

# Household Moving Allowance State of South Dakota

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

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

**Please check one:**

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

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

## Application

Kendyll Jones

Name of Applicant

Wildlife Conservation Officer

New Position Title

South Dakota Game, Fish & Parks

Agency Employed By

\$39,915.20

Harrold, SD

Gettysburg, SD

November 2018

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

0610210

March 4, 2018

Bureau of Human Resources Class Code

Employment Date with the State

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

Kendyll Jones  
Signature of Applicant

11/07/18

Date

## Authorization

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

Kelly R. Hepler  
Name of Authorized Agent

Cabinet Secretary  
Position/ Title of Authorized Agent

Kelly R. Hepler  
Signature of Authorized Agent

Date

South Dakota Game Fish & Parks  
Agency of Authorized Agent

Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance



# SOUTH DAKOTA DEPARTMENT OF GAME, FISH AND PARKS

20641 SD HIGHWAY 1806 | FORT PIERRE, SD 57532

November 5, 2018

Household Moving Allowance

To whom it may concern:

Wildlife Conservation Officer (WCO) Kendyll Jones received documentation of permanent assignment in the Gettysburg Duty Station. WCO Jones was granted authorization to live outside of the designated Employee Living Distance policy. WCO Jones currently resides at 15145 SD HWY 47, Hoven, SD.

Under the Household Moving Allowance, WCO Jones used her personal vehicle to move her belongings from Harrold, SD to Hoven, SD. WCO Jones borrowed a trailer from her family who live in Pierre, SD. WCO Jones traveled from Hoven, SD to Pierre, SD to pick up the trailer. WCO Jones would have had to travel to Pierre to rent a U-Haul professional trailer if she had not borrowed the trailer from family members. WCO Jones then traveled from Pierre to her previous residence by Harrold, SD to move her personal belongings. WCO Jones made the trip from Harrold, SD to Hoven, SD. WCO Jones kept the gas receipt and took pictures of the miles from each location. WCO Jones has attached the receipt and maps with mileage to the attached forms.

Respectfully,

**Kendyll Jones** | Conservation Officer  
South Dakota Game, Fish and Parks  
30951 US HWY 212 PO Box | Gettysburg, SD 57442  
605.730.1568 | [Kendyll.Jones@state.sd.us](mailto:Kendyll.Jones@state.sd.us)

*Josh A. Cum*  
DCOS  
20641 SD Hwy 1806  
Fort Pierre SD 57532



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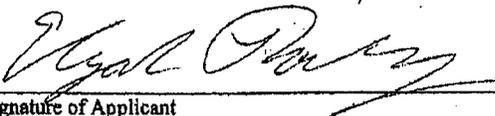
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### Application

<u>Elijah Rodriguez</u>	<u>Software Eng Mgr III BIT</u>
Name of Applicant	Position Title Agency Employed By
<u>\$77,000.00</u>	<u>Pierre</u>
Yearly Salary	New Post of Duty (City)
<u>Huron, SD</u>	<u>6/19</u>
City, State Moving From	Expected Month/Year of Move
<u>805112</u>	<u>9.24.18</u>
Bureau of Human Resources Class Code	Employment Date with the State

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

	<u>1/23/19</u>
Signature of Applicant	Date

### Authorization

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

<u>James Pat Snow</u>	<u>Acting Commissioner</u>
Name of Authorized Agent	Position/Title of Authorized Agent
<u>James Pat Snow 1-24-19</u>	<u>BIT</u>
Signature of Authorized Agent Date	Agency of Authorized Agent

### Approval by State Board of Finance

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



Bureau of Human Resources  
500 East Capitol Avenue  
Pierre, South Dakota 57501-5070  
Phone: 605.773.3148 Fax: 605.773.4344  
<http://bhr.sd.gov>

January 23, 2019

Elijah Rodriguez  
1067 Illinois Ave SW  
Huron SD 57350  
Email: [Elijah.rodriguez@state.sd.us](mailto:Elijah.rodriguez@state.sd.us)

Dear Elijah,

This letter is to confirm your appointment to the Software Engineer Manager II position with the Bureau of Information and Telecommunications in Pierre. **This offer is conditional based upon you successfully completing and passing a background check.**

Your employment will begin on February 9, 2019, at a semi-monthly salary of \$3,208.33 (\$77,000 annually). Your immediate supervisor, Deanne Booth, will contact you regarding your schedule on your first day of employment.

As discussed, the Bureau of Information & Telecommunications will pay up to one month's salary, approximately \$6,416.66, for actual moving expenses based on the rules established by the Board of Finance. Receipts are required and expenses must be eligible expenses. Attached, please find the guidelines for household moving allowances and the moving expense form. Please sign the Household Moving Allowance form and return it to me as soon as possible.

Welcome to the Bureau of Information and Telecommunications. Congratulations on your promotion.

Please contact Deanne or myself if you need any assistance.

Sincerely,

A handwritten signature in black ink that reads "Eric Hildebrandt".

Eric Hildebrandt  
Human Resource Manager

cc: Supervisor  
✓ Personnel File

JOS - 1.24.19  
QIS pro use + send  
me the signed approval,  
Lori A Roberts,  
HR Specialist  
BHR, Capitol Bldg

# Household Moving Allowance State of South Dakota

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State Board of Finance  
Office of Secretary of State  
Capitol Building 500 E Capitol Ave  
Pierre SD 575701 Phone: 605-773-3538

Please check one:

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

## Application

Joshua Shields

Name of Applicant

Chief of Communications

New Position Title

Governor's Office

Agency Employed By

\$135,000.00

Yearly Salary

Rapid City, SD

City, State Moving From

Pierre, SD

New Post of Duty (City)

1/2019

Expected Month/Year of Move

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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.

Joshua Shields  
Signature of Applicant

1/22/19

Date

## Authorization

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

Kristi Noem  
Name of Authorized Agent

Governor  
Position/ Title of Authorized Agent

Kristi Noem  
Signature of Authorized Agent

01.24.19  
Date

State of South Dakota  
Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State  
Board of Finance on \_\_\_\_\_

\_\_\_\_\_  
Signature of Secretary, State Board of Finance

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



Bureau of Human Resources  
500 East Capitol Avenue  
Pierre, South Dakota 57501-5070  
Phone: 605.773.3148 Fax: 605.773.4344  
<http://bhr.sd.gov>

December 6, 2018

To Whom It May Concern:

This is to verify that Joshua Shields is employed as Chief of Communications for the South Dakota Governor's Office.

His employment started on December 3, 2018, full time and permanent. His annual salary is \$135,000.00.

If any further information is needed, please feel free to contact me.

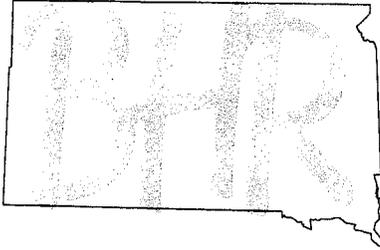
A handwritten signature in black ink, appearing to read "Jeff Wilson", is written over a horizontal line.

Jeff Wilson,  
Human Resource Manager  
SD Bureau of Human Resources  
605-773-6946

[jeff.wilson@state.sd.us](mailto:jeff.wilson@state.sd.us)



# South Dakota



Bureau of Human Resources  
500 E. Capitol Avenue  
Pierre, South Dakota 57501-5070  
Phone: 605.773.3148 Fax: 605.773.4344  
<http://bhr.sd.gov>

January 3, 2019

Michael Moura  
6 Second Brook St.  
Kingstone, MA 02364

Dear Michael,

This letter is to confirm your appointment to the position of Exempt Human Resource Analyst with the Bureau of Human Resources in Pierre, South Dakota. This position will begin effective January 22, 2019 at \$49,000/annually. You may contact Heather Perry, your immediate supervisor if you have any questions.

Prior to your first day of work, we invite you to take the time to complete the on-line orientation process. Completion of the on-line orientation process is voluntary. If you decide to forego the on-line process prior to beginning work, you will be asked to complete the same process on your first day of work.

Please go to the following link to complete the new employee forms.  
<https://onlineorientation.sd.gov/new.aspx>

You can log into the system using the following ID and password.

**Employee ID: IDMM10169**

**Employee Password: password**

**\*You will be prompted to set and confirm a new password upon entering the above and selecting, "login".**

*\*This is a secured system that is user name and password protected.*

*NOTE: You can complete this on-line orientation as time permits. You can save the information that you enter as you step through the process. Therefore, if you need to come back to complete the process at a later date or time, you may do so by entering your user ID and password. You will need to disable the pop-up blocker on your computer in order to access the orientation material.*

In compliance with the Immigration Reform and Control Act of 1986, the State of South Dakota hires only citizens and nationals of the United States and aliens authorized to work in the United States. Upon reporting to work, you will be required to provide identification and proof of citizenship or authorization to work per the list on the I-9 Form, which you can find on the above website. In addition, please provide us a copy of your social security card for payroll purposes. Direct Deposit is mandatory and you will need to provide a voided check blank to your supervisor.

The Bureau of Human Resources has agreed to pay actual moving expenses and will seek approval through the State Board of Finance within the allowable guidelines. Reimbursement of expenses up to one month's salary or based on the rules established by the Board of Finance, is part of this employment offer. Receipts attached must be for eligible expenses.

If you should terminate your employment prior to six months, you will be required to repay the moving allowances. Attached is the household moving expense form. Please sign the form and return it to:

Lexi Peters, HR Specialist, Bureau of Human Resources, 500 E. Capitol Ave, Pierre SD 57501, for further processing.

Congratulations on your hire and welcome to the Bureau of Human Resources. If you have any questions, please contact myself or Lexi Peters in the Human Resource office at (605) 773-4918/

Sincerely,

  
Susan Isaacson  
Human Resource Manager

Cc: Heather Perry

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## Application

Aaron McGuire

Name of Applicant

\$17.45/hour

Yearly Salary

090350

Bureau of Human Resources Class Code

Oroville, WA

City, State Moving From

Wildlife Resource Biologist

New Position Title

Fort Pierre

New Post of Duty (City)

1/9/2019

Employment Date with the State

Game, Fish & Parks

Agency Employed By

01/2019

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.

X Aaron McGuire  
Signature of Applicant

2/1/19  
Date

## Authorization

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

Kelly R. Hepler  
Name of Authorized Agent

KR  
Signature of Authorized Agent

2/1/19  
Date

Cabinet Secretary  
Position/ Title of Authorized Agent

Game, Fish & Parks  
Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State  
Board of Finance on

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Secretary, State Board of Finance



## SOUTH DAKOTA DEPARTMENT OF GAME, FISH AND PARKS

20641 SD HIGHWAY 1806 | FORT PIERRE, SD 57532

12/18/18

Aaron McGuire  
315 Kay Street  
Oroville, WA 98844

Dear Aaron,

This letter will serve as confirmation of your employment as a Resource Biologist for the South Dakota Game, Fish and Parks - Division of Wildlife, effective January 9, 2019. Your duty station will be located at the Fort Pierre Game, Fish and Parks Office, located at 20641 State Highway 1806, Fort Pierre, SD. Your primary work area will include Region 2 (Missouri River area), and I will serve as your immediate supervisor.

Your pay rate for this position will be \$17.45 per hour for hours worked. This is a permanent position, and we will assist you in applying for reimbursement of your moving expenses, which may not exceed one month's salary. Please retain any documents or receipts of your moving expenses for your reimbursement application.

Congratulations on this appointment, Aaron! We are very excited to have you on our Region 2 Team!

Please feel free to contact me if you have any additional questions regarding this appointment.

Sincerely,

Ross Scott  
Region 2 Program Manager  
South Dakota Game, Fish and Parks  
20641 SD HWY 1806  
Fort Pierre, SD 57532  
605.223.7652  
[ross.scott@state.sd.us](mailto:ross.scott@state.sd.us)

Cc: Mark Ohm – Region 2 Regional Supervisor  
Jeff Wilson – Bureau of Human Resources Manager  
Nathan Baker – Region 2 Terrestrial Resource Supervisor



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## Application

<b>Anna Kopp</b>	<b>Wildlife Biologist</b>	<b>GFP</b>
Name of Applicant	New Position Title	Agency Employed By
<b>\$46,425</b>	<b>Rapid City</b>	<b>12/2018</b>
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
<b>400743</b>	<b>12/26/2018</b>	
Bureau of Human Resources Class Code	Employment Date with the State	

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\_\_\_\_\_  
Signature of Applicant

**11/26/2018**

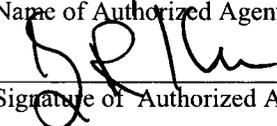
\_\_\_\_\_  
Date

## Authorization

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**Kelly R. Hepler**

\_\_\_\_\_  
Name of Authorized Agent

 **11/27/19**

\_\_\_\_\_  
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

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



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

523 EAST CAPITOL AVENUE | PIERRE, SD 57501

November 26, 2018

Ms. Anna Kopp  
PO Box 231  
Lund, NV 89317

Dear Anna:

This letter confirms our telephone conversation earlier today in which you were offered and accepted the Wildlife Biologist – Range Management position with South Dakota Game Fish & Parks located in Rapid City, SD. Your effective hire date will be Wednesday December 26, 2018 at the GJ level with a starting salary of \$22.32/hour. You are also eligible to receive moving expenses; information regarding this is enclosed.

For future reference your job code is 90212 and your position number is 400743. I will be your immediate supervisor, and will meet with you on December 26<sup>th</sup> at the SDGFP main office in Rapid City.

Congratulations on this appointment Anna. I'm looking forward to having you on board with the Habitat Section and as a part of our Private Lands Habitat program. Please don't hesitate to contact me at 605.773.4194 or [paul.coughlin@state.sd.us](mailto:paul.coughlin@state.sd.us) if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Coughlin". The signature is fluid and cursive, with a large initial "P" and "C".

Paul Coughlin  
Terrestrial Habitat Program Administrator

CC: Jeff Wilson, BHR

Enclosures



# Household Moving Allowance State of South Dakota

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## Application

Jeff Curtis

Name of Applicant

34,548.80

Yearly Salary

90350

Bureau of Human Resources Class Code

Ely, Nevada

City, State Moving From

Resource Biologist

New Position Title

Rapid City

New Post of Duty (City)

January 2, 2019

Employment Date with the State

SD Game, Fish and Parks

Agency Employed By

01/2019

Expected Month/Year of Move

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Signature of Applicant

Date

## Authorization

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Kelly R. Hepler  
Name of Authorized Agent

Cabinet Secretary  
Position/ Title of Authorized Agent

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

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



# SOUTH DAKOTA DEPARTMENT OF GAME, FISH AND PARKS

4130 ADVENTURE TRAIL | RAPID CITY, SD 57702

December 21, 2018

Jeff Curtis  
HC 10 box 10808  
Ely, Nevada 89301

Dear Jeff,

This letter will serve as your official hire letter for the position of Resource Biologist, within the Habitat Section of South Dakota Department of Game, Fish, and Parks. Congratulations on obtaining this position with the State of South Dakota. Your position number is 90350 and your pay grade is GH.

The effective date of your employment will be January 2, 2019, and your duty station will be the Rapid City Regional Office located at 4130 Adventure Trail. Your hourly pay will be \$16.61 per hour or \$34,548.80 annually. You are also eligible to receive moving expenses; information regarding this is enclosed.

This position falls under the Class A State Retirement system and is deemed an hourly position for the purposes of the Fair Labor and Standards Act. As such, your work schedule will be 40 hours per week. Hours in excess of 40 hours per week will be paid at a rate of time and one half.

Welcome aboard Jeff! We are excited about the skills and abilities you bring to this position and the Game, Fish, and Parks "Team".

Sincerely,

Tyrel Schmelz - Regional Program Manager  
4130 Adventure Trail  
Rapid City, SD 57702  
Office – 605-394-6838  
Cell – 605-391-3337

Cc: Jeff Wilson, Human Resource Manage  
Personnel File



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## Application

Kettie A. Rindelaub

Name of Applicant

\$43,000.00

Yearly Salary

Redfield, SD

City, State Moving From

00530

Bureau of Human Resources Class Code

Counselor

New Position Title

Rapid City

New Post of Duty (City)

February 1, 2019

Employment Date with the State

SD School of Mines & Technology

Agency Employed By

February, 2019

Expected Month/Year of Move

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Kettie A. Rindelaub

Signature of Applicant

02/01/2019

Date

## Authorization

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James M. Rankin

Name of Authorized Agent

JMR

Signature of Authorized Agent

1-31-19

Date

President

Position/ Title of Authorized Agent

SD School of Mines & Technology

Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

DATE: January 31, 2019

TO: Kettie A. Rindelaub

FROM: James M. Rankin   
President  
South Dakota School of Mines and Technology

RE: Appointment with Counseling, South Dakota School of Mines & Technology

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Counsel Counseling, ME9138. The effective date of this appointment is February 1, 2019. Annual appointments are July 22 through May 21. Your salary is \$43,000 based on 10 months at 100% effort. Megan M Schopp, Director of Counseling and ADA Services, is your direct supervisor. As with all employees, you will be evaluated annually.

In addition to your base rate, the approximate value of the benefit package you receive is an additional 34%. The benefit package includes employer contributions for health, life, worker's compensation, unemployment and PEPL insurance, and matching contributions for social security and retirement. Full-time employees earn 120 hours of vacation time each year (15 days). This vacation allowance is accrued at the rate of 10 hours per month based on a full month of service. According to policy, no vacation leave may be used until you have completed six months of employment. You may accumulate up to a total of 240 hours of vacation time. Once this maximum accumulation is reached, accrual of vacation leave ceases until you make use of part or all of the accumulated time. Full-time employees accrue sick leave at the rate of 10 hours per month based on a full month of service. There is no maximum accumulation of sick leave.

The administrative employment offered herein shall be at the pleasure of the Board and may be terminated at any time without notice or cause. The administrative appointment shall commence on February 1, 2019 and shall not exceed June 21, 2019. The administrative employment may be renewed at the sole pleasure of the Board. If the Board elects to renew an administrative appointment, it may do so under whatever changed or additional terms and conditions it chooses.

This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore is not eligible for overtime.

Your supervisor will review your position description with you when you begin your employment. Your performance and planning review document will be completed by you and your supervisor annually on the 15<sup>th</sup>.

Kettie A. Rindelaub  
January 31, 2019  
Page Two

The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records.

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota Mines & Technology. Withholding statement (W-4) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Human Resources Coordinator. A portion of these forms must be completed on or before your first day of employment. BOR requires a direct deposit of payroll checks for all employees. Human Resources will schedule a time for you to complete necessary new employee paperwork. Enclosed you will find a memo with additional information that you will need to bring. You will also find a General Information form to complete and return with this offer memo.

According to current state regulations (SDCL 3-9-12) concerning moving expenses, we are authorized to reimburse you for the cost of moving your household goods up to one month's salary. No specific amount is provided for crating and packing, per se. If you should elect to perform the move using U-Haul or other facilities, you can be reimbursed for expenses up to a maximum of one month's salary (original receipts required). Information on moving expense reimbursement and allowable household moving expenses is included for your information. Per Diem expenses (meals, lodging (original receipts required), and airfare (boarding pass and itinerary required) are reimbursable. Please sign where indicated and return with this offer memo, retaining a copy for your records.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance below. Please return this letter, a signed copy of the enclosed Agreement to Assign Intellectual Property, a signed copy of the Household Moving Allowance form, and the completed General Information form in the envelope provided, retaining a copy for your records.

I accept the job offer outlined above.

