

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

Tyler Flaagan

Name of Applicant

Instructor of Computer & Cyber Sciences

New Position Title

Dakota State University

Agency Employed By

\$76,500.00

Yearly Salary

Charleston, SC

City, State Moving From

Madison, SD

New Post of Duty (City)

July 2019

Expected Month/Year of Move

0900

Bureau of Human Resources Class Code

08/22/2019

Employment Date with the State

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

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

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

Tyler Flaagan

Signature of Applicant

September 23, 2018

Date

Authorization

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

Stacy Krusemark

Name of Authorized Agent

VP for Business & Admin Services

Position/ Title of Authorized Agent

[Signature]

Signature of Authorized Agent

9-24-18

Date

Dakota State University

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the
State Board of
Finance on

Date

Signature of Secretary, State Board of Finance

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

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Application

Shawn Zwach

Name of Applicant

Instructor of Computer & Cyber Sciences

New Position Title

Dakota State University

Agency Employed By

\$53,000.00

Yearly Salary

Charleston, SC

City, State Moving From

Madison, SD

New Post of Duty (City)

July 2019

Expected Month/Year of Move

00900

Bureau of Human Resources Class Code

08/22/2019

Employment Date with the State

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Shawn Zwach

Signature of Applicant

September 22, 2018

Date

Authorization

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Stacy Krusemark

Name of Authorized Agent

VP for Business & Admin Services

Position/ Title of Authorized Agent

[Signature]

Signature of Authorized Agent

9-24-18

Date

Dakota State University

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the
State Board of
Finance on

Date

Signature of Secretary, State Board of Finance

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Attach a written copy of the offer of employment and of payment of moving expenses.

Application

Elvira Sanatullova-Allison	Dean	NSU
Name of Applicant	New Position Title	Agency Employed By
\$116,000.00	Martinsburg, WV	August 2018
Yearly Salary	City, State Moving From	Expected Month/Year of Move
	Aberdeen, SD	
	New Post of Duty (City)	

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Elvira Sanatullova-Allison
Signature of Applicant

11-09-18
Date

Authorization

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

Veronica Paulson
Name of Authorized Agent

Vice President for Finance & Administration
Position/ Title of Authorized Agent

Veronica Paulson 12/7/18
Signature of Authorized Agent Date

Northern State University
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on _____

Signature of Secretary, State Board of Finance

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

Household Moving Allowance State of South Dakota

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Application

<u>Lynn Sargeant</u>	<u>Dean, College of Arts, Humanities and Social Sciences</u>	<u>SDSU</u>
<u>Name of Applicant</u>	<u>New Position Title</u>	<u>Agency Employed By</u>
<u>\$210,000</u>	<u>La Habra, CA</u>	<u>December 2018</u>
<u>Yearly Salary</u>	<u>Brookings, SD</u>	<u>Expected Month/Year of Move</u>
<u>00230</u>	<u>New Post of Duty (City)</u>	<u>Dec 2018</u>
<u>Bureau of Human Resources Class Code</u>	<u>City, State Moving From</u>	<u>Employment Date with the State</u>

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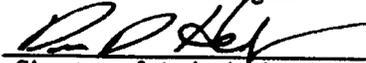
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 11/19/2018
Signature of Applicant Date

Authorization

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Dennis D. Hedge Provost/VP Academic Affairs
Name of Authorized Agent Position/ Title of Authorized Agent

 11-19-2018
Signature of Authorized Agent Date

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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Application

Charlene Wolf-Hall	Dean, College of Natural Sciences	SDSU
Name of Applicant	New Position Title	Agency Employed By
\$215,000	Fargo, ND	Brookings, SD
Yearly Salary	City, State Moving From	New Post of Duty (City)
00230	Jan 2019	January 2019
Bureau of Human Resources Class Code	Employment Date with the State	Expected Month/Year of Move

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Charlene Wolf Hall	11-18-18
Signature of Applicant	Date

Authorization

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Dennis D. Hedge	Provost/VP Academic Affairs
Name of Authorized Agent	Position/ Title of Authorized Agent
D.D. Hedge	Agency of Authorized Agent
Signature of Authorized Agent	Date
11-29-18	

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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Household Moving Allowance State of South Dakota

RECEIVED
HUMAN RESOURCES

NOV 19 2018

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- State Transfer (SDCL 3-9-9) Full-time continuous employment for 6 months.
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SOUTH DAKOTA SCHOOL
OF MINES & TECHNOLOGY

RECEIVED

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Application

Peter McKeon

Lecturer - ME Department

South Dakota School of Mines & Technology

Name of Applicant

New Position Title

Agency Employed By

\$62,500

Berlin, Germany

Rapid City

01/2019

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00905

01/07/2019

Bureau of Human Resources Class Code

Employment Date with the State

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Signature of Applicant

Nov. 16th 2018
Date

Authorization

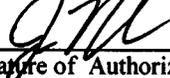
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James Rankin

President

Name of Authorized Agent

Position/ Title of Authorized Agent

 **11/15/2018**
Signature of Authorized Agent Date

South Dakota School of Mines & Technology
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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Application

Sayan Roy

Name of Applicant

Assistant Professor - ECE Department

South Dakota School of Mines & Technology

\$82,000

Yearly Salary

Fargo, ND

City, State Moving From

New Position Title

Agency Employed By

Rapid City

New Post of Duty (City)

01/2019

Expected Month/Year of Move

00800

Bureau of Human Resources Class Code

01/07/2019

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

11/20/18
Date

Authorization

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

James Rankin

Name of Authorized Agent

President

Position/ Title of Authorized Agent



11/15/2018

South Dakota School of Mines & Technology

Signature of Authorized Agent Date

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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Application

Carmen M. Simone

Name of Applicant

\$165,000

Yearly Salary

00180

Bureau of Human Resources Class Code

Trinidad, CO

City, State Moving From

Executive Director

New Position Title

Sioux Falls, SD

New Post of Duty (City)

01/01/2019

Employment Date with the State

USD

Agency Employed By

12/2018

Expected Month/Year of Move

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Signature of Applicant

8/24/2018

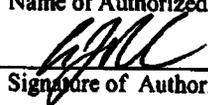
Date

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Adam Rosheim

Name of Authorized Agent


Signature of Authorized Agent

11-27-18

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

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Application

Ruslan Podviianiuk

Name of Applicant

Postdoctoral Reseacher

New Position Title

USD Physics Dept

Agency Employed By

45,000

Kiev, Ukraine

Vermillion

New Post of Duty (City)

11/2018

Expected Month/Year of Move

Yearly Salary

City, State Moving From

11-01-2018

Employment Date with the State

00508
Bureau of Human Resources Class Code

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

[Signature]
Signature of Applicant

11/02/2018
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]
Signature of Authorized Agent

11-27-18
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

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

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

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Application

Date: 11/26/2018 Agency: Department of Agriculture
Agency Address: 523 East Capitol Avenue Pierre SD 57501
Agency Phone Number: 605.773.5425
Employee Requesting Reimbursement: Ashley Waibel
Total Amount of Reimbursement: \$6,895.85
Date(s) of Expense: 8/13-8/14 2018
Event Leave Time: 6:00 am Event Return Time: 3:00 pm
Explanation of official business performed: Meals provided to firefighters during the Vineyard Fire near Hot Springs.

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 attended entirely through a meal 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.

Ashley Waibel
Signature of Employee

11-26-2018
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 Oedehoven
Name of Department/Office Head

Secretary
Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

11-26-18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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



SOUTH DAKOTA DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

523 East Capitol Avenue

Pierre, SD 57501

Phone: 605.773.5425 Fax: 605.773.5926

sdda.sd.gov

November 7, 2018

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

Board of Finance;

As many of you know the Vineyard Fire occurred on August 13th, 2018 on state and private land near the community of Hot Springs. Since the fire started on private land it is the Wildland Fire Divisions responsibility to provide meals for the firefighters once the duration of the fire exceeds the first 24 hours. All orders are placed with our Dispatch Center and it is their responsibility to either request the meals from a vendor or contact the person responsible for purchasing. During the Vineyard Fire they offered to take care of ordering for us so we could take care of other things. When the request for meals was placed with the Custer State Park Resort Company, the rate quoted was the Federal per diem rate of \$13 for breakfast and lunch, not the State per diem rate of \$6.00 for Breakfast and \$11.00 for Lunch.

