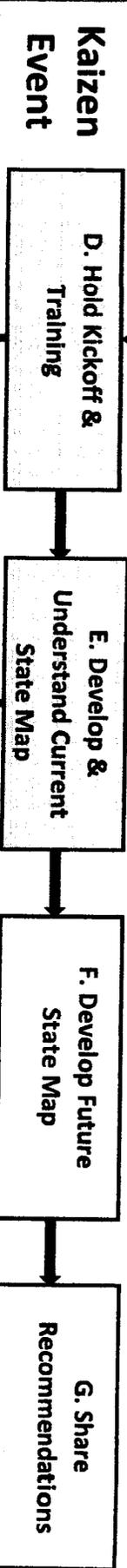
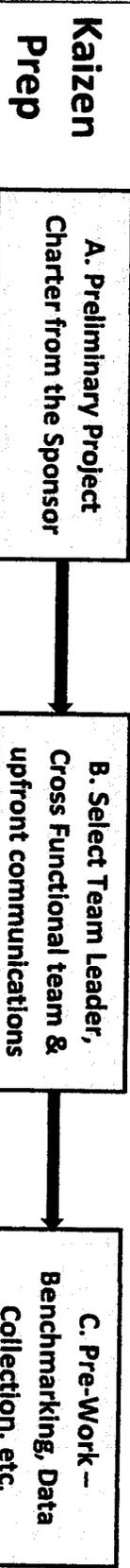
9.50 / person

--- Check Closed ---

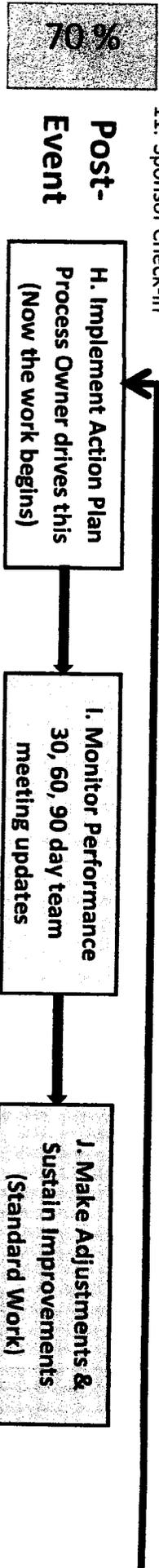
September 17-21, 2018

Kaizen Project Timeline

Art Plan
Check Do



Day 1	Day 2	Day 3	Day 4	Day 5
<ol style="list-style-type: none"> Sponsor kick off & Team introductions Lean overview training Set ground rules Project Charter finalized Operational Definitions Elevator Speech Stakeholder Analysis Define success Watch a Kaizen event Lay out strategy for "Learn to See" visits Sponsor Check-in 	<ol style="list-style-type: none"> Review agenda, ground rules, & check-in report Conduct visits and interviews & Process spaghetti Map Map Current State Capture Task & Wait Times Identify Value-Added steps, wastes, & pain points Determine error and rework levels Capture employee ideas and frustrations Debrief (Plus/Delta) Sponsor check-in 	<ol style="list-style-type: none"> Review agenda, ground rules, & check-in report Finish Current State map Review Benchmarking results. Review Current Statutes/Ordinances Add star ideas or frustrations to map Identify Root Causes Evaluate and Select Improvements Design Future State Map Develop new Tasks & Times Debrief (Plus/Delta) Sponsor Check-in 	<ol style="list-style-type: none"> Review agenda, ground rules, & check-in report Take team photo Finish Future State map Countermeasures chosen (Impact-Effort matrix) Identify Performance Measures (data mining) Prepare an Action Plan – who (one owner) will do what by when Establish "Quick Wins" Debrief (Plus/Delta) Sponsor Check-in 	<ol style="list-style-type: none"> Review agenda, ground rules, & check-in report Revise & complete team report out Before noon assign team slides to present Hand out final report-out to team Report-out presentation to affected area(s) first for their inputs 3PM - Present report-out to top management & answer questions Kaizen Newspaper Celebrate!



70%

30% of Project Resources



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

Monday, October 22, 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 vouchers.

South Dakota hosted the Northern Plains Law Conference on Students with Disabilities in Rapid City on September 24-26, 2018. Since South Dakota hosted the conference, a request to exceed lodging rates was overlooked for DOE staff to stay at the Rushmore Plaza Holiday Inn, the venue hosting the conference.

SD DOE is requesting the State Board of Finance approve payment for the employees' reimbursement voucher as it was a clerical oversight. One individual made travel accommodations for all the employees in attendance and it impacted numerous employees. SD DOE has provided training and on-going assistance to staff making travel accommodations to ensure proper procedures are being followed.

Sincerely,

A handwritten signature in cursive script that reads "Mary Stadick Smith".