Kettie A. Rindelaub 02-01-2019  
Signature of Appointee & Date Signed

JR:nlf

Enclosures: Intellectual Property Agreement  
Household Moving Allowance form and information  
General Information form  
Information needed to complete payroll paperwork

cc: M Reder-Schopp  
P Mahon  
C Cox

## 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.

**IMPORTANT:** The request and all supporting documentation must be received in the OMB of the Secretary of State no later than 5:00 p.m. CDT each day prior to the Board of Finance meeting on the first Tuesday of the month. Requests received after this time will be processed at the next Board of Finance meeting. All documentation must comply with Bureau of Human Resources policies regarding specific non-identifiable information.

### Application

**Alper Kayaalp**

Name of Applicant

**\$70,000**

Yearly Salary

**00800**

Bureau of Human Resources Class Code

**Turkey , Istanbul**

City, State Moving From

**Assistant Professor SDSU**

New Position Title

**Brookings**

New Post of Duty (City)

**12.04.2018**

Employment Date with the State

Agency Employed By

**01/2019**

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

**01.23.2019**

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.

**Rebecca Martin**

Name of Authorized Agent

**Rebecca Martin**

Signature of Authorized Agent

**1-23-19**

Date

**Interim Department Head**

Position/ Title of Authorized Agent

**South Dakota State University**

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

## MEMORANDUM

**DATE:** December 4, 2018  
**TO:** Alper Kayaalp  
**FROM:** Rebecca Martin, Interim Department Head of Psychology  
South Dakota State University  
**RE:** Revised Contract Appointment with Psychology Department, South Dakota State University

I would like to offer you a revised offer of employment, subject to approval by the Board of Regents, for a faculty appointment in the Psychology Department. The effective date of this appointment is December 4, 2018. The appointment would continue as a 9-month appointment following the Spring semester. You will be appointed to a tenure-track Assistant Professor position with a 9-month salary of \$70,000 based 100% time. The salary for the Spring semester of 2019 will be adjusted for a 5-month salary. You will be paid in the Spring in the months of December through May. You will not receive pay, unless you elect to teach in the Summer semester, for the months of June-August. Rebecca Martin is your direct supervisor. As with all employees, you will be evaluated annually.

You are required to provide an official transcript for your highest degree within 30 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records. In addition to the intellectual properties, also enclosed is a conflict of interest form, please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records.

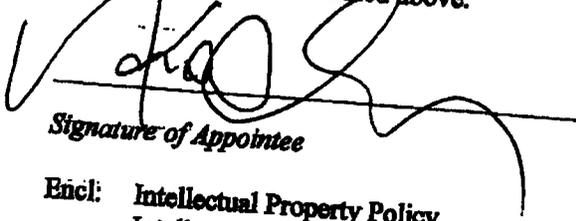
The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota State University. This offer is contingent on the university's verification of credentials and other information required by law and/or university policies, including but not limited to a criminal background check. Withholding statements (W-4's) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Payroll Office. Your portion of these forms must be completed on or before your first day of employment. BOR requires direct deposit of payroll checks for all employees.

As an Assistant Professor in the Psychology Department, your position is eligible for state benefits to include household moving allowance of up to \$7,500.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter, a signed copy of the enclosed agreement to assign Intellectual Property, and the Conflict of Interest Form to my attention no later than December 10, 2018, retaining a copy for your records.

cc: **Rebecca Martin**  
**Human Resources**

I accept the job offer outlined above.

A handwritten signature in black ink, appearing to be 'V. K. S.', written over a horizontal line.

*Signature of Appointee*

Encl: **Intellectual Property Policy**  
**Intellectual Property Form**  
**Conflict of Interest Form**

# Household Moving Allowance State of South Dakota

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

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

Phone: 605-773-3537

Please check one:

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

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

## Application

Kristyn Preston

Name of Applicant

Coordinator for Community Standards

New Position Title

Student Affairs

Agency Employed By

\$41,640

Milwaukee, WI

Madison, SD

December 2018

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

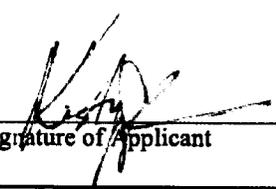
00321

January 3, 2019

Bureau of Human Resources Class Code

Employment Date with the State

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

  
Signature of Applicant

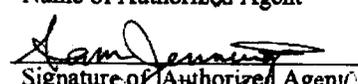
1/16/19  
Date

## 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.

Sam Jennings / Michael Willis  
Name of Authorized Agent

Dean of Student / VP SA  
Position/ Title of Authorized Agent

 1/16/19  
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

## MEMORANDUM

**DATE:** November 16, 2018  
**TO:** Kristyn Preston  
**FROM:** Sam Jennings II, Dean of Students  
South Dakota State University  
**RE:** Appointment with Student Affairs, South Dakota State University

I am pleased to offer you, subject to approval by the President, an appointment as Coordinator for Community Standards in the Student Affairs Department. The effective date of this appointment is January 3, 2019. Annual appointment dates are June 22 to June 21. Your salary is \$41,640 based on 12 months at 100% time. Sam Jennings II is your direct supervisor. As with all employees, you will be evaluated annually.

The administrative employment offered herein shall be at the pleasure of the President and may be terminated without notice or cause. The administrative appointment shall commence on January 3, 2019 and shall not extend beyond June 21 annually. The administrative employment may be renewed at the sole pleasure of the President. If the President elects to renew an administrative appointment, it may do so under whatever changed or additional terms and conditions it chooses. This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime.

You are required to provide an official transcript for your highest degree within 30 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records. In addition to the intellectual properties, also enclosed is a conflict of interest form, please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records.

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota State University. This offer is contingent on the university's verification of credentials and other information required by law and/or university policies, including but not limited to a criminal background check. Withholding statements (W-4's) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Payroll Office. Your portion of these forms must be completed on or before your first day of employment. BOR requires direct deposit of payroll checks for all employees.

As Coordinator for Community Standards, your position is eligible for state benefits to include household moving allowance of up to 1 month salary as outlined in SDCL 3-9-12.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter, a signed copy of the enclosed agreement to assign Intellectual Property, and the Conflict of Interest Form (*if applicable*) to my attention no later than December 1, 2018, retaining a copy for your records.

I accept the job offer outlined above.

  
\_\_\_\_\_  
Signature of Appointee

Encl: Intellectual Property Policy  
Intellectual Property Form  
Conflict of Interest Form

## Household Moving Allowance State of South Dakota

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

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

Please check one:

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

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

### Application

Ihab Shalabi

Name of Applicant

Safety Consultant

New Position Title

SDSU - Engineering Extension

Agency Employed By

\$54,000

Yearly Salary

Hendersonville, TN

City, State Moving From

Brookings

New Post of Duty (City)

01/2019

Expected Month/Year of Move

01/30/2019

Employment Date with the State

00574  
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.

Ihab Shalabi  
Signature of Applicant

1-24-2019  
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.

Greg Derynck

Name of Authorized Agent

Program Director, Engineering Extension

Position/ Title of Authorized Agent

Greg Derynck 1/24/2019  
Signature of Authorized Agent Date

South Dakota State University

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance



# **SOUTH DAKOTA STATE UNIVERSITY**

**Engineering Extension | South Dakota OSHA Consultation**

## **MEMORANDUM**

**DATE:** 1/22/2019

**TO:** Ihab Shalabi

**FROM:** Greg Derynck, Engineering Extension Program Director  
South Dakota State University

**RE:** Appointment with Engineering Extension/OSHA Consultation, South Dakota State University

I am pleased to offer you, subject to approval by the President, an appointment as a Safety Consultant, for Engineering Extension in the Jerome J. Lohr College of Engineering. The effective date of this appointment is January 30, 2019. Annual appointment dates are June 22 to June 21. Your salary is \$54,000 based on 12 months at 100%. Greg Derynck is your direct supervisor. As with all employees, you will be evaluated annually.

This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime.

The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records. In addition to the intellectual properties, also enclosed is a conflict of interest form, please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records.

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota State University. This offer is contingent on the university's verification of credentials and other information required by law and/or university policies, including but not limited to a criminal background check. Withholding statements (W-4's) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Payroll Office. Your portion of these forms must be completed on or before your first day of employment. BOR requires direct deposit of payroll checks for all employees.

As a Safety Consultant, your position is eligible for state benefits to include household moving allowance of up to 1 month salary as outlined in SDCL 3-9-12.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter, a signed copy of the enclosed agreement to assign Intellectual Property, and the Conflict of Interest Form to my attention no later than 1/25/2019, retaining a copy for your records.

**cc:** Supervisor  
Human Resources



**SOUTH DAKOTA STATE UNIVERSITY**

**Engineering Extension | South Dakota OSHA Consultation**

I accept the job offer outlined above.

Ihab Shalabi

1-24-2019

Ihab Shalabi

Date

Encl: Intellectual Property Policy  
Intellectual Property Form  
Conflict of Interest Form

## Household Moving Allowance State of South Dakota

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

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

Please check one:

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

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

### Application

Travis Johnansen

Name of Applicant

FB Asst Coach/Defensive Coordinator

New Position Title

USD

Agency Employed By

\$97,000.00

Yearly Salary

Ankeny, Iowa

City, State Moving From

Vermillion, SD

New Post of Duty (City)

January 2019

Expected Month/Year of Move

00511

Bureau of Human Resources Class Code

January 18, 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

1-18-19  
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.

Emery Wasley

Name of Authorized Agent

Assistant Vice President, Human Resources

Position/ Title of Authorized Agent

  
Signature of Authorized Agent

1/24/19  
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



DEPARTMENT OF ATHLETICS  
The University of South Dakota  
Sanford Coyote Sports Center  
414 E. Clark Street  
Vermillion, SD 57069-2390  
[www.GoYotes.com](http://www.GoYotes.com)  
605-658-5500

DATE: January 14, 2019  
TO: Travis Johansen  
FROM: David Herbster, Athletic Director, Intercollegiate Athletics  
SUBJECT: Appointment with the University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Assistant Football Coach/Defensive Coordinator. The effective date of this appointment is January 18, 2019. Your salary will be at an annualized rate of \$97,000.00. Your supervisor is Bob Nielson. This offer of employment is contingent on the favorable results of a background check. As with all administrative employees, you will be evaluated annually. Specific expectations for this position are detailed in the attached Expectations of Employment.

The administrative employment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause. The appointment shall commence on January 18, 2019 and shall not extend beyond June 21, 2019.

The administrative employment may be renewed at the sole pleasure of the Board. If the Board elects to renew an administrative appointment, it may do so under whatever changed or additional terms and conditions it chooses.

This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime.

The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated and return with this offer letter, retaining a copy for your records. In addition to the intellectual properties, I have also included a conflict of interest and an employee information form, please complete these forms (retaining a copy for your records) and return with this letter.

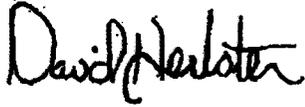
The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of the University. Withholding statements (W-4's) are available in your benefit packet and should be completed, signed and returned to the Payroll Office prior to receiving your first paycheck. You will be expected to provide proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws. Your supervisor or HR office will have an I-9 Form that will be used for this purpose. Your portion of that form must be completed on your first day of employment. The Board of Regents requires direct deposit of payroll checks for all employees.

As Assistant Football Coach/Defensive Coordinator, your position is eligible for state benefits to include household moving allowance of up to 1/12 of your annualized salary as outlined in SDCL 3-9-12. The University of South Dakota will provide up to \$8,083.00 in moving expenses. Reimbursed moving expenses are considered taxable income.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter and a signed copy of the enclosed agreement to assign Intellectual Property, Conflict of Interest and the employee information form to the attention of:

Jeanette Hubert  
University of South Dakota  
Sanford Coyote Sports Center 304V  
414 E Clark  
Vermillion, SD 57069

Please retain a copy of these documents for your files.

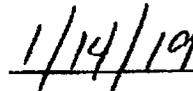


David Herbster

Encs.

cc: David Williams  
Bob Nielson

I accept the job offer outlined above.

  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

# Household Moving Allowance State of South Dakota

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

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

Please check one:

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

**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

RYAN GROENEWEG  
Name of Applicant

Clinical Director of Behavioral Center for Disabilities  
New Position Title <sup>USD</sup> Services Agency Employed By

96,000  
Yearly Salary

Sheldon, IA  
City, State Moving From

Sioux Falls  
New Post of Duty (City)

Jan/Feb 2019  
Expected Month/Year of Move

\_\_\_\_\_  
Bureau of Human Resources Class Code

1-2-19  
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.

Ryan Groeneweg  
Signature of Applicant

1-22-19  
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.

Emery Wasley  
Name of Authorized Agent

Assistant Vice President, Human Resources  
Position/ Title of Authorized Agent

Emery Wasley 1/28/19  
Signature of Authorized Agent Date

University of South Dakota  
Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State Board of Finance on

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Secretary, State Board of Finance



UNIVERSITY OF  
SOUTH DAKOTA

MEMORANDUM

DATE: September 17, 2018  
TO: Ryan M. Groeneweg  
FROM: Wendy Parent-Johnson, Ph.D., CRC, CESP, Executive Director, Center for Disabilities  
RE: Appointment with Center for Disabilities, Sanford School of Medicine, University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Clinical & Behavioral Services Manager for the Center for Disabilities. The effective date of this appointment is October 22, 2018. Initially this would be 20% time from October 22, 2018 to January 1, 2019. Then effective January 2, 2019 this appointment would be 100% time, 12 months. Annual appointment dates are June 22nd through June 21st. Your salary is \$96,000 based on 12 months at 100% time. As with all employees, you will be evaluated annually. This offer is contingent on the favorable results of a background check.

The administrative appointment shall commence on October 22, 2018 and shall not extend beyond June 21, 2019. The administrative employment may be renewed at the sole pleasure of the Board. If the Board elects to renew an administrative appointment, it may do so under whatever changed or additional terms and conditions it chooses. The administrative employment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause. *This offer of employment is subject to acceptable performance and availability of grant funds.*

This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime. The base salary could be subject to change should there be a change in duties or appointment percent.

The University, in accordance with annual salary policy approved by the state legislature, the Board of Regents compensation policies, your performance, and institutional priorities, will determine any future annual pay increases. Payroll dates begin on the 22nd of the month through the 21st with payroll on the last day of the month. Eligible leave will be accrued in accordance with your appointment and all employees are required to request leave off through the payroll system to ensure leave is recorded accurately. Benefits are administered through the State of South Dakota and are provided to any employee that is in a regular position that is employed at 50% or greater time. Your position is eligible (effective January 2, 2019) for state benefits to include household moving allowance of up to 1 month salary as outlined in SDCL 3-9-12. The University of South Dakota will provide up to \$8,000 in moving expenses. Reimbursed moving expenses are considered taxable income.

You are required to provide an official transcript for your highest degree within 30 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records.

In addition to the intellectual properties, also enclosed is a conflict of interest form, please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records.

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of University of South Dakota. Withholding statements (W-4's) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Human Resources Office. Your portion of these forms must be completed on or before your first day of employment. BOR requires direct deposit of payroll checks for all employees.

To help you become acquainted with the University community, your benefits, and your job rights and responsibilities, we expect you to attend the following orientation sessions:

- The benefits and timekeeping orientation should be scheduled with Sharon Myers upon your arrival. This session will cover information about your insurance enrollment and retirement benefits. She can be reached at (605) 357-1304 or [Sharon.myers@usd.edu](mailto:Sharon.myers@usd.edu).
- The anti-harassment and discrimination overview is scheduled for 9:00 a.m. on the last Wednesday of the month in Slagle Hall, Room 104, on the University of South Dakota campus.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter and a signed copy of the enclosed agreement to assign Intellectual Property and Conflict of Interest Form no later than September 26, 2018, retaining a copy for your records. Send the signed documents to:

Sharon M. Myers, PHR, Human Resources  
USD Sanford School of Medicine  
HSC, 1400 W 22nd Street, Room 326  
Sioux Falls, SD 57105-1570  
605.357.1304 Phone  
605.357-1311 Fax  
[Sharon.myers@usd.edu](mailto:Sharon.myers@usd.edu)

cc: Human Resources  
Jana Richardson, EPAF

I accept the job offer outlined above.

 9-24-18

*Signature of Appointee & Date Signed*

Enclosures: Intellectual Property Policy  
Intellectual Property Form  
Conflict of Interest Form  
Employee Personal Data Sheet

**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: January 28, 2019 Agency: SD Bureau of Finance & Management  
Agency Address: 500 E Capitol Ave Suite 217, Pierre, SD 57501  
Agency Phone Number: 605-773-3411  
Employee Requesting Reimbursement: Liza Clark, State Chief Finance Officer  
Total Amount of Reimbursement: 231.00 total (\$10.00 per lunch, \$21 Serv Chrg x 21 attendees)  
Date(s) of Expense: January 24, 2019  
Event Leave Time: 10:30 AM Event Return Time: 3:00 PM  
Explanation of official business performed: Quarterly Governors Council of Economic Advisors Meeting held in Capitol Governor's Large Conference Room. BFM employees home-stationed in Pierre included Liza Clark Steven Kohler BFM, Jim Terwilliger Dept of Revenue, Senator Wiik, Senator Cronin, Representative Karr, Representative Jean Hunhoff, Tami Darnell Legislative Research Council and Jeff Mehlhaff Legislative Research Council.

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.

*Green Kayser*  
Signature of Employee

1/25/19  
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.

SD Bureau of Finance & Management/Liza Clark  
Name of Department/Office Head  
*Liza Clark*  
Signature of Department/Office Head

Chief Financial Officer  
Position/Title of Agency Official  
1/25/19  
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.**



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

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

**Governor's Council of Economic Advisors Meeting  
January 24, 2019**

**Governor's Large Conference Room  
Capitol Building  
Pierre, SD 57501**

**11:00 AM –12:00 PM**

**Roundtable Discussion of Economic, Business, and Industry Trends**

- Council discussion on specific regional areas of the state and how those regions are performing economically, including any possible positive or negative developments that could impact the state economy for 2019-2020.

**12:00 PM –1:30 PM**

**Update on most recent US economic forecast/SD economic trends**

- Dr. Ralph Brown will present the most recent IHS Economics forecast for the United States economy as well as recent trends in the South Dakota economy including trends in employment, income and various other economic indicators specific to South Dakota.
- Council discussion on agriculture, tourism, manufacturing, financial services as well as other sectors that have a large presence in the state and how those specific sectors are performing or are expected to perform over the two years.

**1:30 PM – 2:30 PM**

**Overview of SD economic forecast and recent tax collection trends**

- Jim Terwilliger will present recent general fund revenue collection trends for major revenue sources that populate the state general fund and how those collection trends compare to the most recent budgeted levels and historical growth rates.