In order to provide meals for firefighters, the Custer State Park Resort Company has to purchase items they don't normally have on hand and aren't a part of their menu. They made trips to SAM's Club to purchase the food needed to accommodate the firefighters. Attached is a copy of what is required to be in the sack lunches for firefighters, the total daily caloric intake should be around 6,000 calories for the personnel on the fire line.

The Resort Company provided the following meals:

08/13/18	105 Breakfasts	@\$13.00	\$1,365.00
08/14/18	205 Breakfasts	@\$13.00	\$2,665.00
08/14/18	205 Lunches	@\$13.00	<u>\$2,665.00</u>
	Total		\$6,695.00
	Plus 3% Resort Fee		<u>\$ 200.85</u>
	Balance Due		\$6,895.85

We are asking for approval to reimburse Custer State Park Resort Company for the full amount of \$6,895.85. Thank you for your consideration of this matter.

Sincerely,

Dustin Oedekoven
Acting Secretary

Cc: Brenda Even

Encl:

Great Plains Dispatch
Phone 605-399-3160 Fax 605-343-5075
Service and Supply Authorization and Form

Incident Name: Vinyard Fire Date/Time: 8/12/2018/1753
 Incident Number: SD-SDS-180510 Fire Codes: SFMS185241, PNL25P
 Vendor Name: State Game Lodge CSP Phone: 877-2746
 Agreement Number: _____ Dispatcher Name: Amy B

Order Number	Order Description	Number of Meals, Rooms or Items Requested
S-1000	Order Mgr - Jim Burk	165 Breakfast
	Needed: 8/13 at 0530	
	Filled: State Game Lodge , CSP	
	Chris Keller 877-2746	

List cost of meals per agreement or state per diem for each meal

Breakfast: \$ \$2145.00 @ \$13 ea Check One: _____
 Lunch: \$ _____ Sit Down
 Dinner: \$ _____ X Pick Up
 Cost per night / per room: \$ _____

Brenda Even, 605-430-0044, 605-393-8115

Name and number of card holder or person responsible for payment

Brittany Damschroder, 605-209-3994

Printed name of driver or responsible party


 Signature of driver or responsible party

8-13-18
 Date

Revised Date 05/27/16

Sack Lunch Specifications

1. Regular and vegetarian sack lunches shall be provided as ordered by the Government.
2. Vegetarian sack lunches shall be prepared for the Ovo-Lacto vegetarian classification level and shall consist of the same quantities and items as regular sack lunches.
3. Non-meat protein substitutes such as vegetarian lunchmeats require Government approval and shall be used on a limited basis in vegetarian sack lunches
 - i. **Definition: Ovo-Lacto Vegetarian** - This is the most common form of vegetarianism. Ovo-Lacto vegetarians do not eat meat, chicken, fish or flesh of any kind, but do eat eggs and dairy products. Sub categories are Ovo vegetarians that eat eggs but not dairy products, while Lacto vegetarians eat dairy products but not eggs.
4. The sack lunch consists of four categories of food items. In preparation of the sack lunches, no two items in each category shall be the same. To ensure variety, lunch items shall not be repeated in a three-day period.

NOTE: Pre-prepared sandwiches shall not be frozen.

Sack lunches must contain the minimum listed items from each of the following 6 categories:

#1 PRIMARY ITEM
<p>One meat sandwich (or sandwich with non-meat substitute for vegetarian lunches).</p> <ul style="list-style-type: none"> • The sandwich shall be wrapped in plastic wrap or plastic bags. • The sandwich shall contain two 1 to 1½ oz. slices of bread or gluten-free bread if providing gluten-free lunch option. • The meat sandwich shall contain 4 oz. sliced whole muscle meat or a combination of sliced whole muscle meat and cheese or equivalent vegetarian substitute. Ground meat, such as meatloaf or ground beef patties, may be allowed if approved by the Government. • Appropriate individually packaged condiments shall be provided and not be put directly on the sandwich.
#2 SECONDARY ITEM
<ul style="list-style-type: none"> • Contractors shall select 1 item from this category. Contractors may choose a variety of items for the secondary meal including a second sandwich. (See Page 4 & 5, Sack Lunch Options, for examples and size of primary and secondary items)
#3 SALADS, FRESH FRUIT AND FRESH VEGETABLES
<ul style="list-style-type: none"> • Salads - Shall be made with a non-mayonnaise base. When served as a side shall have a minimum volume of 4 oz.

<ul style="list-style-type: none"> • Fresh Fruit - Acceptable whole fruits may be apples, pears, stone fruit (peaches, nectarines, plums, etc.), oranges, bananas, etc. Whole fruits shall be equivalent in size to 100 count apples or 88 count oranges. • Fruits requiring packaging shall be a minimum volume of 8 oz. cup. • Fresh Vegetables - Shall be a minimum volume of 8 oz. cup.
#4 ENERGY SNACKS
Vendor Must select 6 items from this category. (See Sack Lunch Options, for examples and size of Energy Snacks)
#5 CONDIMENTS
Four (4) individual factory wrapped packets of condiments appropriate for categories #1 and #2. Example: 2 packets mayonnaise and 2 packets of mustard.
#6 PAPER NAPKINS AND MOISTENED TOWELETES
<ul style="list-style-type: none"> • Two (2) paper napkins. • Two (2) moistened towelettes.

QUALITY STANDARDS

USDA Institutional Meat Purchase Specifications (IMPS) are specified for some items below to clarify required quality standards. Copies of IMPS can be obtained from the USDA, AMS, Livestock and Seed Division, website located at: [USDA, AMS, Livestock and Seed Division](http://www.ams.usda.gov).

The following minimum quality standards and meal periods for serving (in addition to any applicable IMPS) must be met:

PORK - USDA inspected USDA Grades 1-4. Whole/full muscle pork items, whole/full muscle cured ham and natural juices or cured ham with water added not to exceed 15% pump (ham and water product, ham with water and isolated soy protein added, and turkey-ham is not allowed) meeting IMPS Series 400 and 500.
BEEF - USDA inspected, whole/full muscle, flats, top and bottom rounds, and eye of the round only (no shoulder cuts allowed). Need not be USDA Choice. Pre- Cooked further processed beef, shall meet IMPS 600 Series. (No more than 15% pump in all precooked beef items with the exception of corned beef brisket, which may be 20%).
POULTRY - USDA inspected, USDA Grade A, whole/full muscle. Processed or precooked turkey must have a maximum of 3 lobes per product of breast meat only, no more than 15% pump in all poultry items. (No chunked, chopped and/or formed allowed.)
FRESH FRUITS AND VEGETABLES – Must be First Quality. The fruit shall be one apple (size 100 count) or one sweet orange (size 88 count), or other fresh fruit of comparable size.
BREAD – 100% whole wheat or whole grain (cracked or with seeds and grains are acceptable), or enriched white. Diet or "balloon" bread is not allowed. Gluten-free bread if providing gluten-free option.
CHEESE - Natural cheese. No imitation cheese, cheese product, cheese food, or cheese spread allowed except in factory wrapped - commercially available products as burritos, Hot Pockets®, chimichangas, etc., needed for sack lunches. The Contractor shall use natural cheese if these items are made at the incident.

PACKAGING AND MARKING

The following is required:

- Sack lunches shall be bagged in heavy duty paper sacks to protect the lunch.
- The ordering agency must be able to distinguish between vegetarian, gluten- free and regular sack lunches by use of different colored bags or clearly distinguishable markings.
- Individual sack lunches shall be packed in cardboard boxes holding exactly 20 lunches in each box and shall be ready at the agreed upon time.
- The sack lunches may not be made any longer than eight hours prior to delivery. A longer or shorter period of time may be deemed appropriate by the ordering agency depending on refrigeration or storage conditions utilized. If delivery by the Contractor is required, the items shall be kept at a temperature cool enough to prevent degradation of the food items.
- Sandwiches shall be packaged in plastic sandwich bags or other packaging. The packaging shall keep the sandwich intact, and or not excessively add to waste disposal; i.e. no Styrofoam.
- The sandwiches shall be packaged and dated the day they were prepared. The sack lunch bags shall be stamped or labeled as follows: "Prepared on (date and time)".

