

Household Moving Allowance State of South Dakota

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

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

Please check one:

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

PLEASE NOTE: THIS FORM IS NOT VALID UNLESS IT IS COMPLETED AND SIGNED BY THE APPLICANT AND THE AUTHORIZED AGENT OF THE AGENCY EMPLOYED BY THE APPLICANT.

Application

Brian Rogness

Name of Applicant
\$61,588.8 **Aberdeen, SD**
Yearly Salary City, State Moving From
804113
Bureau of Human Resources Class Code

Transportation Planning Engineer

New Position Title
Pierre
New Post of Duty (City)
January 24, 2019
Employment Date with the State

SD DOT

Agency Employed By
January 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.

Brian Rogness
Signature of Applicant

1-2-19
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.

Darin Babouist
Name of Authorized Agent

SECRETARY
Position/ Title of Authorized Agent

D. Rogness 1/2/19
Signature of Authorized Agent Date

SD DOT
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

December 14, 2018

Brian Rogness
1017 Ash Lane
Aberdeen, SD 57401

Dear Brian,

This letter is to confirm your appointment to the position of Engineer II (11-2698) with the Department of Transportation in Pierre. Your employment will begin on January 24, 2019, at an hourly wage of \$29.61. Your immediate supervisor is Brace Prouty, Engineering Manager II.

As agreed, this position also carries with it payment by the State for your actual moving expenses up to one month's salary based on the rules established by the Board of Finance. Attached, please find the guidelines for household moving allowances. If you should terminate your employment prior to six months, you would be required to repay the moving allowances. Please find the Household Moving Expense Form at https://sdsos.gov/about-the-office/assets/HouseholdMovingAllowanceFilling_20180123.pdf. Complete the form and return it to: Kimberly Smith, HR Specialist, Bureau of Human Resources, 5316 W. 60th St N, Sioux Falls, SD 57107, for further processing.

Since you are transferring within State government, your leave balances and benefits will carry over. You will not have a probationary period due to your appointment since this was completed with your original employment.

Congratulations on your appointment! If you have any questions, please feel free to contact me or your immediate supervisor.

Sincerely,



Heidi Olson
Human Resources Manager
Department of Transportation

cc: Supervisor
Personnel file

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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

Joy Banerjee

Name of Applicant

39212.64

Yearly Salary

060336

Bureau of Human Resources Class Code

Las Vegas, NV

City, State Moving From

Correctional Officer

New Position Title

Sioux Falls, SD

New Post of Duty (City)

January 28, 2019

Employment Date with the State

Corrections

Agency Employed By

January 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

1-28-19.

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.

Michael Lidholt

Name of Authorized Agent

[Signature] 2-2019

Signature of Authorized Agent Date

Secretary

Position/ Title of Authorized Agent

SD Dept. of Corrections

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance



**SOUTH DAKOTA
DEPARTMENT OF CORRECTIONS
STATE PENITENTIARY**

P.O. Box 5911
Sioux Falls, SD 57117-5911
Phone: (605) 367-5051
Fax: (605) 367-5038

January 10, 2019

Dear Joy Banerjee:

This is to confirm your acceptance of our verbal offer to you for the Correctional Officer position with the South Dakota State Penitentiary at a starting hourly wage of \$18.78. The Department of Corrections will allow you reimbursement of moving expenses you accrue up to one month of your salary. In order for the expenses to be reimbursed you must submit the Household Moving Allowance Application, this offer letter and any receipts of payment for moving. **Please report to the RJ Johnson Training Academy at 8:00 AM Monday January 28, 2019.**

This offer is contingent upon receiving negative **drug screening** results and successfully passing a **pre-employment physical**; which can be scheduled with the Human Resource Department. **Please bring your driver's license and original social security card with you to your drug screening.** If you do not have your social security card, you must apply for a new social security card before training begins; or you must be able to submit some other form of verification of your legal right to work in the U.S.

Also, please be aware that you will be serving a six-month probationary period. This six-month period will be determined by the completion of 1040 hours, exclusive of overtime. During this period your performance will be reviewed periodically to determine if you will be recommended for status in the South Dakota Civil Service system. You will not be eligible to use your accrued vacation leave during this six-month period. Also, please note that your health insurance coverage will not begin until one month and one day after your start date.

The noon meal is available on site for \$1.25 per meal; meal tickets are available at \$10 and \$20 increments (payable by check) if you plan to eat your meals here. You do not need to bring anything else to training.

We look forward to having you on our staff. We hope your employment with the South Dakota State Penitentiary will be a rewarding experience. If you have any questions, please feel free to contact Danielle Fisch at 605-367-5158.