**2:30 PM**

**Public Comment**

**Adjourn**

*w/working lunch*

## RedRossa Italian Grille

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

**BEO #: 839223**

Printed on: 1/25/2019 10:48:30 AM

<b>Account:</b> Bureau of Finance & Management (OS) <b>Post As:</b> Bureau of Finance & Management (OS) <b>Address:</b>  <b>Payment Method:</b>  <b>Accounting Information:</b>	<b>Event Date:</b> <b>Thursday, 1/24/2019</b> <b>Contact:</b> Doreen Kayser <b>Phone:</b> 605-773-3411 <b>Fax:</b> <b>Email:</b> doreen.kayser@state.sd.us <b>On-Site</b>  <b>Sales Mgr:</b> Lindy Geraets <b>Catering Mgr:</b> Lindy Geraets
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Date	Time	Setup	Set	Gtd	Room
Thursday, 1/24/2019	11:00 AM-11:15 AM	Delivery	21		Off Site (Delivery)

Qty	Menu Item	Unit	Total
21.00	Chef's Choice	\$10.00	\$210.00
<b>Food Totals</b>			<b>\$210.00</b>
		<b>Total</b>	<b>\$210.00</b>
		<b>Service Charge 1</b>	<b>\$21.00</b>
		<b>Tax</b>	<b>\$0.00</b>
		<b>Grand Total</b>	<b>\$231.00</b>
		<b>Deposits Received</b>	<b>\$0.00</b>
		<b>Amount Due</b>	<b>\$231.00</b>

I have read the above arrangements and the attached Catering Policies and agreed to the terms and conditions. Guarantee number due by 1/17/2019. 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 #: 839223**

\_\_\_\_\_  
**Event Representative Authorized Signature**      **Date**

\_\_\_\_\_  
**Hotel Representative Signature**      **Date**

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

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

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

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

Application

Date: 1/16/19 Agency: DOE  
Agency Address: 800 Governors Dr  
Agency Phone Number: 773-3678  
Employee Requesting Reimbursement: See attached (4 employees)  
Total Amount of Reimbursement: \_\_\_\_\_  
Date(s) of Expense: 1/16/19  
Event Leave Time: 8:30 Event Return Time: 2:30  
Explanation of official business performed: \_\_\_\_\_  
Advisory Council for Children w/  
Disabilities

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.

Kristin Jerome  
Signature of Employee

1/16/19  
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.

Benjamin F. Jones  
Name of Department/Office Head

Interim Secretary  
Position/Title of Agency Official

Benjamin F. Jones  
Signature of Department/Office Head

1/22/19  
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.

# Meal/Beverage Request

**Event Title:** ADVISORY PANEL  
**Dates of Event:** 16-Jan-19  
**Location of Event:** MACKAY BUILDING - PIERRE - LIBRARY COMMONS  
**Number of People Attending:** 20  
**Person to Contact About Request:** KRISTIN JEROME

**Purpose of Event:**  
 GOVERNOR'S SPECIAL EDUCATION ADVISORY PANEL QUARTERLY MEETING

Company	Subobject	Center	Fund Source	Sub Fund
2024	5203130 08	1232830	K03	A0

**Providing:**

- Beverages
- Breakfast

Dates Providing : \_\_\_\_\_ Number of Meals \_\_\_\_\_  
 Approximate Cost: \_\_\_\_\_ (Cannot exceed \$6 per person)

- Lunch

Dates Providing : 01/16/2019 Number of Meals 20  
 Approximate Cost: 220.00 (Cannot exceed \$11 per person)

- Dinner

Dates Providing : \_\_\_\_\_ Number of Meals \_\_\_\_\_  
 Approximate Cost: \_\_\_\_\_ (Cannot exceed \$15 per person)

\_\_\_\_\_  
**Program Staff Signature**

10-26-18  
 \_\_\_\_\_  
**Date**

I hereby approve the use of state/federal funds for the purchase of meals or beverages.

\_\_\_\_\_  
**Authorized Signature**

10-26-18  
 \_\_\_\_\_  
**Date**





# South Dakota Department of Education Special Education Governor's Advisory Panel

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**January 16, 2019**

MacKay Building: 800 Governor's Drive; Pierre, SD  
Library Commons Conference Room

## Panel Functions

- Advise the SEA of unmet needs within the State in the education of children with disabilities
- Comment publicly on any rules or regulations proposed by the state regarding the education of children with disabilities
- Advise the SEA in developing evaluations and reporting on data to the Secretary under section 618 of the Act
- Advise the SEA in developing corrective action plans to address findings identified in Federal monitoring reports under Part B of the Act
- Advise the SEA in developing and implementing policies relating to the coordination of services for children with disabilities
- Review and comment on final due process hearing findings and decisions
- Advise on eligible students with disabilities in adult prisons- The advisory panel also shall advise on the education of eligible students with disabilities who have been convicted as adults and incarcerated in adult prisons

## Panel Priorities

- \* Parental Awareness of Rights and Procedural Safeguards

**January 16, 2019 8:30 am to 4:00 pm**

Agenda Item	Lead and documents needed
Call Meeting to Order and Introductions	Erin Schons – Chairperson
Approval of the agenda	Advisory Panel Doc: Agenda
Approval of the minutes	Advisory Panel Doc: September 2018 draft meeting minutes
Public Comment:	If interested in providing public comment, please send notification to Wendy Trujillo at <a href="mailto:Wendy.Trujillo@state.sd.us">Wendy.Trujillo@state.sd.us</a> or call 605-773-3678.
State Performance Plan (SPP) & Annual Performance Report (APR)	SEP Staff
Advisory Panel Reimbursements	Kristin Jerome and Wendy Trujillo

<b>Bylaws – Review Public Comment Section due to updated codified laws</b>	Special Education Programs (SEP) and Advisory Panel
<b>State Personnel Development Grant (SPDG)</b>	Brandi Gerry
<b>Lunch (11:45 am)</b>	Library Commons Conference Room
<b>Department of Education Updates</b>	Linda Turner/Wendy Trujillo – SEP Director and Staff
<b>Legislative Updates</b>	Linda Turner
<b>Special Education Conference</b>	Advisory Panel
<b>Priority Area: Parental Awareness of Rights and Procedural Safeguards:</b>	Advisory Panel Homework: Parent Rights from another state and five frequently asked questions related to the Parental Rights Doc: South Dakota Parental Rights booklet
<b>Meeting Take Away for Annual Report</b>	Advisory Panel
<b>Next Meeting and Agenda Items</b>	April 3 <sup>rd</sup> , 2019 Pierre, SD
<b>Adjournment</b>	Advisory Panel

If you wish to participate via South Dakota Public Broadcasting Livestream, please refer to <http://www.sd.net/home/>.

If you require a reasonable accommodation to participate in the meeting (e.g. sign language interpreter, materials in an alternative format), please submit your request in writing no later than 10 days prior to the meeting to ensure accommodations are available. Address requests to [Kristin.Jerome@state.sd.us](mailto:Kristin.Jerome@state.sd.us) or call 605-773-3678.

**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: 1/31/2019 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: \$969.78  
Date(s) of Expense: 1/1/2019 to 1/31/2019  
Event Leave Time: 5am 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

1/31/2019  
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

2/5/19  
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 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:

Jacob Schweint

Invoice number:

20698806

Reason for delay:

Home duty reimbursement process

Jacob Schweint  
Claimant Signature

Date

[Signature]  
Agency Official Authorization

Date

2/15/10

A

**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=H ABITAT FS=FSHERIE S	X	831 RHT	Claim if Personal Vehicle Was Used	Pierre			
Date Mo. Day	ION 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								
01/01/19	Field Tranning Howard, SD	5am		ST	LE		\$32.00				
01/02/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/03/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/04/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/05/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/06/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/07/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/08/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/09/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/10/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/11/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/12/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/13/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/14/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/15/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/16/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/17/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/18/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/19/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/20/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/21/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/22/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/23/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/24/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/25/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/26/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/27/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/28/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/29/19	Field Tranning Howard, SD			ST	LE		\$32.00				
01/30/19	Field Tranning Howard, SD and Travel to MN	2pm		ST	LE		\$17.00	59.00	\$24.78		
01/31/19	Home										

PURPOSE OF TRAVEL To conduct the duties of a Conservation Officer Trainee in the State of South Dakota.	Subtotals	Taxable	Non taxable			
		\$0.00	\$945.00	59.00	\$24.78	\$0.00
<b>Grand Total</b>						\$969.78
<b>Apply to Advance</b>						
<b>AMOUNT REIMBURSABLE</b>						969.78

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 1-31-19  
Claimant Date

[Signature] 02/05/2019  
Authorization Authorization Date

Game Fish and Parks

Direct Invoice

Beth

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: \_\_\_\_\_ ACTION: \_\_\_\_\_ 02/05/2019 10:26:30

REQUEST: \_\_\_\_\_

EMP VOUCHER NBR: \_\_\_\_\_ Z069RB06 DATE: 01/31/2019 MODEL: \_\_\_\_\_

EMP SHORT NAME : SCHWINTJACOB\_\_ SCHWINT, JACOB CURR: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_162458\_\_ FRIDLEY CM/DM :I

TRAVEL BEG DATE: \_\_01/01/2019\_\_ APPROVAL NBR: \_\_\_\_\_ MULTI PYMT: N

TERMS CODE: \_\_ PYMT DUE DATE: 02/05/2019 DO NOT USE : \_\_\_\_\_

REMIT MSG: \_\_ TRAVEL FROM 01/01-01/31/2019 \_\_\_\_\_

SIGNATURE APPR CD: \_\_\_\_\_

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO	NUMBER
VAT	QUANTITY	UNIT	ITEM	NUMBER	ITEM	DESCR	PRORATE (T F A D) USE 99 IRC
0001	945.00	001	3122	52031500	0610520		
						NNNN	

0002	24.78	001	3122	52030300	0610520		
	59					NNNN	

0003 \_\_\_\_\_

0004 \_\_\_\_\_

: \_\_\_\_\_ : \_\_\_\_\_  
: \_\_\_\_\_ GROSS AMOUNT: \_\_\_\_\_ 969.78

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.

02/05/2019

Claimant Date

Authorization Date

Authorization Date

**Leidholt, Beth**

**From:** Petersen, Chris  
**Sent:** Thursday, November 29, 2018 4:33 PM  
**To:** Leidholt, Beth  
**Subject:** Fwd: Trainee Updated letters to attach to vouchers

**From:** "McFarland, David" <[David.McFarland@state.sd.us](mailto:David.McFarland@state.sd.us)>  
**Date:** November 28, 2018 at 4:35:14 PM CST  
**To:** "Petersen, Chris" <[Chris.Petersen@state.sd.us](mailto:Chris.Petersen@state.sd.us)>  
**Subject:** RE: Trainee Updated letters to attach to vouchers

Chris, this is approved. - Dave

<p><b>David McFarland</b> Director Fleet &amp; Travel Management Bureau of Administration (605) 773-6550 Work (605) 295-1240 Mobile <a href="mailto:David.McFarland@state.sd.us">David.McFarland@state.sd.us</a> Pierre, SD 57501 <a href="https://boa.sd.gov/fleet-travel...">https://boa.sd.gov/fleet-travel...</a></p>	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

**From:** Petersen, Chris  
**Sent:** Wednesday, November 28, 2018 9:21 AM  
**To:** McFarland, David <[David.McFarland@state.sd.us](mailto:David.McFarland@state.sd.us)>  
**Subject:** FW: Trainee Updated letters to attach to vouchers

Hello David,

Below is a string of emails between the SD Department of Game, Fish & Parks and Fleet & Travel. Historically GFP has asked and received approval from Fleet & Travel to use the higher mileage (personal vehicle use) rate for a small group of GFP employees. Specifically, GFP is requesting high mileage rate approval for conservation officer trainees when they use personal vehicles to travel to field training locations.

With John DeLoache's retirement the State Auditors Office has asked GFP to reacquire high mileage rate approval from Fleet & Travel. If you have any questions feel free to contact me anytime. Thanks.

Chris

**Chris Petersen** | Finance Officer  
South Dakota Game, Fish and Parks  
523 East Capitol Avenue | Pierre, SD 57501  
605.773.3396 | [Chris.Petersen@state.sd.us](mailto:Chris.Petersen@state.sd.us)



**From:** DeLoache, John  
**Sent:** Tuesday, April 25, 2017 7:53 AM  
**To:** Petersen, Chris  
**Cc:** Leidholt, Beth  
**Subject:** RE: Trainee Updated letters to attach to vouchers

High Mileage POV-1 is approved for the below request.

*John DeLoache*

Director  
SD Fleet & Travel Management  
c/o 500 E. Capitol Ave  
Pierre, SD 57501-5070  
605-773-6550 PH  
605-773-3502 FAX  
[john.deloache@state.sd.us](mailto:john.deloache@state.sd.us)

**From:** Petersen, Chris  
**Sent:** Monday, April 24, 2017 10:31 PM  
**To:** DeLoache, John  
**Cc:** Leidholt, Beth  
**Subject:** RE: Trainee Updated letters to attach to vouchers

Hi John,

Below is a request from GFP back in 2015 asking for high mileage rate approval for GFP conservation officer trainees when using personal vehicles to travel to field training locations. The State Auditor's Office is asking for this long standing authorization to again be re-approved by Fleet & Travel. Would you approve of continuing the practice for our GFP trainees? Thanks.

Chris

*Chris Petersen*  
*Finance Officer*  
*South Dakota Department of Game, Fish & Parks*  
*605-773-3396*

**From:** DeLoache, John  
**Sent:** Tuesday, March 10, 2015 12:44 PM  
**To:** Petersen, Chris  
**Subject:** RE: Trainee Updated letters to attach to vouchers

Yes POV-1 High Mileage is granted as per the attached request for the Field Training of new trainees as required.

*John DeLoache*

Director  
SD Fleet & Travel Management

c/o 500 E. Capitol Ave  
Pierre, SD 57501-5070  
605-773-6550 PH  
605-773-3502 FAX  
[john.deloache@state.sd.us](mailto:john.deloache@state.sd.us)

**From:** Petersen, Chris  
**Sent:** Tuesday, March 10, 2015 11:56 AM  
**To:** DeLoache, John  
**Cc:** Tentinger, Jeremy; Alban, Andy  
**Subject:** FW: Trainee Updated letters to attach to vouchers

Hey John,

Years ago GFP got approval from Fleet & Travel authorizing the Department to reimburse conservation officer trainees, at the high mileage rate, for use of their personal vehicles when driving to field training locations. The approval in 2005 is attached. Conservation Officer field training is provided by a veteran conservation officer at the officer's home duty station. Field training normally involves travel and a six week stay for the trainee. During the six week training stay, use of the trainee's personal vehicle removes concerns related to non-duty time and potential misuse of state owned vehicles. GFP would like to request continued authorization to reimburse conservation officer trainees at the high mileage rate. Thanks for the consideration.

Chris

*Chris Petersen  
Director of Administration  
South Dakota Department of Game, Fish & Parks  
605-773-3396*



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

20641 SD Highway 1806  
Fort Pierre, South Dakota 57532-6100

**NOTICE TO STATE AUDITORS**

Our conservation officer trainees must attend the DCI training academy in Pierre where the rooms and meals Monday through Friday breakfast are provided by DCI. GFP has elected to pay for all meals that are not served at DCI instead of paying overtime and mileage for our officers to drive back home and return for each weekend and holiday.

For each weekend they will get the following meals:

Friday noon meal and evening meal=\$26\*

Saturday= \$32 all day

Sunday= \$32 all day

Total=\$90

\*NOTE: Some Fridays they do serve the noon meal if class is in session and so some vouchers will not include a Friday lunch expense entry.

For each holiday they will get the evening meal (night before Holiday) if it falls in the middle of the week, in addition to \$32 for the holiday itself.

If you have any questions, please contact Brandon Gust Law Enforcement Training Supervisor, at 605-480-0485.

Sincerely,

Brandon Gust

Law Enforcement Training Supervisor

Updated 11/2016

**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: 1/24/2019 Agency: SD 66+P  
Agency Address: 523 E. Capitol Ave Pierre, SD 57501  
Agency Phone Number: 605-773-3387  
Employee Requesting Reimbursement: Anthony Potter  
Total Amount of Reimbursement: 812.44  
Date(s) of Expense: 12/1/18 thru 1/1/19  
Event Leave Time: 5:30 AM Event Return Time: 8:00 PM  
Explanation of official business performed: To 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

1/24/2019  
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

2/4/19  
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 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: Anthony Potter

Invoice number: 2069RB04

Reason for delay: Home duty reimbursement process

[Signature]  
Claimant Signature

\_\_\_\_\_  
Date

[Signature]  
Agency Official Authorization

2/4/11  
Date

**Leidholt, Beth**

**From:** Petersen, Chris  
**Sent:** Thursday, November 29, 2018 4:33 PM  
**To:** Leidholt, Beth  
**Subject:** Fwd: Trainee Updated letters to attach to vouchers

**From:** "McFarland, David" <[David.McFarland@state.sd.us](mailto:David.McFarland@state.sd.us)>  
**Date:** November 28, 2018 at 4:35:14 PM CST  
**To:** "Petersen, Chris" <[Chris.Petersen@state.sd.us](mailto:Chris.Petersen@state.sd.us)>  
**Subject:** RE: Trainee Updated letters to attach to vouchers

Chris, this is approved. - Dave

<p><b>David McFarland</b> Director Fleet &amp; Travel Management Bureau of Administration (605) 773-5550 Work (605) 295-4340 Mobile <a href="mailto:David.McFarland@state.sd.us">David.McFarland@state.sd.us</a> Pierre, SD 57501 <a href="https://boa.sd.gov/fleet-travel...">https://boa.sd.gov/fleet-travel...</a></p>	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

**From:** Petersen, Chris  
**Sent:** Wednesday, November 28, 2018 9:21 AM  
**To:** McFarland, David <[David.McFarland@state.sd.us](mailto:David.McFarland@state.sd.us)>  
**Subject:** FW: Trainee Updated letters to attach to vouchers

Hello David,

Below is a string of emails between the SD Department of Game, Fish & Parks and Fleet & Travel. Historically GFP has asked and received approval from Fleet & Travel to use the higher mileage (personal vehicle use) rate for a small group of GFP employees. Specifically, GFP is requesting high mileage rate approval for conservation officer trainees when they use personal vehicles to travel to field training locations.

With John DeLoache's retirement the State Auditors Office has asked GFP to reacquire high mileage rate approval from Fleet & Travel. If you have any questions feel free to contact me anytime. Thanks.

Chris

**Chris Petersen** | *Finance Officer*  
South Dakota Game, Fish and Parks  
523 East Capitol Avenue | Pierre, SD 57501  
605.773.3396 | [Chris.Petersen@state.sd.us](mailto:Chris.Petersen@state.sd.us)



**From:** DeLoache, John  
**Sent:** Tuesday, April 25, 2017 7:53 AM  
**To:** Petersen, Chris  
**Cc:** Leidholt, Beth  
**Subject:** RE: Trainee Updated letters to attach to vouchers

High Mileage POV-1 is approved for the below request.

*John DeLoache*

Director  
SD Fleet & Travel Management  
c/o 500 E. Capitol Ave  
Pierre, SD 57501-5070  
605-773-6550 PH  
605-773-3502 FAX  
[john.deloache@state.sd.us](mailto:john.deloache@state.sd.us)

**From:** Petersen, Chris  
**Sent:** Monday, April 24, 2017 10:31 PM  
**To:** DeLoache, John  
**Cc:** Leidholt, Beth  
**Subject:** RE: Trainee Updated letters to attach to vouchers

Hi John,

Below is a request from GFP back in 2015 asking for high mileage rate approval for GFP conservation officer trainees when using personal vehicles to travel to field training locations. The State Auditor's Office is asking for this long standing authorization to again be re-approved by Fleet & Travel. Would you approve of continuing the practice for our GFP trainees? Thanks.

Chris

*Chris Petersen*  
*Finance Officer*  
*South Dakota Department of Game, Fish & Parks*  
*605-773-3396*

**From:** DeLoache, John  
**Sent:** Tuesday, March 10, 2015 12:44 PM  
**To:** Petersen, Chris  
**Subject:** RE: Trainee Updated letters to attach to vouchers

Yes POV-1 High Mileage is granted as per the attached request for the Field Training of new trainees as required.