Sack Lunch Options

Note: Small deviations from the minimum amount of commercially packaged products may be allowed with prior approval from the IC.

PRIMARY & SECONDARY MEAL	QUANTITY	LUNCHES WILL INCLUDE 2 DIFFERENT ITEMS FROM THIS CATEGORY
Sandwich with choice of meat:		Regular and vegetarian primary meal shall be a sandwich or a wrap. Sandwiches may be all meat or a combination of meat and cheese.
Turkey	4 oz.	
Ham	4 oz.	
Chicken	4 oz.	
Roast Beef	4 oz.	
Multi-meat (hoagie style)	4 oz.	
Burrito/Chimichanga:	1 each*	Must be factory wrapped.
Beef		
Chicken		
Pork		
Bean		
Rice and cheese		
Hard salami or summer sausage	4 oz.	Salami sticks/jerky are not acceptable as primary or secondary meal.
Hard Boiled Eggs	2 eggs	In addition to the primary and secondary meal
Peanut butter and jelly sandwich	6 oz. each	Per sandwich
Spam	Single packet	With Government approval. Include foil.
Tuna	One packet	Chunk light tuna, dolphin-safe, and water packed
Cobb Salad	8 oz.	4 oz. protein freshly made with Government approval
Ground beef patties	4 oz.	With Government approval
Meatloaf	4 oz.	With Government approval

*Items listed as each are standard serving size

VEGETARIAN MEAL OPTIONS		VEGETARIAN LUNCHES WILL INCLUDE 2 DIFFERENT ITEMS FROM THIS CATEGORY
Burrito/Chimichanga: Bean Rice and cheese	1 each/5 oz.	Primary vegetarian meal shall be a sandwich or wrap containing 4 oz. of a non-meat protein. Cream cheese is not considered a protein for this requirement.
Hard boiled eggs	2 eggs	In addition to the primary or secondary meal
Veggie burger		Bean, tofu, tempeh, rice, quinoa, or equivalent
Peanut butter and jelly sandwich	6 oz. each	Per sandwich
Veggie wrap with hummus	Equivalent to sandwich	In tortilla wrap or pita bread
Salads: Quinoa Pasta Couscous Bean	8 oz. 8 oz. 8 oz. 8 oz.	All salads will have vegetables, spices and variety All salads will be made with a non-mayonnaise base (i.e. Italian dressing or olive oil) When served as a main meal salads will be 8 oz. servings At the discretion of the Government
Other		At the discretion of the Government
SALADS, WHOLE FRUITS AND VEGETABLES		LUNCHES WILL INCLUDE 2 DIFFERENT ITEMS FROM THIS CATEGORY
Salads: Quinoa Pasta Couscous Bean	4 oz. 4 oz. 4 oz. 4 oz.	Shall be freshly made with Government approval All salads will have vegetables, spices and variety All salads will be made with a non-mayonnaise base (i.e. Italian dressing or olive oil) When served as a side, salads will be 4 oz. servings
WHOLE FRUIT		
Apples	100 count	All hopped or cut fruits will be non-compacted 1 cup portions
Oranges	88 count	
Pears	Equivalent to apples	
Strawberries	1 cup	
Pineapple	1 cup	
Nectarines	Equivalent to apples	
Other		Approved by Government

WHOLE VEGETABLES	1 cup	All chopped or cut vegetables will be 1 cup non-compacted portions
Carrots		
Sugar snap peas		
Celery		
Cucumber		
Baby bell peppers		
Avocado		
Other		Approved by the Government
ENERGY SNACKS		LUNCHES WILL CONTAIN 6 DIFFERENT ITEMS FROM THIS CATEGORY
Granola bar	1 each*	Nature Valley® or equal quality
Energy bar	1 each*	ProBar™, LUNA®, LARABAR®, Odwalla®, Tigers Milk®, CLIF® or equal
Trail mix	3 oz.	
Candy bar	1 each*	Snickers®, Milky Way®, Butterfinger® or equal quality
Beef or turkey jerky	2 oz.	
Bagel	1 full or 2 minis	
Cheese	2 each*	Babybels® or cheese stick
Crackers	1 oz./130 cal.	Goldfish® or another non-crushable type
Nuts	1 oz.	Almonds, pistachios or mixed variety
Sandwich crackers	1 oz./150 cal.	Peanut butter, cheddar or other varieties
Muffin	3 oz.	
Baked potato chips	1 oz./160 cal.	Baked potato chips, tortilla chips or similar variety
Fruit or vegetable squeeze pouch	3 oz.	Applesauce or mixed varieties
Non-sugared dried fruit	200 cal.	Apple rings, bananas, apricot, pear, cranberry, raisin, plum
Granola	4 oz.	Loose, not in bar form
Dill pickle pack		
Fruit straps	2 each*	
Fruit bar	1 each*	
Single serve peanut butter pouch	1 oz./200 cal.	
Pretzels	110 cal.	Plain or peanut butter flavored
Seeds	1 oz.	Sunflower, pumpkin or other varieties
Fig cookies		

Sample Lunches

SAMPLE LUNCH 1	SAMPLE LUNCH 2
Roast beef on 7 grain bread	Turkey/provolone cheese sandwich
Peanut butter and jam on wheat bread	Hard boiled eggs (2)
Orange	Quinoa salad
Pasta salad	Apple
Babybel® cheese (2)	Granola bar
Goldfish® crackers	Beef jerky
Snickers® candy bar	Blueberry muffin
Sunflower seeds	Milky Way® candy bar
Granola (loose)	Dill pickles
Non-sugared dried apple rings	Fruit straps
Salt, pepper, salad dressing	Mayonnaise, mustard, salt, pepper
SAMPLE LUNCH 3 - VEGETARIAN	SAMPLE LUNCH 4
Peanut butter and jam on wheat	Pulled chicken on Kaiser roll
Bean and cheese burrito	Multi-meat (hoagie style) sandwich
Pear	Bean salad
Mixed whole vegetables	Sugar snap peas
Trail mix	Sandwich crackers
String cheese (2)	Applesauce squeeze pouch
LARABAR®	Bagel (2 minis)
Oatmeal chocolate chip cookies	Baked potato chips
Non-sugared dried cranberries	Trail mix
Granola (loose)	Granola bar
Taco sauce	Cream cheese
	Mayonnaise, mustard

Special Sack Lunches must meet the requirements for the standard sack lunches with the following changes implemented:

VEGETARIAN LUNCH

Vegetarian sack lunches shall be prepared for the *Ovo-Lacto vegetarian classification level and shall consist of the same quantities and items as regular sack lunches. Non-meat protein substitutes such as vegetarian lunch meats require prior approval and shall be used on a limited basis in vegetarian sack lunches.

***Definition:** Ovo-Lacto Vegetarian – This is the most common form of vegetarianism. Ovo-Lacto vegetarians do not eat meat, chicken, fish or flesh of any kind, but do eat eggs and dairy products. Sub-categories are Ovo vegetarians that eat eggs but not dairy products, while Lacto vegetarians eat dairy products but not eggs.

GLUTEN-FREE LUNCH

If gluten-free lunches are requested, all items contained in the lunch must be gluten-free and must adhere to the specs listed herein. Gluten-free lunches shall consist of the same quantities and items as regular sack lunches.

***Definition:** Gluten-free – A gluten-free diet is a diet that excludes foods containing gluten. Gluten is a general name given to the storage proteins (prolamins) present in wheat, rye, barley, and oats. Gluten is also used as a food additive in the form of flavoring, stabilizing or thickening agent, often as “dextrin”. A gluten-free diet is the only medically accepted treatment for celiac disease, the related condition dermatitis herpetiformis, and wheat allergy. The storage proteins of corn and rice do not contain prolamins and are not harmful to individuals with celiac disease. Foods labeled as gluten-free in Canada and the U.S. do not allow the presence of any gluten-containing ingredients, such as wheat starch.