Mary Stadick Smith
Interim Secretary



Holiday Inn

Rushmore Plaza Holiday Inn Rapid City

Dept of Education
Attn: Maria Neuman
800 Govenors Dr
Pierre SD 57501
United States

Date : 10-24-18

A/R Account Number : SDDOE2

Amount Paid : \$ _____

Date	Inv. No.	Folio No.	Description	Debit	Credit	Balance
09-26-18	94811	400555	Jarvis, Wendy	296.00		296.00
09-26-18	94812	400556	Schiltz, Beth	296.00		296.00
09-26-18	94813	400561	Berscheid, Jodi	296.00		296.00
09-26-18	94814	400566	Gerry, Brandi	444.00		444.00
09-26-18	94832	400643	Farris, Holly	296.00		296.00
09-26-18	94833	400646	Larsen, Ann	296.00		296.00
09-26-18	94834	400647	Arenz, Brett	296.00		296.00
09-26-18	94835	400649	Cain, Rebecca	296.00		296.00
Balance Due						2,516.00

Aging Summary :

Up to 30	31 - 60	61 - 90	91 - 120	121 - 150	151 and Over
2,516.00	0.00	0.00	0.00	0.00	0.00

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

Rushmore Plaza Holiday Inn
505 N. 5th St.
Rapid City, SD 57701
Telephone: (605) 348-4000 Fax: (605) 348-9777

Payment Request

Division DIV OF EDUCATIONAL SUPPORT AND SERVICES Date 10/24/2018

Vendor Name RUSHMORE PLAZA HOLIDAY INN

Vendor Address 505 N 5TH ST, RAPID CITY, SD 57701

Contract Number Auditor Number

Partial Final

Service Dates of Contract Invoice 9.24-9.26-.2018

Description of invoiced goods and services:
NORTHERN PLAINS LAW CONFERENCE LODGING FOR DOE SPED STAFF - FOLIO - 400556

1099 Code	Company	Subobject / BY / GY	Center	Fund Source	Sub Fund	Expense Amount
	2024	5203100 08	1232830	K03	A0	296.00
Total						296.00

Person to Contact about Request KJ

Approval

		<i>A. Larsen</i> <i>10.24.18</i>		
Program Staff	Office Administrator	Division Director	Grants Management	Contract Manager

Accounting and Financial Reporting Use Only

Vendor ID _____ Invoice Number _____



Holiday Inn

118

10-24-18

Dept of Education	Folio No. : 400555	Room No. : 629
Attn: Marta Neuman	A/R Number : SDDOE2	Arrival : 09-24-18
800 Govenors Dr	Group Code :	Departure : 09-26-18
Pierre SD 57501	Company :	Conf. No. : 63150588
United States	Membership No. : PC 218202057	Rate Code : IMG0V
Jarvis, Wendy	Invoice No. : 94811	Page No. : 1 of 1

Date	Description	Charges	Credits
09-24-18	Room Accommodations	148.00	
09-24-18	Room Occupancy Tax	13.32	
09-24-18	City Occupancy Tax	2.00	
09-24-18	Downtown Improvement Fee	3.50	
09-24-18	Parking	5.00	
09-25-18	Room Accommodations	148.00	
09-25-18	Room Occupancy Tax	13.32	
09-25-18	City Occupancy Tax	2.00	
09-25-18	Downtown Improvement Fee	3.50	
09-25-18	Parking	5.00	
10-24-18	Downtown Improvement Fee- A Tax Exempt	-7.00	
10-24-18	Adj- City Occupancy Tax Tax Exempt	-4.00	
10-24-18	Parking- Adj	-10.00	
Total		322.64	0.00

Balance 322.64

296.00

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Rushmore Plaza Holiday Inn
505 N. 5th St.
Rapid City, SD 57701
Telephone: (605) 348-4000 Fax: (605) 348-9777

Payment Request

Division DIV OF EDUCATIONAL SUPPORT AND SERVICES Date 10/24/2018

Vendor Name RUSHMORE PLAZA HOLIDAY INN

Vendor Address 505 N 5TH ST, RAPID CITY, SD 57701

Contract Number Auditor Number

Partial Final

Service Dates of Contract Invoice 9.24-9.26-.2018

Description of invoiced goods and services:
NORTHERN PLAINS LAW CONFERENCE LODGING FOR DOE SPED STAFF - FOLIO - 400556

1099 Code	Company	Subobject / BY / GY	Center	Fund Source	Sub Fund	Expense Amount
	2024	5203100 08	1232830	K03	A0	296.00
Total						296.00

Person to Contact about Request KJ

Approval

		<i>A. Carlson</i> 10.24.18		
Program Staff	Office Administrator	Division Director	Grants Management	Contract Manager