*John DeLoache*

Director  
SD Fleet & Travel Management

c/o 500 E. Capitol Ave  
Pierre, SD 57501-5070  
605-773-6550 PH  
605-773-3502 FAX  
[john.deloache@state.sd.us](mailto:john.deloache@state.sd.us)

**From:** Petersen, Chris  
**Sent:** Tuesday, March 10, 2015 11:56 AM  
**To:** DeLoache, John  
**Cc:** Tentinger, Jeremy; Alban, Andy  
**Subject:** FW: Trainee Updated letters to attach to vouchers

Hey John,

Years ago GFP got approval from Fleet & Travel authorizing the Department to reimburse conservation officer trainees, at the high mileage rate, for use of their personal vehicles when driving to field training locations. The approval in 2005 is attached. Conservation Officer field training is provided by a veteran conservation officer at the officer's home duty station. Field training normally involves travel and a six week stay for the trainee. During the six week training stay, use of the trainee's personal vehicle removes concerns related to non-duty time and potential misuse of state owned vehicles. GFP would like to request continued authorization to reimburse conservation officer trainees at the high mileage rate. Thanks for the consideration.

Chris

*Chris Petersen  
Director of Administration  
South Dakota Department of Game, Fish & Parks  
605-773-3396*



**DEPARTMENT of GAME, FISH, AND PARKS**

20641 SD Highway 1806  
Fort Pierre, South Dakota 57532-6100

**NOTICE TO STATE AUDITORS**

Our conservation officer trainees must attend the DCI training academy in Pierre where the rooms and meals Monday through Friday breakfast are provided by DCI. GFP has elected to pay for all meals that are not served at DCI instead of paying overtime and mileage for our officers to drive back home and return for each weekend and holiday.

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For each holiday they will get the evening meal (night before Holiday) if it falls in the middle of the week, in addition to \$32 for the holiday itself.

If you have any questions, please contact Brandon Gust Law Enforcement Training Supervisor, at 605-480-0485.

Sincerely,

Brandon Gust

Law Enforcement Training Supervisor

Updated 11/2016

Game Fish and Parks

VOUCHER

Direct Invoice

Beth

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: \_\_\_\_\_ ACTION: \_\_\_\_\_ 02/01/2019 10:33:59

REQUEST: \_\_\_\_\_

EMP VOUCHER NBR: \_\_\_\_\_ Z069RB04 DATE: 01/01/2019 MODEL: \_\_\_\_\_

EMP SHORT NAME : POTTERANTHONYJ\_ POTTER, ANTHONY J CURR: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_162965\_\_\_ WAHPETON CM/DM :I

TRAVEL BEG DATE: \_\_\_12/01/2018\_\_\_ APPROVAL NBR: \_\_\_\_\_ MULTI PYMT: N

TERMS CODE: \_\_\_ PYMT DUE DATE: 02/01/2019 DO NOT USE : \_\_\_\_\_

REMIT MSG: \_\_\_ TRAVEL\_FROM\_12/01-01/01/2019\_\_\_\_\_

SIGNATURE APPR CD: \_\_\_\_\_

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO	NUMBER
VAT	QUANTITY	UNIT	ITEM	NUMBER	ITEM	DESCR	PRORATE (T F A D) USE 99 IRC
0001	589.00	001	3122	52031500	0610520		
						NNNN	

0002	223.44	001	3122	52030300	0610520		
	532					NNNN	

0003 \_\_\_\_\_

0004 \_\_\_\_\_

: \_\_\_\_\_ : \_\_\_\_\_  
: \_\_\_\_\_ GROSS AMOUNT: \_\_\_\_\_ 812.44 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

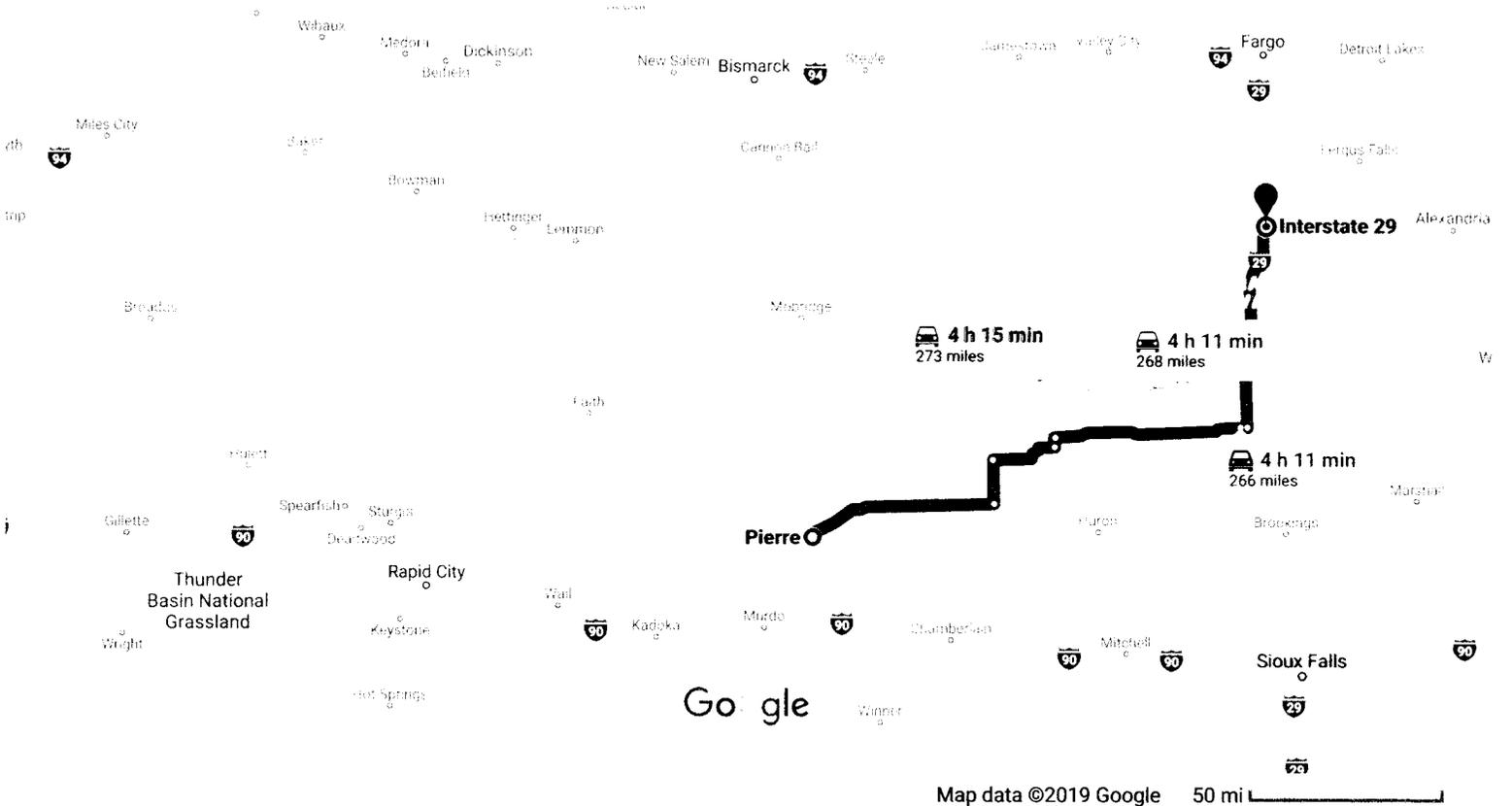
02/01/2019

\_\_\_\_\_  
Authorization Date



Google Maps

Pierre, South Dakota 57501 to I-29, Hankinson, Drive 266 miles, 4 h 11 min  
ND 58041



Google

Map data ©2019 Google 50 mi

- 
**via US-14 E, US-212 E and I-29 N** 4 h 11 min  
 Fastest route, the usual traffic 266 miles
  
- 
**via US-14 E** 4 h 11 min  
 268 miles
  
- 
**via US-14 E and I-29 N** 4 h 15 min  
 273 miles

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

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

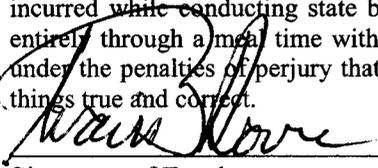
State Board of Finance - Office of Secretary of State  
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501  
Phone: 605-773-3537

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

**Application**

Date: February 7, 2019 Agency: GOED  
Agency Address: 711 E Wells Ave  
Agency Phone Number: 773-4633  
Employee Requesting <sup>Approved</sup> Reimbursement: Travis Dove  
Total Amount of <sup>Payment</sup> Reimbursement: \$330.00  
Date(s) of Expense: February 7, 2019  
Event Leave Time: 8:00 am Event Return Time: 4:00 pm  
Explanation of official business performed: Commissioner Westra scheduled an all staff meeting to begin the process of merging the Division of Ag Development into GOED. To maximize time, a working lunch was included as part of the day's discussion activities.

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

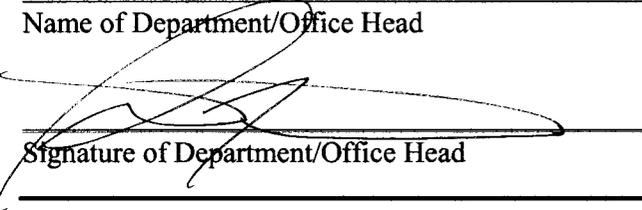
February 7, 2019  
Date

**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.

Steve Westra  
Name of Department/Office Head

Commissioner  
Position/Title of Agency Official

  
Signature of Department/Office Head

February 7, 2019  
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.**

February 7, 2019 GOED Working Lunch

- 1 \_\_\_\_\_ Adam Molseed
- 2 \_\_\_\_\_ Amy Gabriel
- 3 \_\_\_\_\_ Ann Gesick Johnson
- 4 \_\_\_\_\_ Ashley McCloud
- 5 \_\_\_\_\_ Ashley Moore
- 6 \_\_\_\_\_ Brenda Badger
- 7 \_\_\_\_\_ Bryan Sanderson
- 8 \_\_\_\_\_ Cassidy Kulesa
- 9 \_\_\_\_\_ Cassie Stoesser
- 10 \_\_\_\_\_ Dale Knapp
- 11 \_\_\_\_\_ Darcy Sorenson
- 12 \_\_\_\_\_ David Skaggs
- 13 \_\_\_\_\_ Eric Fosheim
- 14 \_\_\_\_\_ Haylee Beehler
- 15 \_\_\_\_\_ Jenny Ondell
- 16 \_\_\_\_\_ Jeremy Freking
- 17 \_\_\_\_\_ Joe Fiala
- 18 \_\_\_\_\_ Karen Hirsch
- 19 \_\_\_\_\_ Kristen Honey
- 20 \_\_\_\_\_ Kyle Peters
- 21 \_\_\_\_\_ Lajena Gruis
- 22 \_\_\_\_\_ Lisa Zens
- 23 \_\_\_\_\_ Lori Frederick
- 24 \_\_\_\_\_ Marcy Olsen
- 25 \_\_\_\_\_ Mary Lehecka Nelson
- 26 \_\_\_\_\_ Natalie Likness
- 27 \_\_\_\_\_ Paul Mehlhaff
- 28 \_\_\_\_\_ Scott Amundson
- 29 \_\_\_\_\_ Taylor Cole
- 30 \_\_\_\_\_ Terri Labrie
- 31 \_\_\_\_\_ Travis Dovre

GUADALAJARA MEXICAN  
 RESTAURANT  
 314 West Sioux Ave.  
 Pierre, SD 57501

# Invoice

Date	Invoice #
2/7/2019	4592

Bill To
Governer's Office Economic Development Dep. Traver

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
30	Food Sales Taco Bar + Cutlery Out-of-state sale, exempt from sales tax	11.00 0.00%	330.00T 0.00
<b>Total</b>			\$330.00

Updated GOED all staff meeting  
Thursday, Feb. 7  
Pierre Chamber of Commerce

Agenda:

8 - a.m.	Commissioner, new ag staff and directors
8:15 a.m.	Welcome by Commissioner - Meet and Greet – all staff
8:30 – 9:20 a.m.	Commissioner Westra – structure, sales organization
9:20 a.m. – 10:15	Mary – Office communication, conference, etc. RFI's, etc. – Jenny and Amy
10:15 a.m.	Break
10:30 a.m.	Group breakout discussion  Get to know each other One thing you are working on One thing you would like to see GOED tackle in the coming year
11:30 – 1	Working Lunch - Cassie and Terri present overview of Finance Programs
1 p.m.	Joe - Filling the sales pipeline, proposal process, how each division helps
2:00 – 4:00	Team meetings  BD team – Chamber office Marketing & Community Development – Large Conference room at GOED Finance – treehouse

**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: 1/22/19 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: \$121.00  
Date(s) of Expense: 1/17/19  
Event Leave Time: 10:30am Event Return Time: 3:30pm  
Explanation of official business performed: RES Training

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

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
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  
M. Hultman

DLR Cabinet Secretary  
Position/Title of Agency Official  
1-25-19

\_\_\_\_\_  
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.**

## South Dakota Department of Labor and Regulation

**Name of Meeting:** RES Training  
**Date:** January 17, 2019  
**Location:** Pierre  
**Meeting Hours:** 10:30AM to 3:30PM

54  
 total

	Attendees		Sign-In Signature	Home-Duty Station
1	Scott	Abbott	<i>Scott Abbott</i>	Vermillion
2	Felicia	Alspach	<i>Felicia Alspach</i>	Pierre
3	Lynda	Ament	<i>Lynda Ament</i>	Sioux Falls
4	Mark	Anderson	<i>Mark Anderson</i>	Pierre
5	Danielle	Bartlett	<i>Danielle Bartlett</i>	Sioux Falls
6	<del>Devon</del>	<del>Bartscher</del>		Mitchell
7	Kris	Basham	<i>Kris Basham</i>	Rapid City
8	Cathy	Benda	<i>Cathy Benda</i>	Watertown
9	Darrin	Bieber	<i>Darrin Bieber</i>	Rapid City
10	Lauren	Brock	<i>Lauren Brock</i>	Huron
11	Jami	Burrer	<i>Jami Burrer</i>	Pierre
12	Brittany	Cihak	<i>Brittany Cihak</i>	Yankton
13	Neal	Cruse	<i>Neal Cruse</i>	Huron
14	Jonathan	Englund	<i>Jonathan Englund</i>	Spearfish
15	Twila	Ferguson	<i>Twila Ferguson</i>	Rapid City
16	Heather	Fettig	<i>Heather Fettig</i>	Aberdeen
17	Gayla	Greer	<i>Gayla Greer</i>	Sioux Falls
18	<del>Deb</del>	<del>Halling</del>		Pierre
19	Annie	Heath	<i>Annie Heath</i>	Pierre
20	Pat	Helm	<i>Pat Helm</i>	Aberdeen
21	Brad	Henrich	<i>Brad Henrich</i>	N. Sioux City

22	Deb	Heyd	<i>Deb Heyd</i>	Aberdeen
23	Jason	Himrich	<i>Jason Himrich</i>	Rapid City
24	Mike	Jennings	<i>Mike Jennings</i>	Watertown
25	Lisa	Johnson	<i>Lisa Johnson</i>	Watertown
26	Dwight	Kahler	<i>Dwight Kahler</i>	Brookings
27	Brandon	Kucker	<i>Brandon Kucker</i>	Pierre
28	Paul	Lasley	<i>Paul Lasley</i>	Mitchell
29	Ericka	Leveque	<i>Ericka Leveque</i>	Rapid City
30	Bill	McEntaffer	<i>Bill McEntaffer</i>	Pierre
31	Todd	McNamara	<i>Todd McNamara</i>	Sioux Falls
32	Jane	Medhaug	<i>Jane Medhaug</i>	Sisseton
33	Cassie	Medricky	<i>Cassie Medricky</i>	Lake Andes
34	<del>Deb</del>	<del>Moeller</del>		Winner
35	Cathy	Moore	<i>Cathy Moore</i>	Madison
36	Lois	Niedert	<i>Lois Niedert</i>	Madison
37	Kara	Palmer	<i>Kara Palmer</i>	Rapid City
38	<del>Tiger</del>	<del>Paw</del>		Huron
39	Shannon	Pester	<i>Shannon Pester</i>	Watertown
40	Kendra	Ringstmeyer	<i>Kendra Ringstmeyer</i>	Pierre
41	Wylla	Satterness	<i>Wylla Satterness</i>	Sioux Falls
42	Nate	Schlimgen	<i>Nate Schlimgen</i>	Mitchell
43	Michelle	Schultz	<i>Michelle Schultz</i>	Yankton
44	Robin	Shoultz	<i>Robin Shoultz</i>	Huron
45	Kim	Spaans	<i>Kim Spaans</i>	Mitchell
46	<del>Andy</del>	<del>Szilvasi</del>		Pierre

47	Dan	Thielsen	<i>[Handwritten Signature]</i>	Aberdeen
48	Laura	Trapp	<i>[Handwritten Signature]</i>	Pierre
49	Lexi	Warejcka	<i>[Handwritten Signature]</i>	Lake Andes
50	Kris	Warnke	<i>[Handwritten Signature]</i>	Brookings
51	Adriane	Weippert	<i>[Handwritten Signature]</i>	Sioux Falls
52	Jerome	Wickersham	<i>[Handwritten Signature]</i>	Rapid City
53	<del>Dorlene</del>	Pecker	<i>[Handwritten Signature]</i>	Spearfish - Pierre
54	<del>[Handwritten]</del>			Spearfish
55	Tom	Meyer	<i>[Handwritten Signature]</i>	<del>Spearfish</del> - Abdy CO
56	Kimberly	Smith	<i>[Handwritten Signature]</i>	Spearfish
57	Torge	Tepe	<i>[Handwritten Signature]</i>	Pierre
59				
60	Amanda	Stanton	<i>[Handwritten Signature]</i>	Spearfish
61	Marcia	Hallman	<i>[Handwritten Signature]</i>	Pierre
62	Marge Fleener		<i>[Handwritten Signature]</i>	Spearfish
63				
64				
65				

## RES Training/Workgroup

Thursday, January 17, 2019 – 10:30 am – 3:30 pm  
Pierre Area Chamber of Commerce – 800 W Dakota Ave

- |                                                                                                                                                                                              |                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 10:30 – Welcome                                                                                                                                                                              | Director Ringstmeyer                      |
| 10:45 – Introductions<br><i>Who are you, What office are you from, How long have you worked for DLR, What experience do you have with Title I and RES, Goal for 2019 or bucket list item</i> |                                           |
| 10:50 – Introduction to the New RES                                                                                                                                                          | Laura Trapp                               |
| 11:05 – Policy 5.60<br><i>RES Procedures</i><br><i>RES Selection</i><br><i>RES Intake</i>                                                                                                    |                                           |
| 11:45 – Work Search Review and Assigned Activities                                                                                                                                           | Felicia Alspach                           |
| 12:00 – Working Lunch                                                                                                                                                                        |                                           |
| 12:30 – RES Services and Update on HB 1038                                                                                                                                                   | Sec. Hultman                              |
| 12:50 – Partner Program Enrollment<br><i>Application</i><br><i>Triggering Enrollment – Across Multiple customer groups</i>                                                                   | Felicia Alspach                           |
| 1:10 – Employment Plan<br><i>Examples</i>                                                                                                                                                    | Laura Trapp                               |
| 1:30 – Subsequent RES Meeting<br><i>Eligibility Follow-Up</i>                                                                                                                                | Felicia Alspach and<br>Kendra Ringstmeyer |
| 1:40 – Break                                                                                                                                                                                 |                                           |
| 1:50 – Non-Compliance                                                                                                                                                                        | Felicia Alspach and<br>Tom Meyer          |
| 2:15 – RES Reports<br><i>Identify Referrals</i><br><i>Identify Individuals by Scheduled Date of Activity</i>                                                                                 | Tom Meyer                                 |
| 2:30 – Review of the new RES program                                                                                                                                                         | Felicia Alspach                           |
| 3:00 – Questions                                                                                                                                                                             | Group                                     |
| 3:30 – Have a safe trip home!                                                                                                                                                                |                                           |

GUADALAJARA MEXICAN  
 RESTAURANT  
 314 West Sioux Ave.  
 Pierre, SD 57501

# Invoice

Date	Invoice #
1/16/2019	4582

Bill To
Department of Labor Jamy

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
56	Food Sales Taco Bar+plates+Silverware+Napkins Out-of-state sale, exempt from sales tax	11.00 0.00%	616.00T 0.00
		<b>Total</b>	\$616.00

**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 10799; 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: 11/19  
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 Malsam-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.