Several grains and starch sources are considered acceptable for a gluten-free diet. The most frequently used are corn, potatoes, rice, and tapioca (derived from cassava). Other grains and starch sources generally considered suitable for gluten-free diets include amaranth, arrowroot, millet, montina, lupin, quinoa, sorghum (jowar), taro, teff, chia seed, and yam. Various types of bean, soybean, and nut flours are sometimes used in gluten-free products to add protein and dietary fiber. Almond flour is a low-carbohydrate alternative to flour, with a low glycemic index. In spite of its name, buckwheat is not related to wheat; pure buckwheat is considered acceptable for a gluten-free diet, although many commercial buckwheat products are actually mixtures of wheat and buckwheat flours, and thus not acceptable. Gram flour, derived from chickpeas, is also gluten-free (this is not the same as Graham flour made from wheat).

**Gluten Containing Foods
and Ingredients**

Atta (chapatti flour)
Barley (flakes, flour, pearl)
Beer, ale, lager
Breeding and bread stuffing
Brewers yeast
Bulgur
Couscous
Croutons
Dinkel (also known as spelt)*
Durum
Einkorn
Emmer

Farina
Farro or Faro (also known as
spelt)
Fu
Graham flour
Hydrolyzed wheat protein
Kamut*
Malt, malt extract, malt syrup
and malt flavouring
Malt vinegar
Malted milk
Matzoh, matzoh meal
Modified wheat starch

Oatmeal, oat bran, oat flour
and whole oats
Pastas
Rye bread and flour
Seitan
Semolina
Spelt (also known as farro or
faro, dinkel)*
Triticale
Wheat bran
Wheat flour
Wheat germ
Wheat starch

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: 11/15/2018 Agency: Agriculture - State Fair
Agency Address: 523 E Capitol Ave Pierre SD 57501
Agency Phone Number: 605.773.4196
Employee Requesting Reimbursement: Ashley Waibel
Total Amount of Reimbursement: \$316.24
Date(s) of Expense: 10/15/2018
Event Leave Time: 2:00 pm Event Return Time: 7:30 pm
Explanation of official business performed: Meeting for SD State Fair Commissioners & office personnel.

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.

Ashley Waibel
Signature of Employee

11-19-2018
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
Name of Department/Office Head

Interim Secretary
Position/Title of Agency Official

Dustin Oedekoven
Signature of Department/Office Head

11-19-18
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.

12541171



INVOICE

Huron Event Center

501 Wisconsin Avenue SW
Huron, SD 57350
Phone 605-352-3204 Fax 605-352-9501

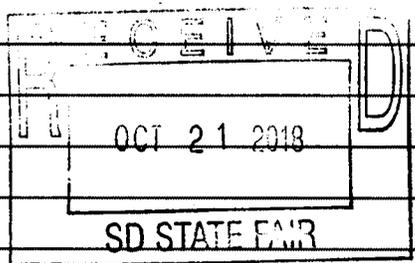
DATE:
October 15, 2018

INV #: HEC-2267

Bill to:
SD State Fair
Attn: Peggy Besch
890 3rd Street SW
Huron, SD 57350
Phone: 605-353-7343

For:
Meeting Room

QTY	DESCRIPTION	UNIT PRICE	AMOUNT
Food / Meal Charges			
1	Coffee	\$14.00	\$14.00
20	Dinner Meals	\$12.70	\$254.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
		SUBTOTAL	\$268.00
	Gratuity		\$48.24
		SALES TAX 7.5%	NA
		TOTAL	\$316.24
Room / Equipment Charges			
			\$0.00
			\$0.00
		SUBTOTAL	\$0.00
		SALES TAX 6.5%	\$0.00
		TOTAL	\$0.00
		TOTAL	\$0.00
		AMOUNT DUE	\$316.24



1000-52031500-0351510890

Detach & Include Stub with Payment. Mail to: Huron Event Center, 501 Wisconsin Avenue SW, Huron SD 57350

Payment Options:

Check - Payable to: Huron Event Center

ONLY INVOICE AVAILABLE

Payment From:

SD State Fair
890 3rd Street SW
Huron, SD 57350
Phone: 605-353-7343

For:

Meeting Room

INV #: HEC-2267

AMOUNT DUE \$ 316.24

Dinners for October 15, 2018 – Huron Convention Center

SD State Fair Office Personnel (8)

Peggy Besch

Candi Hettinger

Paula Mom

Shelley Noonan

Linda Traver

Joni Kiple

Vince Jager

Brad Bruns

SD State Fair Commissioners (12)

Dusty Anderson

Justin Bell

Scott Cordts

Pam Geppert

Tom Harmon

Denise Muntefering

Loren Noess

Gary Sharp

Amanda Stade

Faron Wahl

Jamie White

Erin Yost

Crossroads Hotel and Huron Event Center

Banquet Event Order

Function Date: 10/15/2018
 Group: SD State Fair
 Address: Commission Meeting
890 3rd Street SW
Huron, SD 57350
 Room: _____
 Guest Expected: Set for 20
 Guarantee: _____

Day: Monday
 Contact: Peggy Besch
 Phone: 605-353-7343
 Fax: _____
 Event Day Contact: _____
 Set-up Time: 1PM Set Up
 Meeting Time: 2PM - 5PM

SET UP:	TIME:	MENU:
<input type="checkbox"/> Rounds <input type="checkbox"/> Headtable for _____ <input type="checkbox"/> Classroom <input type="checkbox"/> U-Shape <input type="checkbox"/> Theater <input checked="" type="checkbox"/> Open Square <input type="checkbox"/> Boardroom/Conf <input type="checkbox"/> Banquet <input type="checkbox"/> Registration Table <input type="checkbox"/> Display Table <input type="checkbox"/> Material Table <input type="checkbox"/> Buffet Table <input type="checkbox"/> Extra Chairs <input checked="" type="checkbox"/> Break Table <input checked="" type="checkbox"/> Ice Water <input type="checkbox"/> Punch Table <input type="checkbox"/> Card Tables <input type="checkbox"/> Gift Table <input type="checkbox"/> Cake Table <input type="checkbox"/> Cocktail Tables	 1:30PM 6PM 6:30PM	Set Up Room with Open Square for 20 people 2 Round Tables in Back of Room for Dinner Ice water Station Social - Cocktail Server or Bar Dinner - Plated Meal \$15.00/inc. Roast Beef Potato Vegetable Tossed Salad with Ranch - preset Dinner Rolls Coffee & Ice water - on tables

EQUIPMENT:	LINEN:	Clothes	Napkins	ROOM CHARGE:
<input type="checkbox"/> Slide Projector <input type="checkbox"/> Overhead Projector <input type="checkbox"/> Screen <input type="checkbox"/> Projector Cart <input type="checkbox"/> TV/VCR <input type="checkbox"/> TV/DVD <input type="checkbox"/> LCD Projector @\$25.00 <input type="checkbox"/> Stand Podium <input type="checkbox"/> Table Podium <input type="checkbox"/> Corded Mic <input type="checkbox"/> Cordless Mic <input type="checkbox"/> Lapel Mic @\$25.00 <input type="checkbox"/> Whiteboard <input type="checkbox"/> Flip Chart <input type="checkbox"/> Markers <input type="checkbox"/> Easel <input checked="" type="checkbox"/> Speaker Phone <input type="checkbox"/> Flags	<input type="checkbox"/> Burgundy <input type="checkbox"/> Teal <input type="checkbox"/> Ivory <input type="checkbox"/> White <input type="checkbox"/> Green <input type="checkbox"/> Black <input type="checkbox"/> Other	<input checked="" type="checkbox"/> NEW _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	Separate Tickets One Ticket <input checked="" type="checkbox"/> Tax Exempt Bill as Room Charge ROOM CHARGE: EQUIPMENT CHARGE BAR ARRANGEMENTS: <input type="checkbox"/> Cash Bar _____ Host Bar <input checked="" type="checkbox"/> Cocktail Waitress-Cash <input type="checkbox"/> Cocktail Waitress-Host <input type="checkbox"/> Keg of Beer <input type="checkbox"/> Drink Tickets @ _____ <input type="checkbox"/> Champagne @ _____ <input type="checkbox"/> Wine @ _____
<input type="checkbox"/> Dance Floor <input type="checkbox"/> Stage <input type="checkbox"/> Piano <input type="checkbox"/> Internet <input type="checkbox"/> Power Strip <input type="checkbox"/> Power Cord	DECORATIONS: <input type="checkbox"/> Mirror Tiles <input type="checkbox"/> Gold Candles <input type="checkbox"/> Mosaic Candle <input type="checkbox"/> Votive Holders <input type="checkbox"/> We Provide <input type="checkbox"/> Bringing <input type="checkbox"/> Silver Stands <input type="checkbox"/> Reserve Cards			

Guarantee: A 95% guarantee on number of people to be served is asked for 72 hours prior to your function. Charges will be based on not less than your guarantee. If a guarantee is not given, the amount will be based on the number expected.. Outside food or liquor is not permitted. There will be a \$500.00 fine assessed to the final bill if outside food or liquor is brought in. Cancellations must be in writing 72 hours prior. The Crossroads Hotel & Huron Event Center is not responsible for lost or stolen items. All Accounts are to be paid before the event.