Accounting and Financial Reporting Use Only

Vendor ID _____ Invoice Number _____



Holiday Inn

118

10-24-18

Dept of Education	Folio No. : 400556	Room No. : 703
Attn: Marta Neuman	A/R Number : SDDOE2	Arrival : 09-24-18
800 Govenors Dr	Group Code :	Departure : 09-26-18
Pierre SD 57501	Company :	Conf. No. : 63154368
United States	Membership No. : PC 243832379	Rate Code : IMG0V
Schiltz, Beth	Invoice No. : 94812	Page No. : 1 of 1

Date	Description	Charges	Credits
09-24-18	Room Accommodations	148.00	
09-24-18	Room Occupancy Tax	13.32	
09-24-18	City Occupancy Tax	2.00	
09-24-18	Downtown Improvement Fee	3.50	
09-24-18	Parking	5.00	
09-25-18	Room Accommodations	148.00	
09-25-18	Room Occupancy Tax	13.32	
09-25-18	City Occupancy Tax	2.00	
09-25-18	Downtown Improvement Fee	3.50	
09-25-18	Parking	5.00	
10-24-18	Downtown Improvement Fee- A Tax Exempt	-7.00	
10-24-18	Adj- City Occupancy Tax Tax Exempt	-4.00	
10-24-18	Parking- Adj	-10.00	
Total		322.64	0.00

Balance 322.64
296⁰⁰

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Payment Request

Division DIV OF EDUCATIONAL SUPPORT AND SERVICES Date 10/24/2018

Vendor Name RUSHMORE PLAZA HOLIDAY INN

Vendor Address 505 N 5TH ST, RAPID CITY, SD 57701

Contract Number Auditor Number

Partial Final

Service Dates of Contract Invoice 9.24-9.26-.2018

Description of invoiced goods and services:
NORTHERN PLAINS LAW CONFERENCE LODGING FOR DOE SPED STAFF - FOLIO - 400561

1099 Code	Company	Subobject / BY / GY	Center	Fund Source	Sub Fund	Expense Amount
	2024	5203100 08	1232830	K03	A0	296.00
Total						296.00

Person to Contact about Request KJ

Approval

		<i>A. Hansen</i> <i>10.24.18</i>		
Program Staff	Office Administrator	Division Director	Grants Management	Contract Manager

Accounting and Financial Reporting Use Only

Vendor ID _____ Invoice Number _____



Holiday Inn

118

10-24-18

Dept of Education	Folio No. : 400561	Room No. : 614
Attn: Marta Neuman	A/R Number : SDDOE2	Arrival : 09-24-18
800 Govenors Dr	Group Code :	Departure : 09-26-18
Pierre SD 57501	Company :	Conf. No. : 63156661
United States	Membership No. :	Rate Code : IMGOV
Berscheid, Jodi	Invoice No. : 94813	Page No. : 1 of 1

Date	Description	Charges	Credits
09-24-18	Room Accommodations	148.00	
09-24-18	Room Occupancy Tax	13.32	
09-24-18	City Occupancy Tax	2.00	
09-24-18	Downtown Improvement Fee	3.50	
09-25-18	Room Accommodations	148.00	
09-25-18	Room Occupancy Tax	13.32	
09-25-18	City Occupancy Tax	2.00	
09-25-18	Downtown Improvement Fee	3.50	
10-24-18	Downtown Improvement Fee- A Tax Exempt	-7.00	
10-24-18	Adj- City Occupancy Tax Tax Exempt	-4.00	
Total		322.64	0.00
Balance		322.64	

296^w

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Payment Request

Division DIV OF EDUCATIONAL SUPPORT AND SERVICES Date 10/24/2018

Vendor Name RUSHMORE PLAZA HOLIDAY INN

Vendor Address 505 N 5TH ST, RAPID CITY, SD 57701

Contract Number Auditor Number

Partial Final

Service Dates of Contract Invoice 9.24-9.26-.2018

Description of invoiced goods and services:
NORTHERN PLAINS LAW CONFERENCE LODGING FOR DOE SPED STAFF - FOLIO - 400566

1099 Code	Company	Subobject / BY / GY	Center	Fund Source	Sub Fund	Expense Amount
	2024	5203100 08	1232830	K03	A0	444.00
Total						444.00

Person to Contact about Request KJ

Approval

		<i>A. Arsen</i> 10, 24, 18		
Program Staff	Office Administrator	Division Director	Grants Management	Contract Manager

Accounting and Financial Reporting Use Only

Vendor ID _____ Invoice Number _____



118

10-24-18

Dept of Education	Folio No. : 400566	Room No. : 506
Attn: Marta Neuman	A/R Number : SDDOE2	Arrival : 09-23-18
800 Govenors Dr	Group Code :	Departure : 09-26-18
Pierre SD 57501	Company :	Conf. No. : 63154844
United States	Membership No. :	Rate Code : IMGOV
Gerry, Brandi	Invoice No. : 94814	Page No. : 1 of 1