Lunch Sign In - Board of Dentistry meeting  
January 11, 2019

Kris O'Connell

Matt Templar

Tara Schack

Zona Hornstra

Molly Fulton

Nick Renemans

Scott Van Dam

Harold Doerr

Lisa Harsma

Kris O'Connell

Matt Templar

Tara Schack

Zona Hornstra

Molly Fulton

Nick Renemans

Scott Van Dam

Harold Doerr

Lisa Harsma

Brittany Norotny



**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](http://www.state.sd.us/doh)

January 22, 2019

Secretary of State  
Board of Finance

Dear Board Members,

The Board of Dentistry is requesting approval to pay a portion of their invoice to Chops. The board meeting included a working lunch. Each meal was \$11.00 and 10 people ate, totaling \$110.00 for lunch. Please see attached the invoice and those who attended the board meeting. Please add to your agenda for the February 19, 2019 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,

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

**Application**

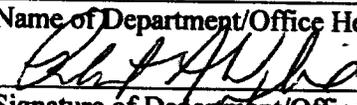
Date: 12/10/18 Agency: SDRS  
Agency Address: 222 E. Capitol Ave, Pierre, SD 57501  
Agency Phone Number: 605-773-3731  
Employee Requesting Reimbursement: \_\_\_\_\_  
Total Amount of Reimbursement: \$308.00  
Date(s) of Expense: 12/06/18  
Event Leave Time: 8:30 a.m. Event Return Time: 3:00 p.m.  
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

# SDRS BOARD OF TRUSTEES LUNCH

December 6, 2018

Jim Hansen  
Don Dabo  
Myron Johnson  
Tommy Brunken  
Karl Albers  
J. Alton  
Laurie Anderson  
Laurie Anderson  
Ray Lindsay  
Tammy Otter  
Dory Fiebler  
Paul Sapperton  
James Jones  
Robb  
Laurie Anderson  
Dawn Smith  
Jane Ben  
Michelle Michelsen  
Dawn Smith

**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: 1-10-19 Agency: Tourism  
Agency Address: 711 E. Wells Ave. Pierre, SD 57501  
Agency Phone Number: 605-773-3301  
Employee Requesting Reimbursement: Wanda Goodman  
Total Amount of Reimbursement: \$31.99 - \$15 per diem = \$16.99  
Date(s) of Hosting Expense: 1-8-19  
Receipts Attached: Y/N

Explanation of official business performed: Hosted Rainer Jens, founder of the Family Travel Association (FTA). He was in the Hills conducting a site visit for the upcoming FTA Summit being held at Custer State Park, as well as meeting with additional Tourism Industry members.

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.

Wanda Goodman  
Signature of Employee

1-10-19  
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.

James Hagen  
Name of Department/Office/Head

Secretary  
Position/Title of Agency Official

[Signature]  
Signature of Department/Office Head

01.10.2019  
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.

Kamer Jens hosting

Tally's Silver Spoon  
530 6th St  
Rapid City, SD 57701  
ph 605-342-7621

alvin

Kamer Jens hosting

Black Hills Burger & Bun Co.  
441 Mt. Rushmore Rd  
Custer, South Dakota 57730  
605-673-3411

Dinner

January 8, 2019 7:03pm

Ticket: 1901080115  
Server: Bambi W  
Seat: Main:10:2

TABLE: Table 2 - 1 Guest  
Server: Arin  
1/8/2019 1:46:40 PM  
Sequence #: 0000132  
ID #: 0517901

ITEM	QTY	PRICE
Hot Tea	1	\$2.75
Soup & Salad	1	\$8.00
Subtotal		\$10.75
Total Taxes		\$0.81
Grand Total		\$11.56
Amount Due:		\$11.56
		11.56

Happy Hour Daily 4pm-6pm  
We look forward to seeing you again.

Item	Price
1 The Hot Granny	9.25T
1 ADD Ranch	0.50T
1 The Hot Granny	9.25T
LITE Cream Cheese	9.25T
<del>1 IPA</del>	<del>5.00</del>
<del>1 Seasonal</del>	<del>5.00</del>
<del>1 Hot Granny Sauce</del>	<del>6.00</del>
Subtotal	35.00
Sales Tax 2016 (7.5%)	2.63
Total	\$37.63

Tip Helper:  
15%=5.64 20%=7.53 25%=9.41

Thank You For Your Business.

26.98 - 11.00

37.63 - 17.00 = 20.63 + 11.56 =

31.99 - 15.00 = 16.99

claiming

~~26.98~~ ~~11.56~~



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

January 31, 2019

SUBJECT: Over State Lodging Expenses

State Board of Finance:

The South Dakota Department of Education (SD DOE) is requesting the State Board of Finance approve the attached nineteen (19) lodging vouchers for payment.

In February of 2018, the SD DOE held a state sponsored leadership training, called SD Math/SD Sci Leadership in which South Dakota teachers attended. Direct bill reservations were made by SD DOE for the participating teachers at the Crossroads hotel in Huron. When the reservations were made with the hotel for the state sponsored program, they were reserved at state rates for the nineteen participating teachers.

After the event had occurred, SD DOE received the invoice from Crossroads hotel but the participants were being billed at \$84.99 per night and not at state rates. When asked, the hotel noted that since the nineteen participants were not for state employees, they would not be billed at state rates.

SD DOE is requesting the attached nineteen invoice be approved for payment at the \$84.99 rate.

Sincerely,

Matt Flett  
Division of Finance and Management  
South Dakota Department of Education



**Crossroads Hotel and Huron Events Center**

100 4th St SW  
 Huron, SD 57350  
 Telephone: +1.605.352.3204  
 Fax: (605) 352-3204  
 reservations@crossroadshotel.com

Amount Due	Due Date
3,419.63	Upon Receipt

Company Profile Number: 27988  
 Page 1 of 2

Current	Past 30 Days	Past 60 Days	Past 90 Days	Past 120 Days	Amount Due
0.00	0.00	0.00	0.00	3,419.63	3,419.63

**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

**Statement of Account**

Statement includes charges incurred 2/9/2018 - 3/5/2018

This is a reminder of your obligation.

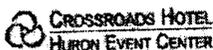
Please call +1.605.352.3204 if you should have any questions regarding this statement.

Invoice Date	Name	Account	Account Type	Invoice Number	Amount	Credits	Balance
2/11/2018	BICE, SAVANNAH	7649287	Guest	462036	169.98	0.00	169.98
<b>Total Due for Time Period 2/9/2018 - 3/5/2018:</b>							<b>3,419.63</b>

**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

Amount Due	Due Date
3,419.63	Upon Receipt

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



**Crossroads Hotel and Huron Events Center**

100 4th St SW  
 Huron, SD 57350  
 reservations@crossroadshotel.com



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 7649287  
Date: 2/11/18  
Room: 339 GROUP-  
Arrival Date: 2/9/18  
Departure Date: 2/11/18  
Check In Time: 2/9/18 10:13 AM  
Check Out Time:

Rewards Program ID:  
You were checked out by:  
You were checked in by: mgonzalez5  
**Total Balance Due: 0.00**

DEPT OF EDUCATION  
BICE, SAVANNAH  
Math & Science  
N/A  
N/A

2/9/18	Room Charge	#339 BICE, SAVANNAH	84.99
2/10/18	Room Charge	#339 BICE, SAVANNAH	84.99
2/11/18	Direct Bill		(169.98)
	Room Charge		169.98
	Direct Bill		(169.98)
	Balance Due:		<u>0.00</u>

(169.98) will be billed to: Account 27988  
DEPT OF EDUCATION, 800 Governors , Pierre, SD 57501

x \_\_\_\_\_



# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 Telephone: +1.605.352.3204  
 Fax: (605) 352-3204  
 reservations@crossroadshotel.com

3,419.63	Upon Receipt
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Company Profile Number: 27988  
 Page 1 of 2

0.00	0.00	0.00	0.00	3,419.63	3,419.63
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**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

## Statement of Account

Statement includes charges incurred 2/9/2018 - 3/5/2018

This is a reminder of your obligation.

Please call +1.605.352.3204 if you should have any questions regarding this statement.

Invoice Date	Name	Account	Account Type	Invoice Number	Amount	Credits	Balance
2/10/2018	REINER, NICOL	6149004	Guest	461490	110.00	0.00	110.00
2/11/2018	TUCKER, JAMIE	6150685	Guest	461993	169.98	0.00	169.98
2/11/2018	Hogie, AI	4751292	Guest	462016	169.98	0.00	169.98
2/11/2018	KROON, CINDY	6150592	Guest	462017	169.98	0.00	169.98
2/11/2018	McMachen, Crystal	7649433	Guest	462018	169.98	0.00	169.98
2/11/2018	CAMPBELL, BETTY	6149729	Guest	462020	169.98	0.00	169.98
2/11/2018	HENRIKSEN, SABRINA	6149887	Guest	462021	169.98	0.00	169.98
2/11/2018	HYDE, SARAH	6149923	Guest	462022	169.98	0.00	169.98
2/11/2018	JACOBSMA, GAIL	6149925	Guest	462023	169.98	0.00	169.98
2/11/2018	ERICKSON, SIERRA	6149780	Guest	462024	169.98	0.00	169.98
2/11/2018	ERICKSON, TREY	6149833	Guest	462025	169.98	0.00	169.98
2/11/2018	RING, MOLLY	6150604	Guest	462026	169.98	0.00	169.98
2/11/2018	Deb, Wolf	6148987	Guest	462027	165.00	0.00	165.00
2/11/2018	ARNOLD, MIRANDA	6149226	Guest	462028	84.99	0.00	84.99
2/11/2018	CARDILLO, LISA	6149779	Guest	462029	169.98	0.00	169.98
2/11/2018	FARMER, MARCI	6149859	Guest	462030	169.98	0.00	169.98
2/11/2018	CAFFEE, HANNAH	6149685	Guest	462031	169.98	0.00	169.98
2/11/2018	WEBBER, KIM	6150703	Guest	462032	169.98	0.00	169.98
2/11/2018	BOWMAN, NICHOLE	6149649	Guest	462034	169.98	0.00	169.98
2/11/2018	BOWERS, ALISON	7651781	Guest	462035	169.98	0.00	169.98

**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

Amount Due	Due Date
3,419.63	Upon Receipt

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



# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 reservations@crossroadshotel.com



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 6150685  
Date: 2/11/18  
Room: 106 GROUP-  
Arrival Date: 2/9/18  
Departure Date: 2/11/18  
Check In Time: 2/9/18 1:11 PM  
Check Out Time:

Rewards Program ID:  
You were checked out by:  
You were checked in by: jgonzale3  
**Total Balance Due: 0.00**

DEPT OF EDUCATION  
TUCKER, JAMIE  
Math & Sciencie  
518 hansina ave  
Volga, SD 57071

<hr/>			
2/9/18	Room Charge	#106 TUCKER, JAMIE	84.99
2/10/18	Room Charge	#106 TUCKER, JAMIE	84.99
2/11/18	Direct Bill		(169.98)
<hr/>			
	Room Charge		169.98
	Direct Bill		(169.98)
		Balance Due:	<u>0.00</u>

(169.98) will be billed to: Account 27988  
DEPT OF EDUCATION, 800 Governors , Pierre, SD 57501

x \_\_\_\_\_



# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 Telephone: +1.605.352.3204  
 Fax: (605) 352-3204  
 reservations@crossroadshotel.com

3,419.63	Upon Receipt
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Company Profile Number: 27988  
 Page 1 of 2

0.00	0.00	0.00	0.00	3,419.63	3,419.63
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**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

## Statement of Account

Statement includes charges incurred 2/9/2018 - 3/5/2018

This is a reminder of your obligation.

Please call +1.605.352.3204 if you should have any questions regarding this statement.

Invoice Date	Name	Account	Account Type	Invoice Number	Amount	Credits	Balance
2/10/2018	REINER, NICOL	6149004	Guest	461490	110.00	0.00	110.00
2/11/2018	TUCKER, JAMIE	6150685	Guest	461993	169.98	0.00	169.98
2/11/2018	Hogie, AI	4751292	Guest	462016	169.98	0.00	169.98
2/11/2018	KROON, CINDY	6150592	Guest	462017	169.98	0.00	169.98
2/11/2018	McMachen, Crystal	7649433	Guest	462018	169.98	0.00	169.98
2/11/2018	CAMPBELL, BETTY	6149729	Guest	462020	169.98	0.00	169.98
2/11/2018	HENRIKSEN, SABRINA	6149887	Guest	462021	169.98	0.00	169.98
2/11/2018	HYDE, SARAH	6149923	Guest	462022	169.98	0.00	169.98
2/11/2018	JACOBSMA, GAIL	6149925	Guest	462023	169.98	0.00	169.98
2/11/2018	ERICKSON, SIERRA	6149780	Guest	462024	169.98	0.00	169.98
2/11/2018	ERICKSON, TREY	6149833	Guest	462025	169.98	0.00	169.98
2/11/2018	RING, MOLLY	6150604	Guest	462026	169.98	0.00	169.98
2/11/2018	Deb, Wolf	6148987	Guest	462027	165.00	0.00	165.00
2/11/2018	ARNOLD, MIRANDA	6149226	Guest	462028	84.99	0.00	84.99
2/11/2018	CARDILLO, LISA	6149779	Guest	462029	169.98	0.00	169.98
2/11/2018	FARMER, MARCI	6149859	Guest	462030	169.98	0.00	169.98
2/11/2018	CAFFEE, HANNAH	6149685	Guest	462031	169.98	0.00	169.98
2/11/2018	WEBBER, KIM	6150703	Guest	462032	169.98	0.00	169.98
2/11/2018	BOWMAN, NICHOLE	6149649	Guest	462034	169.98	0.00	169.98
2/11/2018	BOWERS, ALISON	7651781	Guest	462035	169.98	0.00	169.98

**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

Amount Due	0.00
3,419.63	Upon Receipt

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



# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 reservations@crossroadshotel.com



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 4751292

Date: 2/11/18

Room: 208 GROUP-

Arrival Date: 2/8/18

Departure Date: 2/11/18

Check In Time: 2/8/18 5:41 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: ajenson

**Total Balance Due: 0.00**

DEPT OF EDUCATION

Hogie, Al

Math & Sciencie

n/a

n/a

2/8/18	Room Charge	#208 Hogie, Al	84.99
2/9/18	Direct Bill	MATH & SCIENCE	(84.99)
2/9/18	Room Charge	#208 Hogie, Al	84.99
2/10/18	Room Charge	#208 Hogie, Al	84.99
2/11/18	Direct Bill		(169.98)

Room Charge	<del>254.97</del>
Direct Bill	<del>(254.97)</del>

Balance Due:

0.00

169.98

(254.97) will be billed to: Account 27988

DEPT OF EDUCATION, 800 Governors , Pierre, SD 57501

*Al Hogie*

x \_\_\_\_\_



# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 Telephone: +1.605.352.3204  
 Fax: (605) 352-3204  
 reservations@crossroadshotel.com

Amount Due	Due Date
3,419.63	Upon Receipt

Company Profile Number: 27988  
 Page 1 of 2

Current	Prepaid	Postpaid	Other	Estimated	Total
0.00	0.00	0.00	0.00	3,419.63	3,419.63

**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

## Statement of Account

Statement includes charges incurred 2/9/2018 - 3/5/2018

This is a reminder of your obligation.

Please call +1.605.352.3204 if you should have any questions regarding this statement.

Invoice Date	Name	Account	Account Type	Invoice Number	Amount	Credits	Balance
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2/11/2018	TUCKER, JAMIE	6150685	Guest	461993	169.98	0.00	169.98
2/11/2018	Hogie, Al	4751292	Guest	462016	169.98	0.00	169.98
2/11/2018	KROON, CINDY	6150592	Guest	462017	169.98	0.00	169.98
2/11/2018	McMachen, Crystal	7649433	Guest	462018	169.98	0.00	169.98
2/11/2018	CAMPBELL, BETTY	6149729	Guest	462020	169.98	0.00	169.98
2/11/2018	HENRIKSEN, SABRINA	6149887	Guest	462021	169.98	0.00	169.98
2/11/2018	HYDE, SARAH	6149923	Guest	462022	169.98	0.00	169.98
2/11/2018	JACOBSMA, GAIL	6149925	Guest	462023	169.98	0.00	169.98
2/11/2018	ERICKSON, SIERRA	6149780	Guest	462024	169.98	0.00	169.98
2/11/2018	ERICKSON, TREY	6149833	Guest	462025	169.98	0.00	169.98
2/11/2018	RING, MOLLY	6150604	Guest	462026	169.98	0.00	169.98
2/11/2018	Deb, Wolf	6148987	Guest	462027	165.00	0.00	165.00
2/11/2018	ARNOLD, MIRANDA	6149226	Guest	462028	84.99	0.00	84.99
2/11/2018	CARDILLO, LISA	6149779	Guest	462029	169.98	0.00	169.98
2/11/2018	FARMER, MARCI	6149859	Guest	462030	169.98	0.00	169.98
2/11/2018	CAFFEE, HANNAH	6149685	Guest	462031	169.98	0.00	169.98
2/11/2018	WEBBER, KIM	6150703	Guest	462032	169.98	0.00	169.98
2/11/2018	BOWMAN, NICHOLE	6149649	Guest	462034	169.98	0.00	169.98
2/11/2018	BOWERS, ALISON	7651781	Guest	462035	169.98	0.00	169.98

**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

Amount Due	Due Date
3,419.63	Upon Receipt

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



# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 reservations@crossroadshotel.com



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 6150592

Date: 2/11/18

Room: 209 GROUP-

Arrival Date: 2/9/18

Departure Date: 2/11/18

Check In Time: 2/9/18 9:33 AM

Check Out Time: 2/11/18 9:34 AM

Rewards Program ID:

You were checked out by: csnow

You were checked in by: mgonzale5

**Total Balance Due: 0.00**

DEPT OF EDUCATION

KROON, CINDY

Math & Sciencie

N/A

N/A

2/9/18	Room Charge	#209 KROON, CINDY	84.99
2/10/18	Room Charge	#209 KROON, CINDY	84.99
2/11/18	Direct Bill		(169.98)
	Room Charge		169.98
	Direct Bill		(169.98)
	Balance Due:		<u>0.00</u>

(169.98) will be billed to: Account 27988

DEPT OF EDUCATION, 800 Governors , Pierre, SD 57501

x



# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 Telephone: +1.605.352.3204  
 Fax: (605) 352-3204  
 reservations@crossroadshotel.com

Amount Due	Due Date
3,419.63	Upon Receipt

Company Profile Number: 27988  
 Page 1 of 2

Balance	Payments	Charges	Interest	Net Total	Balance
0.00	0.00	0.00	0.00	3,419.63	3,419.63

**DEPT OF EDUCATION**

800 Governors  
 Pierre, SD 57501

## Statement of Account

Statement includes charges incurred 2/9/2018 - 3/5/2018

This is a reminder of your obligation.