Confirmation Signature: _____ Date: _____
 Hotel Representative: Brenda J. J... Date: 10-6-18

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**

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

Application

Date: 11.15.18 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: \$1,423.00
Date(s) of Expense: 11.08.18
Event Leave Time: 10:00 AM Event Return Time: 3:45 PM
Explanation of official business performed: Department of Agriculture All-Staff Meeting
Meeting included all department staff for the entire day. Included speakers and SDI presentation and Governor Daugaard.

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 attended 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

11.16.18
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.

Dr. Dustin Oedekoven
Name of Department/Office Head
Dustin Oedekoven
Signature of Department/Office Head

Interim Secretary of Agriculture
Position/Title of Agency Official
11-16-18
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.

774102

Statement DATE TERMS

TO *S H Dept of Agriculture*
523 E. Capitol
Pierre SD 57501

IN ACCOUNT WITH *Attn: Jimmy Harmon*
(280-8879)

	<i>108 meals @</i>	<i>11 00</i>	<i>1188 00</i>
	<i>Coffee</i>		<i>25 00</i>
	<i>okies - 120 oz</i>		<i>60 00</i>
	<i>Rent</i>		<i>150 00</i>



Izaak Walton League
Sunshine Chapter
PO Box 896
Pierre, South Dakota 57501

TOTAL AMOUNT *1423 00*

**All-Staff Meeting
Annotated Agenda**

~~10:00~~ Welcome- Dr. O

~~10:05~~ Strategic Plan update- Dani

~~10:15~~ Transition Update- Dr. O/Kyle

~~10:30~~ Mental Health in South Dakota- Dr. Andrea Bjornestad (Bee-yorn-stead)

Maggie: Dr. Andrea Bjornestad is an Assistant Professor and Extension mental health specialist in the Department of Counseling and Human Development at South Dakota State University. Her research and outreach efforts in Extension have pertained to the mental health of farmers and ranchers. This past year, she has been a speaker in two national webinars and has traveled around the state educating various agricultural groups on how to identify and manage farm stress.

~~11:00~~ Employee Recognition- Dr. O

Tammy has list of employees, letters, plaques. Kyle will help hand things out. Maggie will announce employee name, division and anniversary. Lorrin will get pictures.

Maggie will introduce the exemplary employee award and hand mic to Dr. O. Dr. O will read all nominees and ask them to stand. Then he'll announce the winner. Hand the mic to Maggie and Lorrin will get a picture with the winner.

~~11:15~~ SDI- Dan Oedekoven and Deb Dodson

Maggie: Thank you to everyone for taking time to complete the Strengths Deployment Inventory! Dan and Deb are here for most of the rest of the day to walk through the assessment with us!

12:30 Lunch- on-site (sandwiches, coleslaw, chips, etc.)

Tammy: Lunch instructions and announce that Lorrin and Maggie will be available to take email pictures if people want. Announce that people need to be back in their seats by 1:10.

1:15 SDI resumes

2:55(ish) Dan/Deb will wrap up

3:00 Dr. O will introduce the Governor

3:00 Governor Daugaard

3:30 Close- Dr. O

SDDA All-Staff Meeting

Pierre, SD

Thursday, November 8, 2018

Wildland Fire

<u>Employee (Print)</u>	<u>Signature</u>	<u>Home Duty Station</u>
Cody Griffiee		Lead
Ben Gordon		Lead
Ray Black		Lead
Monty Bolloch	Monty Bolloch	Rapid City
JAY Esperan		Rapid City
Jim Burk		R.C.
Ray Bubb		R.C.
CASEY GLITS		RC
Logan Scott	Logan Scott	RC
Jeff Wilson		H.S.
Tamara Deas		Rapid City
Casey Warren		Rapid City
Jeni Lawver		"
Jared Gregory	Jared M. Gregory	Rapid City

(Fire contd)

JO TORUW Jo ToruW RC

Mike Steffen Mike Steffen RC

Paul Reiter Paul Reiter RC

August Schuebner August Schuebner RC

John Haskwitz John Haskwitz CSP

James Bachelor James Bachelor CSP

Quentin Green Quentin Green Hotsprings

Jona Hagen Jona Hagen RC

Brittany Damschrader Brittany Damschrader R.C.

Logan Brown Logan Brown R.C.

Jay Wickham Jay Wickham CSP

Brenda Even Brenda Even RC

SDDA All-Staff Meeting

Pierre, SD

Thursday, November 8, 2018

Ag Services

Employee (Print)

Signature

Home Duty Station

Larry D Goodland

Larry D Goodland

Pierre

Gene Stegeman

Gene Stegeman

Brookings

Kurt Hines

Kurt Hines

Brookings

Spike King

Spike King

Pierre

Sherric Peterson

Sherric Peterson

Michoud

Brenda Sierens

Brenda Sierens

Huron

Ron Machrone

Ron Machrone

Pierre

Makayla Reed

Makayla Reed

Redfield

Michael Blume

Michael Blume

Pierre

Rick Goppert

Rick Goppert

Brookings

JD Farly

JD Farly

Yankton

Trevor Hupp

Trevor Hupp

Pierre

Heather Rogers

Heather Rogers

Milbank

Mackenzie Strick

Mackenzie Strick

Milbank

Julie McClelland

Julie McClelland

Pierre

Services

Robert Endres	Robert Endres	Witchell SD.
Ray Miller	Ray Miller	Witchell
Jim A. Konecny	Jim A. Konecny	Rapid City
Lowell Penman	Lowell Penman	Hyron
Pandy McWhorter	Pandy McWhorter	Pierre
Brian Scott	Brian Scott	
Tom Gere	Tom Gere	Pierre
Kristi Thomas	Kristi Thomas	Pierre
Dale Anderson	Dale Anderson	Pierre
Valerie Mitchell	Valerie Mitchell	Pierre
Sharon Larsen	Sharon Larsen	Pierre
Stef Gardlund	Stef Gardlund	Pierre
Jeff Lounsbery	Jeff Lounsbery	Sioux Falls
Mark Wood	Mark Wood	Aberdeen
Mike Skusa	Mike Skusa	Pierre
Bob Reiners	Bob Reiners	Pierre
Bruce Johnson	Bruce Johnson	Pierre

SDDA All-Staff Meeting

Pierre, SD

Thursday, November 8, 2018

Development

Employee (Print)

Signature

Home Duty Station

Byron Sanders

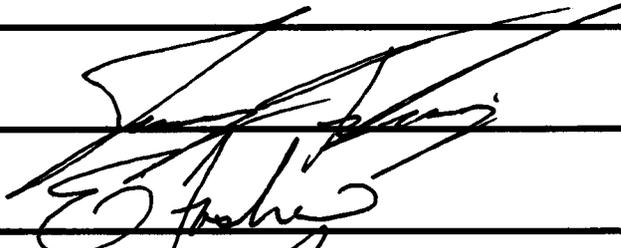


Mt. Fall

Terr Labrie

P.C.

Jeremy Freking



Sioux Falls

Eric Fosheim



S.F.

SHALOTS



P

Kimbully Sturm

Kimbully Sturm

Pierre

JARIS BOZIMAN



PC

CHRIS PETERSEN

Chris Petersen

Pierre

SDDA All-Staff Meeting

Pierre, SD

Thursday, November 8, 2018

RC&F

Employee (Print)

Signature

Home Duty Station

~~Gene Stegeman~~ ~~[Signature]~~

Tiffany Thompson Tiffany Thompson

Pierre

Nathan Ruffin [Signature]

mirchill

Brian Scott Brian Scott

Sioux Falls

Doug Haugan Doug Haugan

Pierre

Bill SMITH Bill SMITH ^{Smith}

Pierre

Steph Lyons Steph Lyons

Pierre

~~DAVID HETTICK David Hettick~~

HOT SPRINGS

Allyssa Gregory Allyssa M Gregory

Lead.