Date	Description	Charges	Credits
09-23-18	Room Accommodations	148.00	
09-23-18	Room Occupancy Tax	13.32	
09-23-18	City Occupancy Tax	2.00	
09-23-18	Downtown Improvement Fee	3.50	
09-23-18	Parking	5.00	
09-24-18	Room Accommodations	148.00	
09-24-18	Room Occupancy Tax	13.32	
09-24-18	City Occupancy Tax	2.00	
09-24-18	Downtown Improvement Fee	3.50	
09-24-18	Parking	5.00	
09-25-18	Room Accommodations	148.00	
09-25-18	Room Occupancy Tax	13.32	
09-25-18	City Occupancy Tax	2.00	
09-25-18	Downtown Improvement Fee	3.50	
09-25-18	Parking	5.00	
10-24-18	Downtown Improvement Fee- A Tax Exempt	-10.50	
10-24-18	Adj- City Occupancy Tax Tax Exempt	-6.00	
10-24-18	Parking- Adj	-15.00	
Total		483.96	0.00
Balance		483.96	

444⁰⁰

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Rushmore Plaza Holiday Inn
 505 N. 5th St.
 Rapid City, SD 57701
 Telephone: (605) 348-4000 Fax: (605) 348-9777

Payment Request

Division DIV OF EDUCATIONAL SUPPORT AND SERVICES Date 10/24/2018

Vendor Name RUSHMORE PLAZA HOLIDAY INN

Vendor Address 505 N 5TH ST, RAPID CITY, SD 57701

Contract Number Auditor Number

Partial Final

Service Dates of Contract Invoice 9.24-9.26-.2018

Description of invoiced goods and services:
NORTHERN PLAINS LAW CONFERENCE LODGING FOR DOE SPED STAFF - FOLIO - 400643

1099 Code	Company	Subobject / BY / GY	Center	Fund Source	Sub Fund	Expense Amount
	2024	5203100 08	1232830	K03	A0	296.00
Total						296.00

Person to Contact about Request KJ

Approval

		<i>A. Larsen</i> 10.24.18		
Program Staff	Office Administrator	Division Director	Grants Management	Contract Manager

Accounting and Financial Reporting Use Only

Vendor ID _____ Invoice Number _____



Holiday Inn

118

10-24-18

Dept of Education	Folio No. : 400643	Room No. : 521
Attn: Marta Neuman	A/R Number : SDDOE2	Arrival : 09-24-18
800 Govenors Dr	Group Code :	Departure : 09-26-18
Pierre SD 57501	Company :	Conf. No. : 63157650
United States	Membership No. :	Rate Code : IMG0V
Farris, Holly	Invoice No. : 94832	Page No. : 1 of 1

Date	Description	Charges	Credits
09-24-18	Room Accommodations	148.00	
09-24-18	Room Occupancy Tax	13.32	
09-24-18	City Occupancy Tax	2.00	
09-24-18	Downtown Improvement Fee	3.50	
09-24-18	Parking	5.00	
09-25-18	Room Accommodations	148.00	
09-25-18	Room Occupancy Tax	13.32	
09-25-18	City Occupancy Tax	2.00	
09-25-18	Downtown Improvement Fee	3.50	
09-25-18	Parking	5.00	
10-24-18	Downtown Improvement Fee- A Tax Exempt	-7.00	
10-24-18	Adj- City Occupancy Tax Tax Exempt	-4.00	
10-24-18	Parking- Adj	-10.00	
Total		322.64	0.00
Balance		322.64	

296^w

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Payment Request

Division DIV OF EDUCATIONAL SUPPORT AND SERVICES Date 10/24/2018

Vendor Name RUSHMORE PLAZA HOLIDAY INN

Vendor Address 505 N 5TH ST, RAPID CITY, SD 57701

Contract Number Auditor Number

Partial Final

Service Dates of Contract Invoice 9.24-9.26-.2018

Description of invoiced goods and services:
NORTHERN PLAINS LAW CONFERENCE LODGING FOR DOE SPED STAFF - FOLIO - 400646

1099 Code	Company	Subobject / BY / GY	Center	Fund Source	Sub Fund	Expense Amount
	2024	5203100 08	1232830	K03	A0	296.00
Total						296.00

Person to Contact about Request KJ

Approval

		<i>A. Hansen</i> 10.24.18		
Program Staff	Office Administrator	Division Director	Grants Management	Contract Manager