Please call +1.605.352.3204 if you should have any questions regarding this statement.

Invoice Date	Name	Account	Account Type	Invoice Number	Amount	Credits	Balance
2/10/2018	REINER, NICOL	6149004	Guest	461490	110.00	0.00	110.00
2/11/2018	TUCKER, JAMIE	6150685	Guest	461993	169.98	0.00	169.98
2/11/2018	Hogie, Al	4751292	Guest	462016	169.98	0.00	169.98
2/11/2018	KROON, CINDY	6150592	Guest	462017	169.98	0.00	169.98
2/11/2018	McMachen, Crystal	7649433	Guest	462018	169.98	0.00	169.98
2/11/2018	CAMPBELL, BETTY	6149729	Guest	462020	169.98	0.00	169.98
2/11/2018	HENRIKSEN, SABRINA	6149887	Guest	462021	169.98	0.00	169.98
2/11/2018	HYDE, SARAH	6149923	Guest	462022	169.98	0.00	169.98
2/11/2018	JACOBSMA, GAIL	6149925	Guest	462023	169.98	0.00	169.98
2/11/2018	ERICKSON, SIERRA	6149780	Guest	462024	169.98	0.00	169.98
2/11/2018	ERICKSON, TREY	6149833	Guest	462025	169.98	0.00	169.98
2/11/2018	RING, MOLLY	6150604	Guest	462026	169.98	0.00	169.98
2/11/2018	Deb, Wolf	6148987	Guest	462027	165.00	0.00	165.00
2/11/2018	ARNOLD, MIRANDA	6149226	Guest	462028	84.99	0.00	84.99
2/11/2018	CARDILLO, LISA	6149779	Guest	462029	169.98	0.00	169.98
2/11/2018	FARMER, MARCI	6149859	Guest	462030	169.98	0.00	169.98
2/11/2018	CAFFEE, HANNAH	6149685	Guest	462031	169.98	0.00	169.98
2/11/2018	WEBBER, KIM	6150703	Guest	462032	169.98	0.00	169.98
2/11/2018	BOWMAN, NICHOLE	6149649	Guest	462034	169.98	0.00	169.98
2/11/2018	BOWERS, ALISON	7651781	Guest	462035	169.98	0.00	169.98

**DEPT OF EDUCATION**

800 Governors  
 Pierre, SD 57501

Amount Due	Due Date
3,419.63	Upon Receipt

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# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 reservations@crossroadshotel.com



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 7649433  
Date: 2/11/18  
Room: 210 GROUP-  
Arrival Date: 2/9/18  
Departure Date: 2/11/18  
Check In Time: 2/9/18 10:48 AM  
Check Out Time:

Rewards Program ID:  
You were checked out by:  
You were checked in by: mgonzales5  
**Total Balance Due: 0.00**

DEPT OF EDUCATION  
McMachen, Crystal  
Math & Science  
n/a  
n/a

			84.99
2/9/18	Room Charge	#210 McMachen, Crystal	84.99
2/10/18	Room Charge	#210 McMachen, Crystal	(169.98)
2/11/18	Direct Bill		
			169.98
	Room Charge		(169.98)
	Direct Bill		
		Balance Due:	<u>0.00</u>

(169.98) will be billed to: Account 27988  
DEPT OF EDUCATION, 800 Governors , Pierre, SD 57501

x



# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 Telephone: +1.605.352.3204  
 Fax: (605) 352-3204  
 reservations@crossroadshotel.com

Amount Due	Upon Receipt
3,419.63	

Company Profile Number: 27988  
 Page 1 of 2

Amount	Amount Due	Amount Paid	Amount Due	Amount Due	Amount Due
0.00	0.00	0.00	0.00	3,419.63	3,419.63

## DEPT OF EDUCATION

800 Governors  
 Pierre, SD 57501

## Statement of Account

Statement includes charges incurred 2/9/2018 - 3/5/2018

This is a reminder of your obligation.

Please call +1.605.352.3204 if you should have any questions regarding this statement.

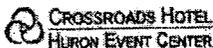
Invoice Date	Name	Account	Account Type	Invoice Number	Amount	Credits	Balance
2/10/2018	REINER, NICOL	6149004	Guest	461490	110.00	0.00	110.00
2/11/2018	TUCKER, JAMIE	6150685	Guest	461993	169.98	0.00	169.98
2/11/2018	Hogie, Al	4751292	Guest	462016	169.98	0.00	169.98
2/11/2018	KROON, CINDY	6150592	Guest	462017	169.98	0.00	169.98
2/11/2018	McMachen, Crystal	7649433	Guest	462018	169.98	0.00	169.98
2/11/2018	CAMPBELL, BETTY	6149729	Guest	462020	169.98	0.00	169.98
2/11/2018	HENRIKSEN, SABRINA	6149887	Guest	462021	169.98	0.00	169.98
2/11/2018	HYDE, SARAH	6149923	Guest	462022	169.98	0.00	169.98
2/11/2018	JACOBSMA, GAIL	6149925	Guest	462023	169.98	0.00	169.98
2/11/2018	ERICKSON, SIERRA	6149780	Guest	462024	169.98	0.00	169.98
2/11/2018	ERICKSON, TREY	6149833	Guest	462025	169.98	0.00	169.98
2/11/2018	RING, MOLLY	6150604	Guest	462026	169.98	0.00	169.98
2/11/2018	Deb, Wolf	6148987	Guest	462027	165.00	0.00	165.00
2/11/2018	ARNOLD, MIRANDA	6149226	Guest	462028	84.99	0.00	84.99
2/11/2018	CARDILLO, LISA	6149779	Guest	462029	169.98	0.00	169.98
2/11/2018	FARMER, MARCI	6149859	Guest	462030	169.98	0.00	169.98
2/11/2018	CAFFEE, HANNAH	6149685	Guest	462031	169.98	0.00	169.98
2/11/2018	WEBBER, KIM	6150703	Guest	462032	169.98	0.00	169.98
2/11/2018	BOWMAN, NICHOLE	6149649	Guest	462034	169.98	0.00	169.98
2/11/2018	BOWERS, ALISON	7651781	Guest	462035	169.98	0.00	169.98

## DEPT OF EDUCATION

800 Governors  
 Pierre, SD 57501

Amount Due	Due Date
3,419.63	Upon Receipt

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# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 reservations@crossroadshotel.com



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 6149729  
Date: 2/11/18  
Room: 222 GROUP-  
Arrival Date: 2/9/18  
Departure Date: 2/11/18  
Check In Time: 2/9/18 9:02 AM  
Check Out Time:

Rewards Program ID:  
You were checked out by:  
You were checked in by: mgonzale5  
**Total Balance Due: 0.00**

DEPT OF EDUCATION  
CAMPBELL, BETTY  
Math & Sciencie  
610 W ADDIE  
Lead, SD 57754

2/9/18	Room Charge	#222 CAMPBELL, BETTY	84.99
2/10/18	Room Charge	#222 CAMPBELL, BETTY	84.99
2/11/18	Direct Bill		(169.98)
			169.98
	Room Charge		(169.98)
	Direct Bill		
<b>Balance Due:</b>			<b>0.00</b>

(169.98) will be billed to: Account 27988  
DEPT OF EDUCATION, 800 Governors , Pierre, SD 57501

x Betty Campbell



# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 Telephone: +1.605.352.3204  
 Fax: (605) 352-3204  
 reservations@crossroadshotel.com

3,419.63	Upon Receipt
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Company Profile Number: 27988  
 Page 1 of 2

0.00	0.00	0.00	0.00	3,419.63	3,419.63
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**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

## Statement of Account

Statement includes charges incurred 2/9/2018 - 3/5/2018

This is a reminder of your obligation.

Please call +1.605.352.3204 if you should have any questions regarding this statement.

Invoice Date	Name	Account	Account Type	Invoice Number	Amount	Credits	Balance
2/10/2018	REINER, NICOL	6149004	Guest	461490	110.00	0.00	110.00
2/11/2018	TUCKER, JAMIE	6150685	Guest	461993	169.98	0.00	169.98
2/11/2018	Hogie, Al	4751292	Guest	462016	169.98	0.00	169.98
2/11/2018	KROON, CINDY	6150592	Guest	462017	169.98	0.00	169.98
2/11/2018	McMachen, Crystal	7649433	Guest	462018	169.98	0.00	169.98
2/11/2018	CAMPBELL, BETTY	6149729	Guest	462020	169.98	0.00	169.98
2/11/2018	HENRIKSEN, SABRINA	6149887	Guest	462021	169.98	0.00	169.98
2/11/2018	HYDE, SARAH	6149923	Guest	462022	169.98	0.00	169.98
2/11/2018	JACOBSMA, GAIL	6149925	Guest	462023	169.98	0.00	169.98
2/11/2018	ERICKSON, SIERRA	6149780	Guest	462024	169.98	0.00	169.98
2/11/2018	ERICKSON, TREY	6149833	Guest	462025	169.98	0.00	169.98
2/11/2018	RING, MOLLY	6150604	Guest	462026	169.98	0.00	169.98
2/11/2018	Deb, Wolf	6148987	Guest	462027	165.00	0.00	165.00
2/11/2018	ARNOLD, MIRANDA	6149226	Guest	462028	84.99	0.00	84.99
2/11/2018	CARDILLO, LISA	6149779	Guest	462029	169.98	0.00	169.98
2/11/2018	FARMER, MARCI	6149859	Guest	462030	169.98	0.00	169.98
2/11/2018	CAFFEE, HANNAH	6149685	Guest	462031	169.98	0.00	169.98
2/11/2018	WEBBER, KIM	6150703	Guest	462032	169.98	0.00	169.98
2/11/2018	BOWMAN, NICHOLE	6149649	Guest	462034	169.98	0.00	169.98
2/11/2018	BOWERS, ALISON	7651781	Guest	462035	169.98	0.00	169.98

**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

Amount Due	3,419.63
Due Date	Upon Receipt

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# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 reservations@crossroadshotel.com



**Crossroads Hotel and Huron Events  
Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 6149887  
Date: 2/11/18  
Room: 233 GROUP-  
Arrival Date: 2/9/18  
Departure Date: 2/11/18  
Check In Time: 2/9/18 10:20 AM  
Check Out Time:

DEPT OF EDUCATION  
HENRIKSEN, SABRINA  
Math & Sciencie  
309 E MEAD  
Rapid City, SD 57701

Rewards Program ID:  
You were checked out by:  
You were checked in by: mgonzale5  
**Total Balance Due: 0.00**

			84.99
2/9/18	Room Charge	#233 HENRIKSEN, SABRINA	84.99
2/10/18	Room Charge	#233 HENRIKSEN, SABRINA	(169.98)
2/11/18	Direct Bill		
			169.98
	Room Charge		(169.98)
	Direct Bill		
		Balance Due:	<b>0.00</b>

(169.98) will be billed to: Account 27988  
DEPT OF EDUCATION, 800 Governors , Pierre, SD 57501

x \_\_\_\_\_



# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 Telephone: +1.605.352.3204  
 Fax: (605) 352-3204  
 reservations@crossroadshotel.com

Amount Due	Upon Receipt
3,419.63	

Company Profile Number: 27988  
 Page 1 of 2

Room	Tax	Fee	Subtotal	Total	Balance
0.00	0.00	0.00	0.00	3,419.63	3,419.63

**DEPT OF EDUCATION**

800 Governors  
 Pierre, SD 57501

## Statement of Account

Statement includes charges incurred 2/9/2018 - 3/5/2018

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Please call +1.605.352.3204 if you should have any questions regarding this statement.

Invoice Date	Name	Account	Account Type	Invoice Number	Amount	Credits	Balance
2/10/2018	REINER, NICOL	6149004	Guest	461490	110.00	0.00	110.00
2/11/2018	TUCKER, JAMIE	6150685	Guest	461993	169.98	0.00	169.98
2/11/2018	Hogie, Al	4751292	Guest	462016	169.98	0.00	169.98
2/11/2018	KROON, CINDY	6150592	Guest	462017	169.98	0.00	169.98
2/11/2018	McMachen, Crystal	7649433	Guest	462018	169.98	0.00	169.98
2/11/2018	CAMPBELL, BETTY	6149729	Guest	462020	169.98	0.00	169.98
2/11/2018	HENRIKSEN, SABRINA	6149887	Guest	462021	169.98	0.00	169.98
2/11/2018	HYDE, SARAH	6149923	Guest	462022	169.98	0.00	169.98
2/11/2018	JACOBSMA, GAIL	6149925	Guest	462023	169.98	0.00	169.98
2/11/2018	ERICKSON, SIERRA	6149780	Guest	462024	169.98	0.00	169.98
2/11/2018	ERICKSON, TREY	6149833	Guest	462025	169.98	0.00	169.98
2/11/2018	RING, MOLLY	6150604	Guest	462026	169.98	0.00	169.98
2/11/2018	Deb, Wolf	6148987	Guest	462027	165.00	0.00	165.00
2/11/2018	ARNOLD, MIRANDA	6149226	Guest	462028	84.99	0.00	84.99
2/11/2018	CARDILLO, LISA	6149779	Guest	462029	169.98	0.00	169.98
2/11/2018	FARMER, MARCI	6149859	Guest	462030	169.98	0.00	169.98
2/11/2018	CAFFEE, HANNAH	6149685	Guest	462031	169.98	0.00	169.98
2/11/2018	WEBBER, KIM	6150703	Guest	462032	169.98	0.00	169.98
2/11/2018	BOWMAN, NICHOLE	6149649	Guest	462034	169.98	0.00	169.98
2/11/2018	BOWERS, ALISON	7651781	Guest	462035	169.98	0.00	169.98

**DEPT OF EDUCATION**

800 Governors  
 Pierre, SD 57501

Amount Due	Due Date
3,419.63	Upon Receipt

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# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 reservations@crossroadshotel.com



**Crossroads Hotel and Huron Events  
Center (1515)**  
100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 6149923  
Date: 2/11/18  
Room: 237 GROUP-  
Arrival Date: 2/9/18  
Departure Date: 2/11/18  
Check In Time: 2/9/18 2:22 PM  
Check Out Time:

DEPT OF EDUCATION  
HYDE, SARAH  
Math & Sciencie  
814 w elizabth st  
Pierre, SD 57501

Rewards Program ID:  
You were checked out by:  
You were checked in by: jgonzale3  
**Total Balance Due: 0.00**

2/9/18	Room Charge	#237 HYDE, SARAH	84.99
2/10/18	Room Charge	#237 HYDE, SARAH	84.99
2/11/18	Direct Bill		(169.98)
			169.98
	Room Charge		(169.98)
	Direct Bill		
		Balance Due:	<u>0.00</u>

(169.98) will be billed to: Account 27988  
DEPT OF EDUCATION, 800 Governors , Pierre, SD 57501

x \_\_\_\_\_



# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 Telephone: +1.605.352.3204  
 Fax: (605) 352-3204  
 reservations@crossroadshotel.com

3,419.63	Upon Receipt
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Company Profile Number: 27988  
 Page 1 of 2

0.00	0.00	0.00	0.00	3,419.63	3,419.63
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**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

## Statement of Account

Statement includes charges incurred 2/9/2018 - 3/5/2018

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Invoice Date	Name	Account	Account Type	Invoice Number	Amount	Credits	Balance
2/10/2018	REINER, NICOL	6149004	Guest	461490	110.00	0.00	110.00
2/11/2018	TUCKER, JAMIE	6150685	Guest	461993	169.98	0.00	169.98
2/11/2018	Hogie, Al	4751292	Guest	462016	169.98	0.00	169.98
2/11/2018	KROON, CINDY	6150592	Guest	462017	169.98	0.00	169.98
2/11/2018	McMachen, Crystal	7649433	Guest	462018	169.98	0.00	169.98
2/11/2018	CAMPBELL, BETTY	6149729	Guest	462020	169.98	0.00	169.98
2/11/2018	HENRIKSEN, SABRINA	6149887	Guest	462021	169.98	0.00	169.98
2/11/2018	HYDE, SARAH	6149923	Guest	462022	169.98	0.00	169.98
2/11/2018	JACOBSMA, GAIL	6149925	Guest	462023	169.98	0.00	169.98
2/11/2018	ERICKSON, SIERRA	6149780	Guest	462024	169.98	0.00	169.98
2/11/2018	ERICKSON, TREY	6149833	Guest	462025	169.98	0.00	169.98
2/11/2018	RING, MOLLY	6150604	Guest	462026	169.98	0.00	169.98
2/11/2018	Deb, Wolf	6148987	Guest	462027	165.00	0.00	165.00
2/11/2018	ARNOLD, MIRANDA	6149226	Guest	462028	84.99	0.00	84.99
2/11/2018	CARDILLO, LISA	6149779	Guest	462029	169.98	0.00	169.98
2/11/2018	FARMER, MARCI	6149859	Guest	462030	169.98	0.00	169.98
2/11/2018	CAFFEE, HANNAH	6149685	Guest	462031	169.98	0.00	169.98
2/11/2018	WEBBER, KIM	6150703	Guest	462032	169.98	0.00	169.98
2/11/2018	BOWMAN, NICHOLE	6149649	Guest	462034	169.98	0.00	169.98
2/11/2018	BOWERS, ALISON	7651781	Guest	462035	169.98	0.00	169.98

**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

3,419.63	Upon Receipt
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# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 reservations@crossroadshotel.com



**Crossroads Hotel and Huron Events  
Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 6149925

Date: 2/15/18

Room: 239 GROUP-

Arrival Date: 2/9/18

Departure Date: 2/11/18

Check In Time: 2/9/18 4:27 PM

Check Out Time: 2/11/18 9:25 AM

Rewards Program ID:

You were checked out by: csnow

You were checked in by: ajenson

**Total Balance Due: 0.00**

DEPT OF EDUCATION

JACOBSMA, GAIL

Math & Science

N/A

N/A

			84.99
2/9/18	Room Charge	#239 JACOBSMA, GAIL	7.65
2/9/18	State Tax		2.00
2/9/18	Occupancy Tax		84.99
2/10/18	Room Charge	#239 JACOBSMA, GAIL	7.65
2/10/18	State Tax		2.00
2/10/18	Occupancy Tax		(189.28)
2/11/18	Direct Bill		(4.00)
2/15/18	Occupancy Tax	Tax Exemption Refund	(15.30)
2/15/18	State Tax	Tax Exemption Refund	19.30
2/15/18	Direct Bill	Adjustment	
			169.98
	Room Charge		0.00
	State Tax		0.00
	Occupancy Tax		(169.98)
	Direct Bill		
		Balance Due:	<u>0.00</u>

(169.98) will be billed to: Account 27988

DEPT OF EDUCATION, 800 Governors , Pierre, SD 57501

x



# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 Telephone: +1.605.352.3204  
 Fax: (605) 352-3204  
 reservations@crossroadshotel.com

Amount Due	Due Date
3,419.63	Upon Receipt

Company Profile Number: 27988  
 Page 1 of 2

Current	30	60	90	120	180	360
0.00	0.00	0.00	0.00	0.00	3,419.63	3,419.63

**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

## Statement of Account

Statement includes charges incurred 2/9/2018 - 3/5/2018

This is a reminder of your obligation.