Anthony Seidl [Signature]

Rapid City

Marci Tubbs [Signature]

RC

Brian Gurbisch [Signature]

RC

Richard Mayko Richard Mayko

Sioux Falls

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: 11.08.18 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: ~~\$230.73~~ \$127.92
Date(s) of Expense: 11.08.18
Event Leave Time: 8:00 AM Event Return Time: 10:00 AM
Explanation of official business performed: Ag Services Division Meeting.
Meeting included all Ag Services staff for morning meeting before the all-staff meeting.

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

11-8-18
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.

Dr. Dustin Oedekoven
Name of Department/Office Head
[Signature]
Signature of Department/Office Head

Interim Secretary of Agriculture
Position/Title of Agency Official
11-16-18
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.

Internal moving of money
or physical check from
Auditor's etc.

FischerRounds
Jammy's Associates Inc.
AT YOUR SERVICE AT YOUR SIDE.

DCI

4 Daws.
pizza

4 steak
pizza

\$127.92
+ tax

7:45 p/u

+ plates +
nap.

**YOUR RECEIPT
THANK YOU**

11/08/2018 8:51AM 01
000000#6369 CLERK01

NO SALE

**YOUR RECEIPT
THANK YOU**

11/08/2018 8:51AM 01
000000#6370 CLERK01

DEPT. 11 \$127.92

ITEMS 10
CASH \$127.92

Pierre 605-224-9223 • Mitchell 605-996-7711 • Sioux Falls 605-336-4444
Rapid City 605-737-7865 • Watertown 605-886-4361

AG Services

11/8/18

Matthew Training

Print	Sign	Home Duty
Tom Gere	Tom Gere	Pierre
TAYA RUMYAN	Tayam Ruman	Pierre
Julie McClelland	Julie McClelland	Pierre
Richard Geppert	Richard Geppert	Brookings
Candy McFarling	Candy McFarling	Pierre
Stephanie Silbong	Stephanie Silbong	Pierre
Shemie Petersen	Shemie Petersen	Mohler
Jim Knecht	Jim Knecht	Rapid City
Dale Anderson	Dale Anderson	Pierre
Sharon Larsen	Sharon Larsen	Pierre
Trevor Hupp	Trevor Hupp	Pierre
Gene Stegeman		Brookings
Tony Shumaker		Mitchell
Bob Endres		Mitchell
Kim Otterness		Brookings
Heather Rogus		Milbank SD
Ron Mochink		Pierre
Madlenzie Strick	Madlenzie Strick	Milbank
Valerie Mitchell	Valerie Mitchell	Pierre
JD Falty		Frankton
Mike Skusa	Mike Skusa	Pierre
Mark Abel	Mark Abel	Abbeem
Jeff Launsbery	Jeff Launsbery	Sioux Falls
Lowell Penman	Lowell Penman	Huron

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Handwritten text in the second row of the page.

Handwritten text in the third row of the page.

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Handwritten text in the lower section of the page.

Bruce Johnson	English	Pierre
Makynla Reed	Makynla Reed	Pierre
Bob Jones	Ag Services	Pierre
King Jones	Ag Services	Pierre
Dale Lee	Ag Services	Pierre
Larry Gooden	Ag Services	Pierre
St. Garland	Ag Serv	Pierre
Wooden	Ag Serv	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: 11.07.18 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: \$239.73
Date(s) of Expense: 11.07.18
Event Leave Time: 8:00 AM Event Return Time: 3:00 PM
Explanation of official business performed: 12-month strategic planning review session.
Meeting included Office of the Secretary staff and all division directors. Meeting was held at the DCI Center.

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

11-7-18
Date

Authorization

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

Dr. Dustin Oedekoven
Name of Department/Office Head
[Signature]
Signature of Department/Office Head

Interim Secretary of Agriculture
Position/Title of Agency Official
11-16-18
Date

State Board of Finance Approval

Approval Date: _____

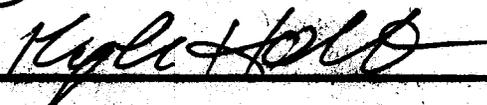
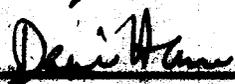
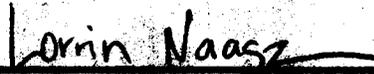
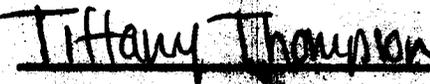
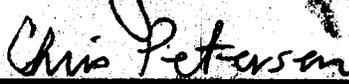
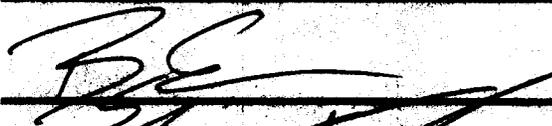
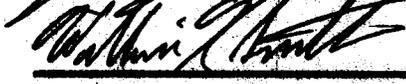
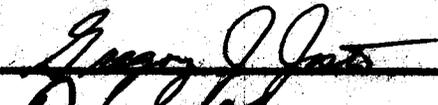
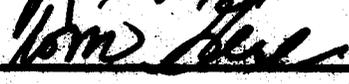
Signature of Secretary, State Board of Finance

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

12-Month Strategic Planning Review

Pierre (DCI Training Center)

Wednesday, November 7, 2018

<u>Employee</u>	<u>Signature</u>	<u>Home Duty Station</u>
Dr. Oedekoven		Pierre
Kyle Holt		Pierre
Dani Hanson		Pierre
Maggie Stensaas		Pierre
Lorin Naasz		Pierre
Tiffany Thompson		Pierre
Tammy Harmon		Pierre
Chris Petersen		Pierre
Bryan Sanderson		Mitchell
Jeremy Freking		Sioux Falls
Bill Smith		Pierre
Greg Josten		Rapid City
Tom Gere		Pierre
Taya Runyan		

Jay Esperance

Jay T. Esperance

Rapid City

Jim Burk

Jim Burk

R.C.

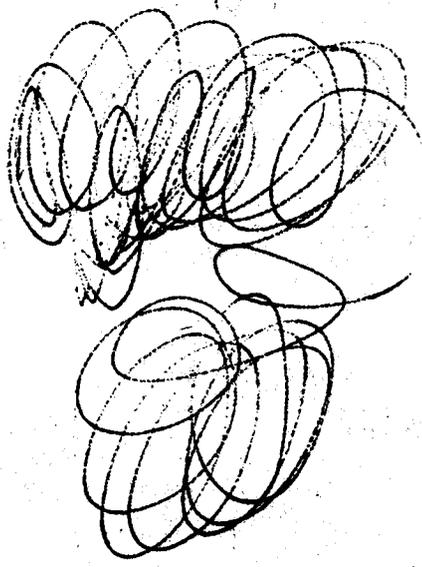
Peggy Besch

Peggy Besch

Heron

Sue Konstant

Susan Konstant



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

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

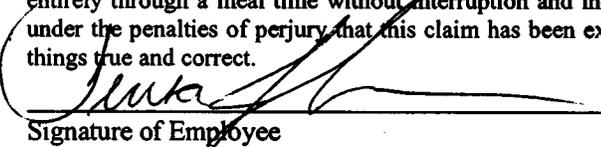
State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

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: 11/28/2018 Agency: Animal Industry Board
Agency Address: 411 S Fort St, Pierre
Agency Phone Number: (605) 773-3321
Employee Requesting Reimbursement: Pizza Ranch
Total Amount of Reimbursement: \$38.96
Date(s) of Expense: 11/28/2018
Event Leave Time: 7:00 AM Event Return Time: 5:00 PM
Explanation of official business performed: African Swine Fever Exercise.
Via video conferencing in the AIB conference room with a working lunch for 5 participants
lunch was ordered and delivered for: Dr Dustin Oedekoven/AIB/Pierre; Dr Todd Tedrow/AIB/Pierre
Dr Lynn Tesar/USDA/Pierre; Steve Rommereim/Prok Prod/Alcester; Glen Muller/SD Pork Council/Sioux Falls

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

11/28/2018

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.