Accounting and Financial Reporting Use Only

Vendor ID _____ Invoice Number _____



Holiday Inn

118

10-24-18

Dept of Education	Folio No. : 400646	Room No. : 611
Attn: Marta Neuman	A/R Number : SDDOE2	Arrival : 09-24-18
800 Govenors Dr	Group Code :	Departure : 09-26-18
Pierre SD 57501	Company :	Conf. No. : 63145421
United States	Membership No. :	Rate Code : IMGOV
Larsen, Ann	Invoice No. : 94833	Page No. : 1 of 1

Date	Description	Charges	Credits
09-24-18	Room Accommodations	148.00	
09-24-18	Room Occupancy Tax	13.32	
09-24-18	City Occupancy Tax	2.00	
09-24-18	Downtown Improvement Fee	3.50	
09-24-18	Parking	5.00	
09-25-18	Room Accommodations	148.00	
09-25-18	Room Occupancy Tax	13.32	
09-25-18	City Occupancy Tax	2.00	
09-25-18	Downtown Improvement Fee	3.50	
09-25-18	Parking	5.00	
10-24-18	Downtown Improvement Fee- A Tax Exempt	-7.00	
10-24-18	Adj- City Occupancy Tax Tax Exempt	-4.00	
10-24-18	Parking- Adj	-10.00	
Total		322.64	0.00

Balance ~~322.64~~

296.00

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Rushmore Plaza Holiday Inn
505 N. 5th St.
Rapid City, SD 57701
Telephone: (605) 348-4000 Fax: (605) 348-9777

Payment Request

Division DIV OF EDUCATIONAL SUPPORT AND SERVICES Date 10/24/2018

Vendor Name RUSHMORE PLAZA HOLIDAY INN

Vendor Address 505 N 5TH ST, RAPID CITY, SD 57701

Contract Number Auditor Number

Partial Final

Service Dates of Contract Invoice 9.24-9.26-.2018

Description of invoiced goods and services:
NORTHERN PLAINS LAW CONFERENCE LODGING FOR DOE SPED STAFF - FOLIO - 400647

1099 Code	Company	Subobject / BY / GY	Center	Fund Source	Sub Fund	Expense Amount
	2024	5203100 08	1232830	K03	A0	296.00
Total						296.00

Person to Contact about Request KJ

Approval

		<i>Adarsen</i> <i>10.24.18</i>		
Program Staff	Office Administrator	Division Director	Grants Management	Contract Manager

Accounting and Financial Reporting Use Only

Vendor ID _____ Invoice Number _____



Holiday Inn

118

10-24-18

Dept of Education	Folio No. : 400647	Room No. : 612
Attn: Marta Neuman	A/R Number : SDDOE2	Arrival : 09-24-18
800 Govenors Dr	Group Code :	Departure : 09-26-18
Pierre SD 57501	Company :	Conf. No. : 63158924
United States	Membership No. :	Rate Code : IMGOV
Arenz, Brett	Invoice No. : 94834	Page No. : 1 of 1

Date	Description	Charges	Credits
09-24-18	Room Accommodations	148.00	
09-24-18	Room Occupancy Tax	13.32	
09-24-18	City Occupancy Tax	2.00	
09-24-18	Downtown Improvement Fee	3.50	
09-24-18	Parking	5.00	
09-25-18	Room Accommodations	148.00	
09-25-18	Room Occupancy Tax	13.32	
09-25-18	City Occupancy Tax	2.00	
09-25-18	Downtown Improvement Fee	3.50	
09-25-18	Parking	5.00	
10-24-18	Downtown Improvement Fee- A Tax Exempt	-7.00	
10-24-18	Adj- City Occupancy Tax Tax Exempt	-4.00	
10-24-18	Parking- Adj	-10.00	
Total		322.64	0.00

Balance 322.64

296.00

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Rushmore Plaza Holiday Inn
505 N. 5th St.
Rapid City, SD 57701
Telephone: (605) 348-4000 Fax: (605) 348-9777

Payment Request

Division DIV OF EDUCATIONAL SUPPORT AND SERVICES **Date** 10/24/2018

Vendor Name RUSHMORE PLAZA HOLIDAY INN

Vendor Address 505 N 5TH ST, RAPID CITY, SD 57701

Contract Number **Auditor Number**

Partial Final

Service Dates of Contract Invoice 9.24-9.26-.2018

Description of invoiced goods and services:
NORTHERN PLAINS LAW CONFERENCE LODGING FOR DOE SPED STAFF - FOLIO - 400649

1099 Code	Company	Subobject / BY / GY	Center	Fund Source	Sub Fund	Expense Amount
	2024	5203100 08	1232830	K03	A0	296.00
Total						296.00

Person to Contact about Request KJ

Approval

		<i>Adarsen</i> <i>10.24.18</i>		
Program Staff	Office Administrator	Division Director	Grants Management	Contract Manager