Please call +1.605.352.3204 if you should have any questions regarding this statement.

Invoice Date	Name	Account	Account Type	Invoice Number	Amount	Credits	Balance
2/10/2018	REINER, NICOL	6149004	Guest	461490	110.00	0.00	110.00
2/11/2018	TUCKER, JAMIE	6150685	Guest	461993	169.98	0.00	169.98
2/11/2018	Hogie, Al	4751292	Guest	462016	169.98	0.00	169.98
2/11/2018	KROON, CINDY	6150592	Guest	462017	169.98	0.00	169.98
2/11/2018	McMachen, Crystal	7649433	Guest	462018	169.98	0.00	169.98
2/11/2018	CAMPBELL, BETTY	6149729	Guest	462020	169.98	0.00	169.98
2/11/2018	HENRIKSEN, SABRINA	6149887	Guest	462021	169.98	0.00	169.98
2/11/2018	HYDE, SARAH	6149923	Guest	462022	169.98	0.00	169.98
2/11/2018	JACOBSMA, GAIL	6149925	Guest	462023	169.98	0.00	169.98
2/11/2018	ERICKSON, SIERRA	6149780	Guest	462024	169.98	0.00	169.98
2/11/2018	ERICKSON, TREY	6149833	Guest	462025	169.98	0.00	169.98
2/11/2018	RING, MOLLY	6150604	Guest	462026	169.98	0.00	169.98
2/11/2018	Deb, Wolf	6148987	Guest	462027	165.00	0.00	165.00
2/11/2018	ARNOLD, MIRANDA	6149226	Guest	462028	84.99	0.00	84.99
2/11/2018	CARDILLO, LISA	6149779	Guest	462029	169.98	0.00	169.98
2/11/2018	FARMER, MARCI	6149859	Guest	462030	169.98	0.00	169.98
2/11/2018	CAFFEE, HANNAH	6149685	Guest	462031	169.98	0.00	169.98
2/11/2018	WEBBER, KIM	6150703	Guest	462032	169.98	0.00	169.98
2/11/2018	BOWMAN, NICHOLE	6149649	Guest	462034	169.98	0.00	169.98
2/11/2018	BOWERS, ALISON	7651781	Guest	462035	169.98	0.00	169.98

**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

Amount Due	Due Date
3,419.63	Upon Receipt

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# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 reservations@crossroadshotel.com



**Crossroads Hotel and Huron Events  
Center (1515)**  
100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 6149780  
Date: 2/11/18  
Room: 303 GROUP-  
Arrival Date: 2/9/18  
Departure Date: 2/11/18  
Check In Time: 2/9/18 6:18 PM  
Check Out Time:

DEPT OF EDUCATION  
ERICKSON, SIERRA  
Math & Science  
N/A  
N/A

Rewards Program ID:  
You were checked out by:  
You were checked in by: ajenson  
**Total Balance Due: 0.00**

2/9/18	Room Charge	#303 ERICKSON, SIERRA	84.99
2/9/18	State Tax		7.65
2/9/18	Occupancy Tax		2.00
2/10/18	Room Charge	#303 ERICKSON, SIERRA	84.99
2/10/18	State Tax		7.65
2/10/18	Occupancy Tax		2.00
2/11/18	Occupancy Tax	Tax Exemption Refund	(4.00)
2/11/18	State Tax	Tax Exemption Refund	(15.30)
2/11/18	Direct Bill		(169.98)
			<b>169.98</b>
	Room Charge		0.00
	State Tax		0.00
	Occupancy Tax		(169.98)
	Direct Bill		
<b>Balance Due:</b>			<b>0.00</b>

(169.98) will be billed to: Account 27988  
DEPT OF EDUCATION, 800 Governors , Pierre, SD 57501

x \_\_\_\_\_



# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 Telephone: +1.605.352.3204  
 Fax: (605) 352-3204  
 reservations@crossroadshotel.com

3,419.63	Upon Receipt
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Company Profile Number: 27988  
 Page 1 of 2

0.00	0.00	0.00	0.00	3,419.63	3,419.63
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**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

## Statement of Account

Statement includes charges incurred 2/9/2018 - 3/5/2018

This is a reminder of your obligation.

Please call +1.605.352.3204 if you should have any questions regarding this statement.

Invoice Date	Name	Account	Account Type	Invoice Number	Amount	Credits	Balance
2/10/2018	REINER, NICOL	6149004	Guest	461490	110.00	0.00	110.00
2/11/2018	TUCKER, JAMIE	6150685	Guest	461993	169.98	0.00	169.98
2/11/2018	Hogie, Al	4751292	Guest	462016	169.98	0.00	169.98
2/11/2018	KROON, CINDY	6150592	Guest	462017	169.98	0.00	169.98
2/11/2018	McMachen, Crystal	7649433	Guest	462018	169.98	0.00	169.98
2/11/2018	CAMPBELL, BETTY	6149729	Guest	462020	169.98	0.00	169.98
2/11/2018	HENRIKSEN, SABRINA	6149887	Guest	462021	169.98	0.00	169.98
2/11/2018	HYDE, SARAH	6149923	Guest	462022	169.98	0.00	169.98
2/11/2018	JACOBSMA, GAIL	6149925	Guest	462023	169.98	0.00	169.98
2/11/2018	ERICKSON, SIERRA	6149780	Guest	462024	169.98	0.00	169.98
2/11/2018	ERICKSON, TREY	6149833	Guest	462025	169.98	0.00	169.98
2/11/2018	RING, MOLLY	6150604	Guest	462026	169.98	0.00	169.98
2/11/2018	Deb, Wolf	6148987	Guest	462027	165.00	0.00	165.00
2/11/2018	ARNOLD, MIRANDA	6149226	Guest	462028	84.99	0.00	84.99
2/11/2018	CARDILLO, LISA	6149779	Guest	462029	169.98	0.00	169.98
2/11/2018	FARMER, MARCI	6149859	Guest	462030	169.98	0.00	169.98
2/11/2018	CAFFEE, HANNAH	6149685	Guest	462031	169.98	0.00	169.98
2/11/2018	WEBBER, KIM	6150703	Guest	462032	169.98	0.00	169.98
2/11/2018	BOWMAN, NICHOLE	6149649	Guest	462034	169.98	0.00	169.98
2/11/2018	BOWERS, ALISON	7651781	Guest	462035	169.98	0.00	169.98

**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

Amount Due	3,419.63
Upon Receipt	

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# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 reservations@crossroadshotel.com



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 6149833  
Date: 2/11/18  
Room: 305 GROUP-  
Arrival Date: 2/9/18  
Departure Date: 2/11/18  
Check In Time: 2/9/18 1:12 PM  
Check Out Time:

Rewards Program ID:  
You were checked out by:  
You were checked in by: jgonzale3  
**Total Balance Due: 0.00**

DEPT OF EDUCATION  
ERICKSON, TREY  
Math & Sciencie  
827 s spring ave  
Sioux Falls, SD 57104

			84.99
2/9/18	Room Charge	#305 ERICKSON, TREY	84.99
2/10/18	Room Charge	#305 ERICKSON, TREY	(169.98)
2/11/18	Direct Bill		
			169.98
	Room Charge		(169.98)
	Direct Bill		
		Balance Due:	<b>0.00</b>

(169.98) will be billed to: Account 27988  
DEPT OF EDUCATION, 800 Governors , Pierre, SD 57501

X \_\_\_\_\_



# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 Telephone: +1.605.352.3204  
 Fax: (605) 352-3204  
 reservations@crossroadshotel.com

3,419.63	Upon Receipt
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Company Profile Number: 27988  
 Page 1 of 2

0.00	0.00	0.00	0.00	3,419.63	3,419.63
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DEPT OF EDUCATION  
 800 Governors  
 Pierre, SD 57501

## Statement of Account

Statement includes charges incurred 2/9/2018 - 3/5/2018

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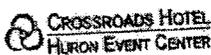
Please call +1.605.352.3204 if you should have any questions regarding this statement.

Invoice Date	Name	Account	Account Type	Invoice Number	Amount	Credits	Balance
2/10/2018	REINER, NICOL	6149004	Guest	461490	110.00	0.00	110.00
2/11/2018	TUCKER, JAMIE	6150685	Guest	461993	169.98	0.00	169.98
2/11/2018	Hogie, Al	4751292	Guest	462016	169.98	0.00	169.98
2/11/2018	KROON, CINDY	6150592	Guest	462017	169.98	0.00	169.98
2/11/2018	McMachen, Crystal	7649433	Guest	462018	169.98	0.00	169.98
2/11/2018	CAMPBELL, BETTY	6149729	Guest	462020	169.98	0.00	169.98
2/11/2018	HENRIKSEN, SABRINA	6149887	Guest	462021	169.98	0.00	169.98
2/11/2018	HYDE, SARAH	6149923	Guest	462022	169.98	0.00	169.98
2/11/2018	JACOBSMA, GAIL	6149925	Guest	462023	169.98	0.00	169.98
2/11/2018	ERICKSON, SIERRA	6149780	Guest	462024	169.98	0.00	169.98
2/11/2018	ERICKSON, TREY	6149833	Guest	462025	169.98	0.00	169.98
2/11/2018	RING, MOLLY	6150604	Guest	462026	169.98	0.00	169.98
2/11/2018	Deb, Wolf	6148987	Guest	462027	165.00	0.00	165.00
2/11/2018	ARNOLD, MIRANDA	6149226	Guest	462028	84.99	0.00	84.99
2/11/2018	CARDILLO, LISA	6149779	Guest	462029	169.98	0.00	169.98
2/11/2018	FARMER, MARCI	6149859	Guest	462030	169.98	0.00	169.98
2/11/2018	CAFFEE, HANNAH	6149685	Guest	462031	169.98	0.00	169.98
2/11/2018	WEBBER, KIM	6150703	Guest	462032	169.98	0.00	169.98
2/11/2018	BOWMAN, NICHOLE	6149649	Guest	462034	169.98	0.00	169.98
2/11/2018	BOWERS, ALISON	7651781	Guest	462035	169.98	0.00	169.98

DEPT OF EDUCATION  
 800 Governors  
 Pierre, SD 57501

Amount Due	Due Date
3,419.63	Upon Receipt

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# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 reservations@crossroadshotel.com



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
 Huron, SD 57350  
 +1.605.352.3204  
 reservations@crossroadshotel.com

Account: 6150604  
 Date: 2/11/18  
 Room: 306 GROUP--  
 Arrival Date: 2/9/18  
 Departure Date: 2/11/18  
 Check In Time: 2/9/18 12:29 PM  
 Check Out Time:

DEPT OF EDUCATION  
 RING, MOLLY  
 Math & Science  
 2316 s hawthorne ave  
 Sioux Falls, SD 57105

Rewards Program ID:  
 You were checked out by:  
 You were checked in by: jgonzale3  
**Total Balance Due: 0.00**

			84.99
2/9/18	Room Charge	#306 RING, MOLLY	7.65
2/9/18	State Tax		2.00
2/9/18	Occupancy Tax		84.99
2/10/18	Room Charge	#306 RING, MOLLY	7.65
2/10/18	State Tax		2.00
2/10/18	Occupancy Tax		(4.00)
2/11/18	Occupancy Tax	Tax Exemption Refund	(15.30)
2/11/18	State Tax	Tax Exemption Refund	(169.98)
2/11/18	Direct Bill		
			169.98
	Room Charge		0.00
	State Tax		0.00
	Occupancy Tax		(169.98)
	Direct Bill		
		<b>Balance Due:</b>	<b>0.00</b>

(169.98) will be billed to: Account 27988  
 DEPT OF EDUCATION, 800 Governors , Pierre, SD 57501

X \_\_\_\_\_



# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 Telephone: +1.605.352.3204  
 Fax: (605) 352-3204  
 reservations@crossroadshotel.com

3,419.63	Upon Receipt
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Company Profile Number: 27988  
 Page 1 of 2

0.00	0.00	0.00	0.00	3,419.63	3,419.63
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**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

## Statement of Account

Statement includes charges incurred 2/9/2018 - 3/5/2018

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Please call +1.605.352.3204 if you should have any questions regarding this statement.

Invoice Date	Name	Account	Account Type	Invoice Number	Amount	Credits	Balance
2/10/2018	REINER, NICOL	6149004	Guest	461490	110.00	0.00	110.00
2/11/2018	TUCKER, JAMIE	6150685	Guest	461993	169.98	0.00	169.98
2/11/2018	Hogie, Al	4751292	Guest	462016	169.98	0.00	169.98
2/11/2018	KROON, CINDY	6150592	Guest	462017	169.98	0.00	169.98
2/11/2018	McMachen, Crystal	7649433	Guest	462018	169.98	0.00	169.98
2/11/2018	CAMPBELL, BETTY	6149729	Guest	462020	169.98	0.00	169.98
2/11/2018	HENRIKSEN, SABRINA	6149887	Guest	462021	169.98	0.00	169.98
2/11/2018	HYDE, SARAH	6149923	Guest	462022	169.98	0.00	169.98
2/11/2018	JACOBSMA, GAIL	6149925	Guest	462023	169.98	0.00	169.98
2/11/2018	ERICKSON, SIERRA	6149780	Guest	462024	169.98	0.00	169.98
2/11/2018	ERICKSON, TREY	6149833	Guest	462025	169.98	0.00	169.98
2/11/2018	RING, MOLLY	6150604	Guest	462026	169.98	0.00	169.98
2/11/2018	Deb, Wolf	6148987	Guest	462027	165.00	0.00	165.00
2/11/2018	ARNOLD, MIRANDA	6149226	Guest	462028	84.99	0.00	84.99
2/11/2018	CARDILLO, LISA	6149779	Guest	462029	169.98	0.00	169.98
2/11/2018	FARMER, MARCI	6149859	Guest	462030	169.98	0.00	169.98
2/11/2018	CAFFEE, HANNAH	6149685	Guest	462031	169.98	0.00	169.98
2/11/2018	WEBBER, KIM	6150703	Guest	462032	169.98	0.00	169.98
2/11/2018	BOWMAN, NICHOLE	6149649	Guest	462034	169.98	0.00	169.98
2/11/2018	BOWERS, ALISON	7651781	Guest	462035	169.98	0.00	169.98

**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

Amount Due	Due Date
3,419.63	Upon Receipt

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# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 reservations@crossroadshotel.com



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 6149226  
Date: 2/11/18  
Room: 319 GROUP-  
Arrival Date: 2/10/18  
Departure Date: 2/11/18  
Check In Time: 2/10/18 2:20 PM  
Check Out Time:

Rewards Program ID:  
You were checked out by:  
You were checked in by: csnow  
**Total Balance Due: 0.00**

DEPT OF EDUCATION  
ARNOLD, MIRANDA  
Math & Sciencie  
N/A  
N/A

			84.99
2/10/18	Room Charge	#319 ARNOLD, MIRANDA	7.65
2/10/18	State Tax		2.00
2/10/18	Occupancy Tax		(2.00)
2/11/18	Occupancy Tax	Tax Exemption Refund	(7.65)
2/11/18	State Tax	Tax Exemption Refund	(84.99)
2/11/18	Direct Bill		
			84.99
	Room Charge		0.00
	State Tax		0.00
	Occupancy Tax		(84.99)
	Direct Bill		
		Balance Due:	<u>0.00</u>

(84.99) will be billed to: Account 27988  
DEPT OF EDUCATION, 800 Governors , Pierre, SD 57501

x



# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 Telephone: +1.605.352.3204  
 Fax: (605) 352-3204  
 reservations@crossroadshotel.com

3,419.63	Upon Receipt
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Company Profile Number: 27988  
 Page 1 of 2

0.00	0.00	0.00	0.00	3,419.63	3,419.63
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**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

## Statement of Account

Statement includes charges incurred 2/9/2018 - 3/5/2018

This is a reminder of your obligation.

Please call +1.605.352.3204 if you should have any questions regarding this statement.

Invoice Date	Name	Account	Account Type	Invoice Number	Amount	Credits	Balance
2/10/2018	REINER, NICOL	6149004	Guest	461490	110.00	0.00	110.00
2/11/2018	TUCKER, JAMIE	6150685	Guest	461993	169.98	0.00	169.98
2/11/2018	Hogie, Al	4751292	Guest	462016	169.98	0.00	169.98
2/11/2018	KROON, CINDY	6150592	Guest	462017	169.98	0.00	169.98
2/11/2018	McMachen, Crystal	7649433	Guest	462018	169.98	0.00	169.98
2/11/2018	CAMPBELL, BETTY	6149729	Guest	462020	169.98	0.00	169.98
2/11/2018	HENRIKSEN, SABRINA	6149887	Guest	462021	169.98	0.00	169.98
2/11/2018	HYDE, SARAH	6149923	Guest	462022	169.98	0.00	169.98
2/11/2018	JACOBSMA, GAIL	6149925	Guest	462023	169.98	0.00	169.98
2/11/2018	ERICKSON, SIERRA	6149780	Guest	462024	169.98	0.00	169.98
2/11/2018	ERICKSON, TREY	6149833	Guest	462025	169.98	0.00	169.98
2/11/2018	RING, MOLLY	6150604	Guest	462026	169.98	0.00	169.98
2/11/2018	Deb, Wolf	6148987	Guest	462027	165.00	0.00	165.00
2/11/2018	ARNOLD, MIRANDA	6149226	Guest	462028	84.99	0.00	84.99
2/11/2018	CARDILLO, LISA	6149779	Guest	462029	169.98	0.00	169.98
2/11/2018	FARMER, MARCI	6149859	Guest	462030	169.98	0.00	169.98
2/11/2018	CAFFEE, HANNAH	6149685	Guest	462031	169.98	0.00	169.98
2/11/2018	WEBBER, KIM	6150703	Guest	462032	169.98	0.00	169.98
2/11/2018	BOWMAN, NICHOLE	6149649	Guest	462034	169.98	0.00	169.98
2/11/2018	BOWERS, ALISON	7651781	Guest	462035	169.98	0.00	169.98

**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

Amount Due	Due Date
3,419.63	Upon Receipt

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# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 reservations@crossroadshotel.com



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 6149779  
Date: 2/11/18  
Room: 327 GROUP-  
Arrival Date: 2/9/18  
Departure Date: 2/11/18  
Check In Time: 2/9/18 2:20 PM  
Check Out Time:

Rewards Program ID:  
You were checked out by:  
You were checked in by: jgonzalez3  
**Total Balance Due: 0.00**

DEPT OF EDUCATION  
CARDILLO, LISA  
Math & Science  
4412 e 33rd st  
Sioux Falls, SD 57103

2/9/18	Room Charge	#327 CARDILLO, LISA	84.99
2/10/18	Room Charge	#327 CARDILLO, LISA	84.99
2/11/18	Direct Bill		(169.98)
			169.98
	Room Charge		(169.98)
	Direct Bill		
		Balance Due:	<b>0.00</b>

(169.98) will be billed to: Account 27988  
DEPT OF EDUCATION, 800 Governors , Pierre, SD 57501

x



# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 Telephone: +1.605.352.3204  
 Fax: (605) 352-3204  
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3,419.63	Upon Receipt
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Company Profile Number: 27988  
 Page 1 of 2

0.00	0.00	0.00	0.00	3,419.63	3,419.63
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## DEPT OF EDUCATION

800 Governors  
 Pierre, SD 57501

## Statement of Account

Statement includes charges incurred 2/9/2018 - 3/5/2018

This is a reminder of your obligation.

Please call +1.605.352.3204 if you should have any questions regarding this statement.