Sincerely,

Jennifer Meyer
Human Resources Manager

Household Moving Allowance State of South Dakota

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Please check one:

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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 on the Thursday prior to the Board of Finance meeting.** 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

Andrew Sathoff

Name of Applicant

\$57,800.00

Yearly Salary

00800

Bureau of Human Resources Class Code

Saint Paul, MN

City, State Moving From

Assistant Professor of Biology

New Position Title

Madison, SD

New Post of Duty (City)

August 2019

Employment Date with the State

Dakota State University

Agency Employed By

July 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.

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.

Andrew Edward Sathoff
Signature of Applicant
Andrew Edward Sathoff

February 13, 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.

Stacy Krusemark

Name of Authorized Agent

Stacy Krusemark

Signature of Authorized Agent

February 14, 2019

Date

VP Business & Admin Services

Position/ Title of Authorized Agent

Dakota State University

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

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



Dakota State University • 820 North Washington Ave. • Madison, SD 57042

REVISED

DATE: February 12, 2019

TO: Andrew Sathoff
satho002@umn.edu

FROM: José-Marie Griffiths, Ph.D.
Dakota State University President

RE: Appointment with the College of Arts and Sciences
Dakota State University

I am pleased to offer you, subject to approval by the Board of Regents, a tenure track appointment as an Assistant Professor of Biology in the College of Arts and Sciences. The effective date of this appointment is August 22, 2019. New hire and faculty orientation will begin on August 19, 2019 in accordance with the collective bargaining agreement between the South Dakota Board of Regents and the Council of Higher Education (COHE). Annual appointment dates are August 22nd, 2019 through May 21st, 2020. Your salary will be at an annualized rate of \$57,800 for the period of August 22, 2019, to May 21, 2020, and is based on 9 months at 100% time. Contract dates reflect the payroll period which is the 22nd of the month through the 21st of the following month, with deposits issued on the last working day of the month. You will receive your first paycheck for August 22 – September 21 on September 30th. Your supervisor will be Dr. Ben Jones, Dean of the College of Arts and Sciences.

The employment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause. The appointment shall commence on August 22, 2019 and shall not extend beyond May 21, 2020. The employment may be renewed for the next fiscal year at the sole pleasure of the Board. If the Board elects to renew an appointment, it may do so under whatever changed or additional terms and conditions it chooses. As with all administrative, professional, CSA, and Faculty 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.

This offer is contingent on approval by the South Dakota Board of Regents, the successful completion of a pending background authorization check and successful receipt of employment authorization paperwork. Should the background report come back with information that would change the contents of this contract, or you are unable to provide employment authorization documents, DSU has the right to take additional action which may include requesting additional information from you or rescinding of the job offer.

You are required to provide an official transcript for your highest degree within 60 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 in DocuSign, 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 in DocuSign.

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 Dakota State University. 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 the Human Resources Office.

As an Assistant Professor, your position is eligible for state benefits. Benefits could include household moving reimbursement allowance of up to 1 month salary as outlined in SDCL 3-9-12 as long as the State's Auditor Office grants approval. Dakota State University will provide up to \$6,422.22 in moving expense reimbursement.

DSU will also support equipment purchases to include shaking incubator; lab consumables; kits: RNA extraction, plasmid prep, PCR clean-up. We are committed to purchasing the microplate reader and pates as soon as possible.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing this letter of acceptance through DocuSign, which offers an electronic, legally binding signature. Also included in the DocuSign envelope that will require information and signature are the Agreement to Assign Intellectual Property, Conflict of Interest and the employee background check authorization forms. DocuSign will route the signed forms to the attention of Human Resources. Please sign the electronic file within 20 days. Be sure to retain a copy for your files if you wish. I look forward to having you continue with the team at Dakota State.

Sincerely,



José-Marie Griffiths, Ph.D.
Dakota State University President

Enclosures

c: HR Office
Interim Dean of the College of Arts and Sciences
Provost Office

I accept the job offer outlined above.

Signature of Appointee (Full legal name)

Date

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Application

Maryke Tante
Name of Applicant

Assistant Director
New Position Title

SBSU
Agency Employed By

51,500
Yearly Salary

Hays, KS
City, State Moving From

Brookings
New Post of Duty (City)

January 2019
Expected Month/Year of Move

00280
Bureau of Human Resources Class Code

1/23/19
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.

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

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

[Signature]
Signature of Applicant

1/4/19
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.