Accounting and Financial Reporting Use Only

Vendor ID _____ Invoice Number _____



Holiday Inn

118

10-24-18

Dept of Education	Folio No. : 400649	Room No. : 706
Attn: Marta Neuman	A/R Number : SDDOE2	Arrival : 09-24-18
800 Govenors Dr	Group Code :	Departure : 09-26-18
Pierre SD 57501	Company :	Conf. No. : 63155873
United States	Membership No. :	Rate Code : IMGOV
Cain, Rebecca	Invoice No. : 94835	Page No. : 1 of 1

Date	Description	Charges	Credits
09-24-18	Room Accommodations	148.00	
09-24-18	Room Occupancy Tax	13.32	
09-24-18	City Occupancy Tax	2.00	
09-24-18	Downtown Improvement Fee	3.50	
09-24-18	Parking	5.00	
09-25-18	Room Accommodations	148.00	
09-25-18	Room Occupancy Tax	13.32	
09-25-18	City Occupancy Tax	2.00	
09-25-18	Downtown Improvement Fee	3.50	
09-25-18	Parking	5.00	
10-24-18	Downtown Improvement Fee- A Tax Exempt	-7.00	
10-24-18	Adj- City Occupancy Tax Tax Exempt	-4.00	
10-24-18	Parking- Adj	-10.00	
Total		322.64	0.00

Balance 322.64

296 w

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Rushmore Plaza Holiday Inn
505 N. 5th St.
Rapid City, SD 57701
Telephone: (605) 348-4000 Fax: (605) 348-9777



**SOUTH DAKOTA DEPARTMENT OF
GAME, FISH AND PARKS**

523 EAST CAPITOL AVENUE | PIERRE, SD 57501

October 31, 2018

State Board of Finance
Secretary of State Office
500 East Capitol Avenue Ste 204
Pierre SD 57501-5070

Dear Members of the Board

Game, Fish and Parks respectfully request your approval to pay for lodging above state rates for Brent VanderLey. Brent is an Animal Damage Specialist and was honored by the South Dakota Sheep Growers Association as South Dakota Trapper of the Year at their yearly association banquet on September 29-30, 2018. Brent is stationed in Chamberlain SD. State rates were not available for that night. We also checked other hotels in the Huron Area and no state rates were available at the time.

The Department of Game, Fish & Parks is asking for approval to pay the full amount of \$89.76 which includes fees and taxes.

Thank you for your consideration of this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Hepler".

Kelly R. Hepler
Cabinet Secretary

Enclosure: Billing

State of South Dakota
VOUCHER
Invoice

SandiK
 AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1B

NEXT FUNCTION: _____ ACTION: _____ 10/22/2018 10:12:23
 REQUEST: _____

=====

EXP VOUCHER NBR : Z069RB04 REMAINING AMOUNT : .00

LINE AMOUNT/PERCENT EXP CO ACCOUNT CENTER PROJ-CO NUMBER
 VAT QUANTITY UNIT ITEM NUMBER DESCRIPTION PRORATE (T F A D) USE 99 I'RC

0004	22.00	001	3123	52031400	0610250	0008	9304	
						N	N	N
0005	11.00	001	3123	52031400	0610250	0008	9306	
						N	N	N
0006	11.00	001	3123	52031400	0610250	0008	9311	
						N	N	N
0007	11.00	001	3123	52031400	0610250	0008	9313	
						N	N	N
0008	11.00	001	3122	52031400	0610260	0008	9409	
						N	N	N
0009								

GROSS AMOUNT: 198.76 R

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

 Authorization

 Date



Quality Inn (SD017)

514 Sunrise Ridge Rd.
Brookings, SD 57006
(605) 692-9566
GM.SD017@choicehotels.com

Account: 614158739

Date: 9/30/18

Room: 113 ssc

Arrival Date: 9/29/18

Departure Date: 9/30/18

Check In Time: 9/29/18 12:44 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: gm

Total Balance Due: 0.00

Vanderley, Brent Dale
270 E. 249TH ST.
CHAMBERLAIN, SD 57325

Post Date	Description	Comment	Amount
9/29/18	Visa Payment	XXXXXXXXXXXX3992	(89.76)
9/29/18	Room Charge	#113 Vanderley, Brent Dale	79.00
9/29/18	State Tax		5.14
9/29/18	City / County Tax		1.98
9/29/18	Occupancy Tax		2.00
9/29/18	Safe w/ltd Warranty		1.50
9/29/18	State Tax		0.10
9/29/18	City / County Tax		0.04

Folio Summary 8/12/18 - 9/29/18

Room Charge	79.00
State Tax	5.24
City / County Tax	2.02
Occupancy Tax	2.00
Safe w/ltd Warranty	1.50
Visa Payment	(89.76)
Visa Payment	0.00
Balance Due:	0.00