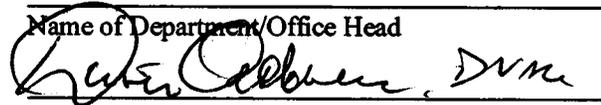
Dustin Oedekoven, DVM

Name of Department/Office Head

State Veterinarian

Position/Title of Agency Official

11/28/2018


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.

Reprint

11/28/2018 11:36 am

Tell us how we are doing at: 866-835-5871
or by visiting www.pizzaranchfeedback.com
We are giving away a \$250 Pizza Ranch
Gift Card each week to 1 person who takes
the survey. See site for details.

Pizza Ranch #2000
321 E. HUSTAN
FORT PIERRE, SD 57532
605-223-9114

Ticket # 4
11/28/2018 10:59 am TESSA

***** PICK UP *****

773-3321
ATTN:TERRY JOHNSON,
ANIMAL INDUSTRY BOARD

Time order pick up
at: 11:30

Large
Stampede
Orig Crust

Large for Medium Charge 10.99

Family 6.99
Cheesy Ranch Stix

Small 5.99
Apple Dessert Pizza

10 Piece Chix Box 14.99

Total 38.96
House Account 38.96
Balance Owing 0.00

Tip _____

Total _____

Ticket # 4

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: 11/14/18 Agency: SD State Board of Dentistry
Agency Address: PO Box 1079; 1351 North Harrison Ave. Pierre SD 57501
Agency Phone Number: 605-224-1282
Employee Requesting Reimbursement: Brittany Novotny
Total Amount of Reimbursement: 90.00
Date(s) of Expense: 10/12/18
Event Leave Time: _____ Event Return Time: _____
Explanation of official business performed: Board meeting. Working lunch. The Board did not take a break for lunch.

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

[Signature] 11/14/18
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.

Department of Health Cabinet Secretary
Name of Department/Office Head Position/Title of Agency Official
Kim Malsam-Pepde 11/19/18
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.

Lunch attendance for Friday, October 12th, 2018

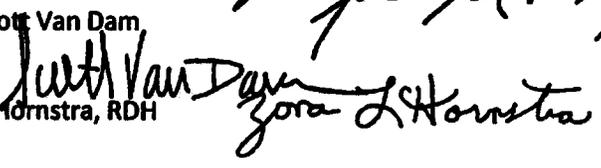
SD State Board of Dentistry Board meeting

Dr. Tara Schaack 

Dr. Amber Determan 

Dr. Harold Doerr 

Dr. Nick Renemans 

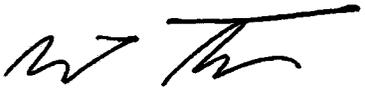
Dr. Scott Van Dam
Zona Hornstra, RDH 

~~Molly Fulton~~

Kris O'Connell, Board legal counsel 

Brittany Novotny, Executive Secretary 

Lisa Harsma, Administrative Assistant 

Matt Templar - 



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

November 19, 2018

Secretary of State
Board of Finance

Dear Board Members,

The Board of Dentistry is requesting approval to pay \$90.00 invoice to Chops. The board meeting included a working lunch. Each meal was \$9.00 and 10 people ate. Please see attached the invoice and those who attended the board meeting. Please add to your agenda for the December 20, 2018 meeting.

Upon approval/disapproval of this request by the Board of Finance, please return all paperwork back to me.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in cursive script that reads 'A Shoop'.

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

Enclosure

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: 11/15/18 Agency: SD State Board of Dentistry
Agency Address: PO Box 1079; 1351 N Harrison Ave Pierre SD 57501
Agency Phone Number: 605-224-1282
Employee Requesting Reimbursement: Brittany Novotny
Total Amount of Reimbursement: \$132.00
Date(s) of Expense: 11/11/19
Event Leave Time: 10:00 am Event Return Time: 4:00 pm
Explanation of official business performed: Board meeting in Pierre, working lunch, the board will not break for lunch.

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

Signature of Employee

Date

Authorization

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

Department of Health
Name of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official

Kim Malbani-Ryerson
Signature of Department/Office Head

11/19/18
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.



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

November 19, 2018

Secretary of State
Board of Finance

Dear Board Members,

Please add to the Board of Finance meeting agenda of December 20, 2018 the enclosed request for approval of Home Station reimbursement for the Department of Health Board of Dentistry. This board meeting will be January 11, 2019 and will have a working lunch.

Upon approval/disapproval of this request by the Board of Finance, please return all paperwork back to me.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads 'A Shoop'.

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

Enclosure

Date: January 11, 2019

Time: 10:00am Central

Purpose: Board of Dentistry Meeting. The Board does not break for lunch, nor is there any on site food service available.

Vendor: Chops. Cost of the meal falls below the lunch per diem.

Attendees:

Board Members -

Dr. Tara Schaack

Dr. Amber Determan

Zona Hornstra

Dr. Harold Doerr

Dr. Nick Renemans

Dr. Scott Van Dam

Molly Fulton

Legal Counsel (Kris O'Connell)

AAG (Matt Templar)

Staff (Brittany Novotny)

Staff (Lisa Harsma)

Board Investigator (Dr. Sachau)

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

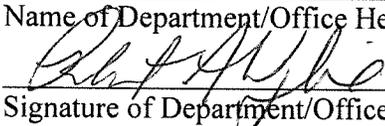
Date: 12/10/18 Agency: SDRS
Agency Address: 222 E. Capitol Ave, Pierre, SD 57501
Agency Phone Number: 605-773-3731
Employee Requesting Reimbursement: _____
Total Amount of Reimbursement: \$308.00
Date(s) of Expense: 12/06/18
Event Leave Time: 8:30 a.m. Event Return Time: 3:00 p.m.
Explanation of official business performed: SDRS Board of Trustees Board meeting
Required staff and consultants to stay and not leave during lunch.

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

Signature of Employee Date

Authorization

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

Robert A. Wylie Executive Director/Administrator
Name of Department/Office Head Position/Title of Agency Official
 12-10-18
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 to voucher to be sent to the State Auditor's Office.

INVOICE



10 December 2018

308

PAYMENT DUE UPON RECEIPT

Drifters Bar and Grille

325 Hustan Ave
Fort Pierre, SD
605.220.5014

SD Retirement

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
28	Lunches	11.00	308.00
	Total		308.00

Final Balance \$308.00

MENU DETAILS

OTHER INFORMATION

Event Date: 12/6/18

Event Time: 8:30AM

Event Room: Hull and Port

Guest Count: 25-30



SOUTH DAKOTA DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY
523 East Capitol Avenue
Pierre, SD 57501
Phone: 605.773.5425 Fax: 605.773.5926
sdda.sd.gov

December 3, 2018

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

Board of Finance;

The Department of Agriculture respectfully requests your approval to pay for lodging above state rates for Doug Hanson. Lodging reservations were made and direct billed to the Department through Days Inn Brookings. The billing statements indicated a rate of \$85.00 plus tax for Friday September 21, 2018.

The Department of Agriculture also requests the approval for lodging above the state rates for Kyle Holt. Lodging reservations were made and direct billed to the Department through Comfort Suites University. The billing statements indicated a rate of \$119.00 for Saturday, October 6, 2018 for him to attend the Precision Ag Groundbreaking.

The Department's central finance office staff has contacted the hotel's general manager to reduce the price to state rates. However that request was denied.

The Department of Agriculture is asking for approval to pay the full amount of \$206.00 which includes fees and taxes.

Thank you for your consideration of this matter.