Rebecca Peterson
Name of Authorized Agent

Director, Housing & Residential Life
Position/ Title of Authorized Agent

Rebecca Peterson 2/19/19
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

MEMORANDUM

DATE: January 4, 2019

TO: Maryke Taute

FROM: Rebecca Peterson, Director of Housing and Residential Life
South Dakota State University

RE: Appointment with Housing and Residential Life, South Dakota State University

I am pleased to offer you, subject to approval by the President, an appointment as Assistant Director for ~~Occupancy Management, Assessment and Analytics~~ in the Housing and Residential Life Department. The effective date of this appointment is ~~January 22, 2019~~. Annual appointment dates are June 22 through June 21. Your salary is \$51,500 based on 12 months at 100% time. I am 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.

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.

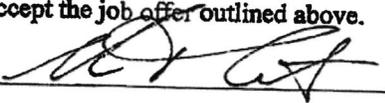
The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota State University. This offer is contingent on the university's verification of credentials and 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 ~~Assistant Director for Occupancy Management, Assessment, and Analytics~~, your position is eligible for state benefits to include household moving allowance of up to \$3,000 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 ~~January 21, 2019~~, retaining a copy for your records. Maryke, we are very excited to have you formally join the SDSU Housing & Residential Life team. I am confident that you will complement the very dedicated staff already in place, as well as, make significant contributions to the growth of our program. Please do not hesitate to contact me if we can answer any questions or be of help as you make your transition.

Sincerely,

Rebecca Peterson
Director of Housing & Residential Life

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

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Application

Kelsey Bathke

Name of Applicant

Director, Athletic Video Production

New Position Title

USD

Agency Employed By

\$40,000.00

College Park, MD

Vermillion, SD

January 2019

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00364

January 31, 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.

Kelsey B. Bathke
Signature of Applicant

1/9/19
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
Signature of Authorized Agent

2/5/19
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
605-658-5500

DATE: January 4, 2019
TO: Kelsey Bathke
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 Director of Athletic Video Production. The effective date of this appointment is January 31, 2019. Your salary will be at an annualized rate of \$40,000.00. Your supervisor is Tim Doyle. 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 31, 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.

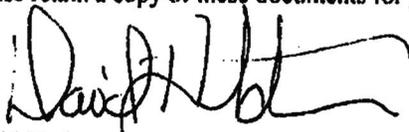
The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of the University. Withholding statements (W-4's) are available in your benefit packet and should be completed, 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 Director of Athletic Video Production, 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 \$3,333.00 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.

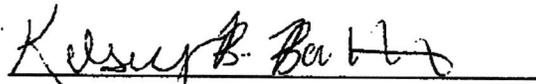


David Herbster

Encs.

cc: David Williams

I accept the job offer outlined above.



Signature

11/7/19

Date



Household Moving Allowance State of South Dakota

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Pierre SD 57501

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Application

Teresa L. Christensen

Name of Applicant

Education Coordinator

New Position Title

USD - SSOM

Agency Employed By

65,500

Yearly Salary

Pierre, SD

City, State Moving From

Sioux Falls

New Post of Duty (City)

February 2019

Expected Month/Year of Move

00360

Bureau of Human Resources Class Code

June 19, 2017

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

3-4-19

Date

Authorization

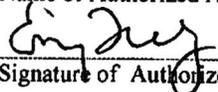
The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best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

3/11/19

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



UNIVERSITY OF
SOUTH DAKOTA

MEMORANDUM

DATE: May 17, 2017
TO: Teresa Christensen
FROM: Tim Ridgway, Executive Dean and Dean of Faculty Affairs, SSOM
RE: Appointment with the Sanford School of Medicine, University of South Dakota

I am pleased to offer you, subject to approval by the South Dakota Board of Regents, an appointment as Education Coordinator for the Sanford School of Medicine, Sioux Falls Campus. The effective date of this appointment is June 19, 2017. Annual appointment dates are June 22 to June 21. Your salary is \$65,000 based on 12 months at 100% time. I will serve as your direct supervisor. As with all employees, you will be evaluated annually. This offer is contingent on the favorable results of a background check and reference checks.

The administrative appointment shall commence on June 19, 2017 and shall not extend beyond June 21, 2018. The administrative appointment 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 appointment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause.

This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime. Appointee shall be paid at the rate of \$65,000 which will be paid out over 12 payrolls. 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 for state benefits to include household moving allowance of up to 1 month's salary as outlined in SDCL 3-9-12. The University of South Dakota will provide up to \$5416.66 in moving expenses.

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 the 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. The Board of Regents requires direct deposit of payroll checks for all employees.