ONLY COPY AVAILABLE



DEPARTMENT OF TRIBAL RELATIONS

302 E. Dakota Ave. | Pierre, SD 57501
605-773-3415 | sdtribalrelations.com

Board of Finance
500 E. Capitol
Pierre, SD 57501

October 23, 2018

Dear Board of Finance,

On September 26th through the 28th, the South Dakota Department of Tribal Relations acted as host for the 2018 General Assembly of the Governors' Interstate Indian Council. The assembly held their annual meeting on September 26th and 27th at Crazy Horse Memorial and on September 28th assembly members who were able to, attended the buffalo roundup. The Department of Tribal Relations required that all staff be on hand to help with these events. Hotels rooms in Custer, SD were at a premium, but three quotes were acquired and concurrence from Dennis Keith was received for four members of staff at the Best Western for the nights of September 25th, 26th, & 27th, 2018.

Best Western Tue & Wed \$122.49 Thursday \$180.00 Total \$424.78	Comfort Inn & Suites Tue & Wed \$184.00 Thursday \$260.00 Total \$628.00	Holiday Inn Express & Suites Tue – Thurs \$166.99 per night Total \$500.97
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The fifth member of staff Antoinette Kenefick-Aschoff anticipated staying with her sister who lives in Custer. Antoinette had attended the Indian Education Conference the day of the September 25th, 2018 and wasn't expected to arrive in Custer until later that evening. On her drive into Custer she learned of some unforeseen family issues that prevented her from staying at her sister's residence. She was able to get a room at the Best Western for the same rate as other staff members. Due to the unforeseen circumstances and the lateness of the hour, we were unable to procure prior permission for this expenditure.

We respectfully request the Board of Finance approve the over state rate lodging for Antoinette Kenefick-Aschoff for the Governors' Interstate Indian Council general assembly held in Custer, SD on September 26th through the 28th, 2018 for the nights of September 25th, 26th, & 27th, 2018 for a total of \$424.78.

Sincerely,

Secretary Steve Emery
South Dakota Department of Tribal Relations

Best Western Buffalo Ridge

310 W MT Rushmore Road
CUSTER, SD 57730

(605) 673-2275

bestwestern@custerhospitality.com

bestwestern.com/buffaloridgeinn

C/O 09/28/2018 08:47 AM susanb

Registered To:
KENEFFICK-ASCHOFF, ANTIONETTE JANA
State Department of Tribal Relations
221 W PROSPECT AVE
PIERRE, SD 57501

Bill To:
State Department of Tribal
Relations
302 E. Dakota Ave.
PIERRE, SD 57501

(295) 124-1242

(773) 341-3415

Room # 211-A
Conf # 96921
Arrival 09/25/18
Departure 09/28/18
Room Type K1-DELUX K NSM fridge,
Guests 2 / 0
Payment City Ledger
Acct SD Tribal Relations

09/25/18	rutha	RC	ROOM CHARGE		\$141.66
09/25/18	rutha	9	ROOM TAX		\$12.75
09/25/18	rutha	94	OCC TAX		\$2.00
09/26/18	susanb	RC	ROOM CHARGE		\$141.66
09/26/18	susanb	9	ROOM TAX		\$12.75
09/26/18	rutha	94	OCC TAX		\$2.00
09/27/18	susanb	RC	ROOM CHARGE		\$141.66
09/27/18	susanb	9	ROOM TAX		\$12.75
09/27/18	rutha	94	OCC TAX		\$2.00
10/16/18	susanb	VS	PAYMENT VISA/MC	7274 - 381957	\$469.23-
10/18/18	susanb	AV	ADJUSTMENT VISA	7274 -	\$469.23
10/18/18	susanb	DB	DIRECT BILL	State Department of T	\$430.98-
10/18/18	susanb	93	ADJ TAX		\$38.25-

Balance Due	\$0.00
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THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

We sincerely appreciate your business. Get 250 Bonus Points for telling us how we did ~ Go to www.bwfeedback.com!

Each Best Western® Branded Hotel is Independently owned and operated.

Signature _____

Aplan, Kathy

From: Keith, Dennis
Sent: Wednesday, August 15, 2018 2:53 PM
To: Aplan, Kathy
Subject: RE: Hotel Rooms

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

From: Aplan, Kathy
Sent: Wednesday, August 15, 2018 2:09 PM
To: Keith, Dennis
Subject: Hotel Rooms

Hi Dennis,

The South Dakota Dept. of Tribal Relations is hosting the Governors' Interstate Indian Council September 25-September 28, 2018

Because this is still considered part of the tourism season and at the same time as the Buffalo Round-up rooms are more than the state rates.

Most of the staff will be needing rooms, I have the following quotes and have reserved a block of rooms at the Best Western for conference attendees good until August 25th.