Sincerely,

Dustin Odekoven
Interim Secretary

Cc:
Encl:

12050245



DAYS INN BROOKINGS

2500 EAST 6TH
BROOKINGS, SD 57006 US

Phone: 605-692-9471

Fax: 605-692-5807

Email: info@brookingsdaysinn.com

Printed: 9/23/2018 8:26:45 AM

Folio (Detailed)

Name:	HANSON, DOUG	Confirmation Number:	83431EC012712
		Account Number:	244-350160
Address:	sag 127 box 2207 Brookings, SD 57006 US	Receivable Account Number:	4000358067
Room:	159	Room Type:	NQQ1, 2QUEENS/NSMK
Rate Plan:	LT05	Daily Rate:	See room rate section below.
Arrival:	9/20/2018 (Thu)	Departure:	9/22/2018 (Sat)
		Nights:	2
		Guests:	1/0
		GTD:	DR - DIRECT BILL
			*SD DEPT OF AGRICULTURE

Room Rate:

9/20/2018 (Thu) - 9/20/2018 (Thu)	\$55.00 + \$2.00 Tax per night.
9/21/2018 (Fri) - 9/21/2018 (Fri)	\$85.00 + \$2.00 Tax per night.

Date	Code	Description	Amount	Balance
9/20/2018	RM	ROOM CHARGE	\$55.00	\$55.00
9/20/2018	TAX3	OCCUPANCY TAX	\$2.00	\$57.00
9/21/2018	RM	ROOM CHARGE	\$85.00	\$142.00
9/21/2018	TAX3	OCCUPANCY TAX	\$2.00	\$144.00
9/22/2018	DR	HANSON, DOUG [*SD DEPT OF AGRICULTURE]	(\$144.00)	\$0.00

Friday

Summary

Room	Tax
\$140.00	\$4.00

Cash	DB
\$0.00	(\$144.00)

Wyndham Rewards members earn valuable free nights, gift cards, merchandise and more. For more information, visit us online or call 1-866-WYN-RWDS.

Guest Signature: _____

Need letter to Board of Finance on 2 hotels

Travel around the world. Points can be redeemed for cash, gift cards, or merchandise. For more information, visit us at www.wyndhamrewards.com

(1) Regardless of charge instructions, the user management reserves the right to refuse service to any guest who is in possession of any personal valuables of any kind. *We or our agents are not responsible for the loss of any personal valuables. Privacy, Wyndham Hotel Group, LLC, 22 Skyway, Wyndham, VA 22095

(2) This property is privately owned and operated. We are not responsible for the loss of money, jewelry or other personal valuables. For more information, call 888-946-4283 or write to Opt Out/Unsubscribe, Wyndham Hotel Group, LLC, 22 Skyway, Wyndham, VA 22095

1000 52C

USD100

ml

**Continental Breakfast included in room rate

Harmon, Tammy

From: Harmon, Tammy
Sent: Friday, October 05, 2018 1:54 PM
To: Petersen, Chris
Subject: Hotel Higher Rate - Request

Importance: High

Chris, I don't show I received approval for this. I booked Kyle's room the same time I did Dani's for Deadwood. I don't know if I missed it or what.

Please send across the street for me.

The Department of Agriculture's Deputy Secretary, Kyle Holt, will be attending the Precision Ag Building Groundbreaking and other events in Brookings on Saturday, October 6th. The Department has been unable to find lodging at state authorized rates, but has identified the following:

Comfort Inn \$119 per night
Quality Inn \$128 per night
Holiday Inn \$149 per night
My Place \$129 per night

SDDA is requesting approval to pay the \$119 rate through the Comfort Inn for the stay. Thanks.



Tammy Harmon
Executive Assistant
South Dakota Department of Agriculture
523 E Capitol Ave
Pierre, SD 57501
Direct: 605.773.5425
Fax: 605.773.5926
sdda.sd.gov



Comfort Suites University (SD107)

929 25th Avenue
Brookings, SD 57006
(605) 692-2882
GM.SD107@choicehotels.com

Account: 615139458

Date: 10/8/18

Room: 112 SGM

Arrival Date: 10/6/18

Departure Date: 10/7/18

Check In Time: 10/6/18 2:44 PM

Check Out Time: 10/7/18 12:10 PM

Rewards Program ID:

You were checked out by: mmutta

You were checked in by: adenhe

Total Balance Due: 0.00

SD Department of Agriculture

HOLT, KYLE

523 E CAPITOL AVE

Pierre, SD 57501

10/6/18	Room Charge	#112 HOLT, KYLE	119.00
10/7/18	Direct Bill		(119.00)

Room Charge 119.00

10.18.18

(119.00)

Balance Due: 0.00

Email or form
needed for approval.

Chris P?

(119.00) will be billed to: Account 2292382

SD Department of Agriculture, 523 E Capitol Ave, Pierre, SD
57501





Comfort Suites University

929 25th Avenue
Brookings, SD 57006
Telephone: (605) 692-2882
Fax: (605) 692-2899
GM.SD107@choic-hotels.com

119.00	Upon Receipt
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Company Profile Number: 2292382
Page 1 of 1

119.00	0.00	0.00	0.00	0.00	119.00
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SD DEPARTMENT OF AGRICULTURE
523 E Capitol Ave
Pierre, SD 57501

Statement of Account

This is a reminder of your obligation.

Please call (605) 692-2882 if you should have any questions regarding this statement.

<u>Invoice Date</u>	<u>Name</u>	<u>Account</u>	<u>Account Type</u>	<u>Invoice Number</u>	<u>Amount</u>	<u>Credits</u>	<u>Balance</u>
10/7/2018	HOLT, KYLE	615139458	Guest	43981573	119.00	0.00	119.00
Total Due:							119.00

SD DEPARTMENT OF AGRICULTURE
523 E Capitol Ave
Pierre, SD 57501

119.00	Upon Receipt
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This is a reminder for your records. If payment has already been submitted, please accept our thanks. We appreciate your business!



Comfort Suites University
929 25th Avenue
Brookings, SD 57006
GM.SD107@choic-hotels.com



Comfort Suites University

929 25th Avenue
Brookings, SD 57006
Telephone: (605) 692-2882
Fax: (605) 692-2899
GM.SD107@choic-hotels.com

119.00	Upon Receipt
--------	--------------

Company Profile Number: 2292382
Invoice Number: 43981573
Invoice Date: 10/7/18

Page 1 of 1

SD DEPARTMENT OF AGRICULTURE

523 E Capitol Ave
Pierre, SD 57501

Invoice

Please call (605) 692-2882 if you should have any questions regarding this statement.

10/7/18	Direct Billing Receivable	3506928112	119.00
Invoice Total:			119.00

Please make checks payable to:

Comfort Suites University

SD DEPARTMENT OF AGRICULTURE

523 E Capitol Ave
Pierre, SD 57501

2292382	43981573	119.00	Upon Receipt
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Please return this stub with your payment.



Comfort Suites University

929 25th Avenue
Brookings, SD 57006
GM.SD107@choic-hotels.com



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

November 05, 2018

Secretary of State
Board of Finance

Dear Board Members,

We are requesting approval to reimburse Marty Link for the remaining portion of her hotel bill for \$68.33. She was reimbursed for \$61.60, which includes the instate rate plus taxes. An explanation for no pre approval from Andy Klitzke is attached. Please add to your agenda for the November 19th meeting.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in cursive script that reads 'A Shoop'.

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

Enclosure

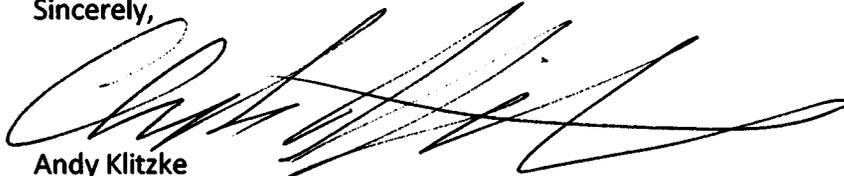
November 5, 2018

South Dakota Board of Finance

To whom it may concern:

Marty Link was approved to travel for a week of events and meetings with emergency medical services partners across the state starting on Oct 21 and ending late on October 24. It was scheduled as an intense trip in order to maximize the number of communities he would visit. On October 24, Marty started his work day in Sturgis. By 9pm he was approaching Mitchell on his way back to Sioux Falls. He was exhausted from an intense 3 days of travel, and decided that it wasn't safe to him to continue on to Sioux Falls. He stopped in Mitchell and got an available hotel room. He has my approval to adjust his travel plans for safety-related reasons. As his supervisor, I support his decision to choose his safety over sticking to his itinerary and request that he is reimbursed for the full amount of his hotel room in Mitchell.

Sincerely,



Andy Klitzke
Administrator, Office of Rural Health