Invoice Date	Name	Account	Account Type	Invoice Number	Amount	Credits	Balance
					110.00	0.00	110.00
2/10/2018	REINER, NICOL	6149004	Guest	461490	169.98	0.00	169.98
2/11/2018	TUCKER, JAMIE	6150685	Guest	461993	169.98	0.00	169.98
2/11/2018	Hogie, Al	4751292	Guest	462016	169.98	0.00	169.98
2/11/2018	KROON, CINDY	6150592	Guest	462017	169.98	0.00	169.98
2/11/2018	McMachen, Crystal	7649433	Guest	462018	169.98	0.00	169.98
2/11/2018	CAMPBELL, BETTY	6149729	Guest	462020	169.98	0.00	169.98
2/11/2018	HENRIKSEN, SABRINA	6149887	Guest	462021	169.98	0.00	169.98
2/11/2018	HYDE, SARAH	6149923	Guest	462022	169.98	0.00	169.98
2/11/2018	JACOBSMA, GAIL	6149925	Guest	462023	169.98	0.00	169.98
2/11/2018	ERICKSON, SIERRA	6149780	Guest	462024	169.98	0.00	169.98
2/11/2018	ERICKSON, TREY	6149833	Guest	462025	169.98	0.00	169.98
2/11/2018	RING, MOLLY	6150604	Guest	462026	169.98	0.00	169.98
2/11/2018	Deb, Wolf	6148987	Guest	462027	165.00	0.00	165.00
2/11/2018	ARNOLD, MIRANDA	6149226	Guest	462028	84.99	0.00	84.99
2/11/2018	CARDILLO, LISA	6149779	Guest	462029	169.98	0.00	169.98
2/11/2018	FARMER, MARCI	6149859	Guest	462030	169.98	0.00	169.98
2/11/2018	CAFFEE, HANNAH	6149685	Guest	462031	169.98	0.00	169.98
2/11/2018	WEBBER, KIM	6150703	Guest	462032	169.98	0.00	169.98
2/11/2018	BOWMAN, NICHOLE	6149649	Guest	462034	169.98	0.00	169.98
2/11/2018	BOWERS, ALISON	7651781	Guest	462035	169.98	0.00	169.98

## DEPT OF EDUCATION

800 Governors  
 Pierre, SD 57501

3,419.63	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!



# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 reservations@crossroadshotel.com



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 6149859  
Date: 2/11/18  
Room: 331 GROUP-  
Arrival Date: 2/9/18  
Departure Date: 2/11/18  
Check In Time: 2/9/18 3:28 PM  
Check Out Time:

Rewards Program ID:  
You were checked out by:  
You were checked in by: ajenson  
**Total Balance Due: 0.00**

DEPT OF EDUCATION  
FARMER, MARCI  
Math & Science  
N/A  
N/A

2/9/18	Room Charge	#331 FARMER, MARCI	84.99
2/9/18	State Tax		7.65
2/9/18	Occupancy Tax		2.00
2/10/18	Room Charge	#331 FARMER, MARCI	84.99
2/10/18	State Tax		7.65
2/10/18	Occupancy Tax		2.00
2/11/18	Occupancy Tax	Tax Exemption Refund	(4.00)
2/11/18	State Tax	Tax Exemption Refund	(15.30)
2/11/18	Direct Bill		(169.98)
			<b>169.98</b>
Room Charge			0.00
State Tax			0.00
Occupancy Tax			(169.98)
Direct Bill			<b>0.00</b>
<b>Balance Due:</b>			<b>0.00</b>

(169.98) will be billed to: Account 27988  
DEPT OF EDUCATION, 800 Governors , Pierre, SD 57501

x \_\_\_\_\_



# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 Telephone: +1.605.352.3204  
 Fax: (605) 352-3204  
 reservations@crossroadshotel.com

Amount Due	Upon Receipt
3,419.63	

Company Profile Number: 27988  
 Page 1 of 2

Current	PAID	OPEN	0.00	3,419.63	3,419.63
0.00	0.00	0.00	0.00		

**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

## Statement of Account

Statement includes charges incurred 2/9/2018 - 3/5/2018

This is a reminder of your obligation.

Please call +1.605.352.3204 if you should have any questions regarding this statement.

Invoice Date	Name	Account	Account Type	Invoice Number	Amount	Credits	Balance
					110.00	0.00	110.00
2/10/2018	REINER, NICOL	6149004	Guest	461490	169.98	0.00	169.98
2/11/2018	TUCKER, JAMIE	6150685	Guest	461993	169.98	0.00	169.98
2/11/2018	Hogie, Al	4751292	Guest	462016	169.98	0.00	169.98
2/11/2018	KROON, CINDY	6150592	Guest	462017	169.98	0.00	169.98
2/11/2018	McMachen, Crystal	7649433	Guest	462018	169.98	0.00	169.98
2/11/2018	CAMPBELL, BETTY	6149729	Guest	462020	169.98	0.00	169.98
2/11/2018	HENRIKSEN, SABRINA	6149887	Guest	462021	169.98	0.00	169.98
2/11/2018	HYDE, SARAH	6149923	Guest	462022	169.98	0.00	169.98
2/11/2018	JACOBSMA, GAIL	6149925	Guest	462023	169.98	0.00	169.98
2/11/2018	ERICKSON, SIERRA	6149780	Guest	462024	169.98	0.00	169.98
2/11/2018	ERICKSON, TREY	6149833	Guest	462025	169.98	0.00	169.98
2/11/2018	RING, MOLLY	6150604	Guest	462026	169.98	0.00	165.00
2/11/2018	Deb, Wolf	6148987	Guest	462027	165.00	0.00	84.99
2/11/2018	ARNOLD, MIRANDA	6149226	Guest	462028	84.99	0.00	169.98
2/11/2018	CARDILLO, LISA	6149779	Guest	462029	169.98	0.00	169.98
2/11/2018	FARMER, MARCI	6149859	Guest	462030	169.98	0.00	169.98
2/11/2018	CAFFEE, HANNAH	6149685	Guest	462031	169.98	0.00	169.98
2/11/2018	WEBBER, KIM	6150703	Guest	462032	169.98	0.00	169.98
2/11/2018	BOWMAN, NICHOLE	6149649	Guest	462034	169.98	0.00	169.98
2/11/2018	BOWERS, ALISON	7651781	Guest	462035	169.98	0.00	169.98

**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

Amount Due	Due Date
3,419.63	Upon Receipt

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



# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 reservations@crossroadshotel.com



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 6149685  
Date: 2/11/18  
Room: 333 GROUP-  
Arrival Date: 2/9/18  
Departure Date: 2/11/18  
Check In Time: 2/9/18 5:16 PM  
Check Out Time:

Rewards Program ID:  
You were checked out by:  
You were checked in by: ajenson  
**Total Balance Due: 0.00**

DEPT OF EDUCATION  
CAFFEE, HANNAH  
Math & Science  
N/A  
N/A

2/9/18	Room Charge	#333 CAFFEE, HANNAH	84.99
2/9/18	State Tax		7.65
2/9/18	Occupancy Tax		2.00
2/10/18	Room Charge	#333 CAFFEE, HANNAH	84.99
2/10/18	State Tax		7.65
2/10/18	Occupancy Tax		2.00
2/11/18	Occupancy Tax	Tax Exemption Refund	(4.00)
2/11/18	State Tax	Tax Exemption Refund	(15.30)
2/11/18	Direct Bill		(169.98)
			169.98
	Room Charge		0.00
	State Tax		0.00
	Occupancy Tax		(169.98)
	Direct Bill		0.00
		<b>Balance Due:</b>	<b>0.00</b>

(169.98) will be billed to: Account 27988  
DEPT OF EDUCATION, 800 Governors , Pierre, SD 57501

x



# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 Telephone: +1.605.352.3204  
 Fax: (605) 352-3204  
 reservations@crossroadshotel.com

Amount	Due Date
3,419.63	Upon Receipt

Company Profile Number: 27988  
 Page 1 of 2

0.00	0.00	0.00	0.00	3,419.63	3,419.63
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**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

## Statement of Account

Statement includes charges incurred 2/9/2018 - 3/5/2018

This is a reminder of your obligation.

Please call +1.605.352.3204 if you should have any questions regarding this statement.

Invoice Date	Name	Account	Account Type	Invoice Number	Amount	Credits	Balance
2/10/2018	REINER, NICOL	6149004	Guest	461490	110.00	0.00	110.00
2/11/2018	TUCKER, JAMIE	6150685	Guest	461993	169.98	0.00	169.98
2/11/2018	Hogle, AI	4751292	Guest	462016	169.98	0.00	169.98
2/11/2018	KROON, CINDY	6150592	Guest	462017	169.98	0.00	169.98
2/11/2018	McMachen, Crystal	7649433	Guest	462018	169.98	0.00	169.98
2/11/2018	CAMPBELL, BETTY	6149729	Guest	462020	169.98	0.00	169.98
2/11/2018	HENRIKSEN, SABRINA	6149887	Guest	462021	169.98	0.00	169.98
2/11/2018	HYDE, SARAH	6149923	Guest	462022	169.98	0.00	169.98
2/11/2018	JACOBSMA, GAIL	6149925	Guest	462023	169.98	0.00	169.98
2/11/2018	ERICKSON, SIERRA	6149780	Guest	462024	169.98	0.00	169.98
2/11/2018	ERICKSON, TREY	6149833	Guest	462025	169.98	0.00	169.98
2/11/2018	RING, MOLLY	6150604	Guest	462026	169.98	0.00	165.00
2/11/2018	Deb, Wolf	6148987	Guest	462027	165.00	0.00	84.99
2/11/2018	ARNOLD, MIRANDA	6149226	Guest	462028	84.99	0.00	169.98
2/11/2018	CARDILLO, LISA	6149779	Guest	462029	169.98	0.00	169.98
2/11/2018	FARMER, MARCI	6149859	Guest	462030	169.98	0.00	169.98
2/11/2018	CAFFEE, HANNAH	6149685	Guest	462031	169.98	0.00	169.98
2/11/2018	WEBBER, KIM	6150703	Guest	462032	169.98	0.00	169.98
2/11/2018	BOWMAN, NICHOLE	6149649	Guest	462034	169.98	0.00	169.98
2/11/2018	BOWERS, ALISON	7651781	Guest	462035	169.98	0.00	169.98

**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

Amount Due	Due Date
3,419.63	Upon Receipt

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# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 reservations@crossroadshotel.com



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
 Huron, SD 57350  
 +1.605.352.3204  
 reservations@crossroadshotel.com

Account: 6150703

Date: 2/11/18

Room: 334 GROUP-

Arrival Date: 2/9/18

Departure Date: 2/11/18

Check In Time: 2/9/18 6:18 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: ajenson

**Total Balance Due: 0.00**

DEPT OF EDUCATION

WEBBER, KIM

Math & Sciencie

N/A

N/A

			84.99
2/9/18	Room Charge	#334 WEBBER, KIM	7.65
2/9/18	State Tax		2.00
2/9/18	Occupancy Tax		84.99
2/10/18	Room Charge	#334 WEBBER, KIM	7.65
2/10/18	State Tax		2.00
2/10/18	Occupancy Tax		(4.00)
2/11/18	Occupancy Tax	Tax Exemption Refund	(15.30)
2/11/18	State Tax	Tax Exemption Refund	(169.98)
2/11/18	Direct Bill		
			169.98
	Room Charge		0.00
	State Tax		0.00
	Occupancy Tax		(169.98)
	Direct Bill		
		Balance Due:	<u>0.00</u>

(169.98) will be billed to: Account 27988

DEPT OF EDUCATION, 800 Governors , Pierre, SD 57501

x



# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 Telephone: +1.605.352.3204  
 Fax: (605) 352-3204  
 reservations@crossroadshotel.com

Amount Due	Due Date
3,419.63	Upon Receipt

Company Profile Number: 27988  
 Page 1 of 2

Current	1st	2nd	3rd	4th	5th
0.00	0.00	0.00	0.00	0.00	3,419.63
					3,419.63

**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

## Statement of Account

Statement includes charges incurred 2/9/2018 - 3/5/2018

This is a reminder of your obligation.

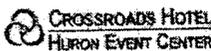
Please call +1.605.352.3204 if you should have any questions regarding this statement.

Invoice Date	Name	Account	Account Type	Invoice Number	Amount	Credits	Balance
2/10/2018	REINER, NICOL	6149004	Guest	461490	110.00	0.00	110.00
2/11/2018	TUCKER, JAMIE	6150685	Guest	461993	169.98	0.00	169.98
2/11/2018	Hogie, Al	4751292	Guest	462016	169.98	0.00	169.98
2/11/2018	KROON, CINDY	6150592	Guest	462017	169.98	0.00	169.98
2/11/2018	McMachen, Crystal	7649433	Guest	462018	169.98	0.00	169.98
2/11/2018	CAMPBELL, BETTY	6149729	Guest	462020	169.98	0.00	169.98
2/11/2018	HENRIKSEN, SABRINA	6149887	Guest	462021	169.98	0.00	169.98
2/11/2018	HYDE, SARAH	6149923	Guest	462022	169.98	0.00	169.98
2/11/2018	JACOBSMA, GAIL	6149925	Guest	462023	169.98	0.00	169.98
2/11/2018	ERICKSON, SIERRA	6149780	Guest	462024	169.98	0.00	169.98
2/11/2018	ERICKSON, TREY	6149833	Guest	462025	169.98	0.00	169.98
2/11/2018	RING, MOLLY	6150604	Guest	462026	169.98	0.00	169.98
2/11/2018	Deb, Wolf	6148987	Guest	462027	165.00	0.00	165.00
2/11/2018	ARNOLD, MIRANDA	6149226	Guest	462028	84.99	0.00	84.99
2/11/2018	CARDILLO, LISA	6149779	Guest	462029	169.98	0.00	169.98
2/11/2018	FARMER, MARCI	6149859	Guest	462030	169.98	0.00	169.98
2/11/2018	CAFFEE, HANNAH	6149685	Guest	462031	169.98	0.00	169.98
2/11/2018	WEBBER, KIM	6150703	Guest	462032	169.98	0.00	169.98
2/11/2018	BOWMAN, NICHOLE	6149649	Guest	462034	169.98	0.00	169.98
2/11/2018	BOWERS, ALISON	7651781	Guest	462035	169.98	0.00	169.98

**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

Amount Due	Due Date
3,419.63	Upon Receipt

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# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 reservations@crossroadshotel.com



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 6149649  
Date: 2/11/18  
Room: 335 GROUP-  
Arrival Date: 2/9/18  
Departure Date: 2/11/18  
Check In Time: 2/9/18 6:18 PM  
Check Out Time:

Rewards Program ID:  
You were checked out by:  
You were checked in by: ajenson  
**Total Balance Due: 0.00**

DEPT OF EDUCATION  
BOWMAN, NICHOLE  
Math & Science  
N/A  
N/A

<hr/>			
2/9/18	Room Charge	#335 BOWMAN, NICHOLE	84.99
2/9/18	State Tax		7.65
2/9/18	Occupancy Tax		2.00
2/10/18	Room Charge	#335 BOWMAN, NICHOLE	84.99
2/10/18	State Tax		7.65
2/10/18	Occupancy Tax		2.00
2/11/18	Occupancy Tax	Tax Exemption Refund	(4.00)
2/11/18	State Tax	Tax Exemption Refund	(15.30)
2/11/18	Direct Bill		(169.98)
<hr/>			
	Room Charge		169.98
	State Tax		0.00
	Occupancy Tax		0.00
	Direct Bill		(169.98)
	Balance Due:		<u>0.00</u>

(169.98) will be billed to: Account 27988  
DEPT OF EDUCATION, 800 Governors , Pierre, SD 57501



# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 Telephone: +1.605.352.3204  
 Fax: (605) 352-3204  
 reservations@crossroadshotel.com

Amount Due	Due Date
3,419.63	Upon Receipt

Company Profile Number: 27988  
 Page 1 of 2

Current	Previous	Previous	Previous	Previous	Previous
0.00	0.00	0.00	0.00	3,419.63	3,419.63

**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

## Statement of Account

Statement includes charges incurred 2/9/2018 - 3/5/2018

This is a reminder of your obligation.

Please call +1.605.352.3204 if you should have any questions regarding this statement.

Invoice Date	Name	Account	Account Type	Invoice Number	Amount	Credits	Balance
2/10/2018	REINER, NICOL	6149004	Guest	461490	110.00	0.00	110.00
2/11/2018	TUCKER, JAMIE	6150686	Guest	461993	169.98	0.00	169.98
2/11/2018	Hogie, Al	4751292	Guest	462016	169.98	0.00	169.98
2/11/2018	KROON, CINDY	6150592	Guest	462017	169.98	0.00	169.98
2/11/2018	McMachen, Crystal	7649433	Guest	462018	169.98	0.00	169.98
2/11/2018	CAMPBELL, BETTY	6149729	Guest	462020	169.98	0.00	169.98
2/11/2018	HENRIKSEN, SABRINA	6149887	Guest	462021	169.98	0.00	169.98
2/11/2018	HYDE, SARAH	6149923	Guest	462022	169.98	0.00	169.98
2/11/2018	JACOBSMA, GAIL	6149925	Guest	462023	169.98	0.00	169.98
2/11/2018	ERICKSON, SIERRA	6149780	Guest	462024	169.98	0.00	169.98
2/11/2018	ERICKSON, TREY	6149833	Guest	462025	169.98	0.00	169.98
2/11/2018	RING, MOLLY	6150604	Guest	462026	169.98	0.00	169.98
2/11/2018	Deb, Wolf	6148987	Guest	462027	165.00	0.00	165.00
2/11/2018	ARNOLD, MIRANDA	6149226	Guest	462028	84.99	0.00	84.99
2/11/2018	CARDILLO, LISA	6149779	Guest	462029	169.98	0.00	169.98
2/11/2018	FARMER, MARCI	6149859	Guest	462030	169.98	0.00	169.98
2/11/2018	CAFFEE, HANNAH	6149685	Guest	462031	169.98	0.00	169.98
2/11/2018	WEBBER, KIM	6150703	Guest	462032	169.98	0.00	169.98
2/11/2018	BOWMAN, NICHOLE	6149649	Guest	462034	169.98	0.00	169.98
2/11/2018	BOWERS, ALISON	7651781	Guest	462035	169.98	0.00	169.98

**DEPT OF EDUCATION**  
 800 Governors  
 Pierre, SD 57501

Amount Due	Due Date
3,419.63	Upon Receipt

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# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 reservations@crossroadshotel.com



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 7651781  
Date: 2/11/18  
Room: 337 GROUP-  
Arrival Date: 2/9/18  
Departure Date: 2/11/18  
Check In Time: 2/9/18 1:32 PM  
Check Out Time:

DEPT OF EDUCATION  
BOWERS, ALISON  
Math & Sciencie  
611 5th st  
Alexandria, SD 57311

Rewards Program ID:  
You were checked out by:  
You were checked in by: mgonzale5  
**Total Balance Due: 0.00**

<b>[REDACTED]</b>			
2/9/18	Room Charge	#337 BOWERS, ALISON	84.99
2/10/18	Room Charge	#337 BOWERS, ALISON	84.99
2/11/18	Direct Bill		(169.98)
<b>[REDACTED]</b>			
	Room Charge		169.98
	Direct Bill		(169.98)
		Balance Due:	<u>0.00</u>

(169.98) will be billed to: Account 27988  
DEPT OF EDUCATION, 800 Governors , Pierre, SD 57501

x \_\_\_\_\_