We will need rooms for the nights of August 25th, 26th, and 27th. There is possibility one of more staff members would need to stay an extra night but not sure yet.

Staff needing rooms include: Secretary Steve Emery
David Reiss Policy Analyst
Kathy Aplan Public Information
Rose Gravatt Executive Assistant

Holiday Inn Express & Suites
King room \$166.99 per night at three nights Total \$500.97

Comfort Inn and Suites
Tuesday and Wednesday \$184.00
Thursday \$260.00 Total \$628

Best Western
Tuesday and Wednesday \$122.39
Thursday \$180.00 Total \$424.78

We would like to get these booked before August 25th or lose the estimated costs.

Thank you,
Kathy

Kathy Aplan
Public Information Coordinator
SD Dept. of Tribal Relations

Dowling, Kayla

From: Bray, Teresa
Sent: Wednesday, October 17, 2018 1:01 PM
To: Dowling, Kayla
Cc: Bray, Teresa
Subject: BOF Discussion Item

Be sure to add the discussion item for approving electronic signatures to the November agenda.

This is from the February BOF minutes.

Action Items:

A motion was made by Colin Keeler and seconded by Ryan Brunner to approve the over state rate lodging for Kristia Thomas stay in Spearfish on November 3-4, 2017. Chris Peterson provided further clarification on the request from Secretary Jaspers. A roll call vote was taken and the motion carried unanimously.

A motion was made by Ryan Brunner and seconded by Rich Sattgast to approve the over state rate lodging for Kimberly Gukeisen stay in Pierre to work shifts at the Women's Prison from January 8-9, 2018. A roll call vote was taken and the motion carried unanimously.

A motion was made by Ryan Brunner and seconded by Leah Svendsen to approve the Board accepting fax and email signatures for requests. A roll call vote was taken and the motion carried unanimously.

Teresa J. Bray

Deputy Secretary of State, General Services
Office of the Secretary of State
500 E. Capitol Ave., Suite 204, Pierre, SD 57501
(605) 773-5002
Email: Teresa.Bray@state.sd.us
Website: <http://sdsos.gov>

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Dowling, Kayla

From: Tamara Darnall <Tamara.Darnall@sdlegislature.gov>
Sent: Friday, November 2, 2018 4:28 PM
To: Dowling, Kayla
Cc: Hancock, Jason; Cichos, Sue
Subject: [EXT] November Board of Finance Meeting

Good Afternoon!

During the 2018 legislative session, HB 1311 was passed. This bill set the salary for each member of the Legislature equal to one-fifth of the South Dakota median household income as reported by the United States Census Current Population Survey. The amount is required to be ascertained and adjusted each year by the State Board of Finance to take effect the first day of January of each year for every regular legislative session.

The Legislative Research Council requests to be included on the agenda for the November 20, 2018, State Board of Finance meeting to present information needed to complete this process for the upcoming legislative session.

Please let me know if you have any questions.

Thank you.

Tami



Tamara Darnall

Chief Fiscal & Program Analyst

South Dakota Legislative Research Council

500 East Capitol Avenue, Pierre, SD 57501

Office: (605) 773-3251 | Homepage: SDLegislature.gov



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

TO: Board of Finance, Secretary of State's Office

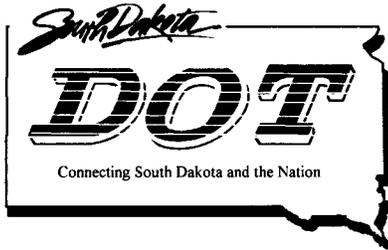
FROM: Kari Williams, Administrator Financial Management, Department of Health

DATE: November 2, 2018

RE: Department of Health Write-Off Requests for November 2018 Meeting

The Department of Health requests to write off \$117,806.34. We are unable to forward this information to the Obligation Recover Center due to the following reasons as listed on the attachments, i.e., bankruptcy, statute of limitations, under \$25 and unverifiable. Included with the individual form requests are the excel spreadsheets for your reference and review.

Enc: Excel spreadsheets
Department of Health write off forms for each account



Department of Transportation
Division of Finance and Management
700 E Broadway Ave, Pierre, SD 57501-2586
Phone: 605 773-3284 Fax: 605 773-2804

RECEIVED

OCT 11 2018

S.D. SEC. OF STATE

To: Board of Finance
% Secretary of State's Office

From: Kellie Beck, Director – Finance and Management
South Dakota Department of Transportation

Subject: Uncollectible Accounts

Date: October 10, 2018

Attached please find ten Debt Write Off Requests. The accounts are for property damages. Nine accounts are being written off due to the fact they were returned from the ORC and the statute of limitations of six years has expired. One of the accounts is being written off due to bankruptcy.

Your favorable consideration is requested.

Attachment