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 May 22, 2017, retaining a copy for your records. Send the signed documents to:

Sharon M. Myers, PHR, SHRM-CP, Human Resources
University of South Dakota
HSC, 1400 W 22nd Street, Room 326
Sioux Falls, SD 57105-1570
605.357.1304 Phone
Sharon.myers@usd.edu

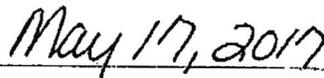
Enclosures: Intellectual Property Policy
Intellectual Property Form
Conflict of Interest Form
Employee Personal Data Sheet
Confidentiality Statement
I-9
W-4

cc: Lisa Sorensen, Director of Human Resources for Health Affairs
Jana Richardson, EPAF

I accept the job offer outlined above.



Signature of Appointee



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

Abdul Hodge

Name of Applicant

Assistant Coach-Football

New Position Title

USD

Agency Employed By

\$44,000.00

Yearly Salary

Coral Springs, FL

City, State Moving From

Vermillion

New Post of Duty (City)

February 2019

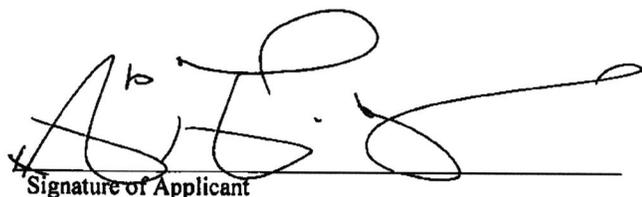
Expected Month/Year of Move

February 22, 2019

Employment Date with the State

00511
Bureau of Human Resources Class Code

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


Signature of Applicant

2/22/2019
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.

Emery Wasley

Name of Authorized Agent

Assistant Vice President, Human Resources

Position/ Title of Authorized Agent

 3/5/19
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



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

DATE: February 11, 2019
TO: Abdul Hodge
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. The effective date of this appointment is February 22, 2019. Your salary will be at an annualized rate of \$44,000.00. 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 February 22, 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, 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 \$3,666.00 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.

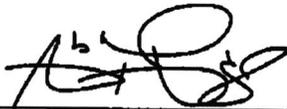


David Herbster

Encs.

cc: David Williams
Bob Nielson

I accept the job offer outlined above.



Signature

2/11/2019

Date



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: MMNS 2/15/19 Agency: Tourism
Agency Address: 711 E Wells Ave, Pierre
Agency Phone Number: 605 773 3301
Employee Requesting Reimbursement: Kathryn Richter
Total Amount of Reimbursement: 44.20 (37.46 for cost, 6.74 reimbursable tip)
Date(s) of Hosting Expense: 2/13/19
Receipts Attached: Y / N
Explanation of official business performed: Hosted industry members from the Sioux Falls CUB to an industry lunch discussing tactics for upcoming peak season efforts

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.

Kathryn Richter
Signature of Employee

2/15/19
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.

Wanda Goodman
Name of Department/Office Head

Deputy Secretary
Position/Title of Agency Official

Wanda Goodman
Signature of Department/Office Head

2-19-19
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.

CRAVE

FRESH • VIBRANT • AMERICAN

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

Server: Alyssa
73/1
Guests: 3

02/13/2019
1:06 PM
10007

Godzilla Roll 18.95
Spicy Tuna Roll 8.95
B-Seasonal Soup 6.95

=====
Visit KaskaidExperience.smg.com
and enter the 20-digit code below
to complete a brief survey.
Bring back this receipt
with validation code _____
and receive \$10 off a \$30 purchase!!
(Survey valid 7 days from purchase,
offer valid for 60 days.)

| 021 002 100 030 110 173 00 |

=====
CRAVE - SIOUX FALLS (#113)
201 E 8th St
Sioux Falls, SD 57103
605-782-2600
=====

Subtotal 34.85
Tax 2.61
Total 37.46

Balance Due 37.46

Tip: _____ 8.00

Total: _____ 45.46

Room #: _____

Print Name: _____

Signature: _____

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: March 4, 2019 Agency: GOED
Agency Address: 711 E Wells Ave Pierre, SD 57501
Agency Phone Number: 605-773-4633
Employee Requesting ^{Payment} Reimbursement: Mary Lehecka Nelson
Total Amount of ^{Payment} Reimbursement: \$90.00
Date(s) of Expense: 2-28-2019
Event Leave Time: 5:30 pm Event Return Time: 8:30 pm
Explanation of official business performed: Staff gave a presentation of telecom findings to the South Dakota Telecommunications Association. This was in regards to Governor Noem's proposed broadband initiative.

I hereby request authorization and approval for ^{Payment} 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.

Mary Lehecka Nelson
Signature of Employee

3-7-19
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.

Steve Westra

Name of Department/Office Head

Commissioner

Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

3-6-19
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.

South Dakota Telecommunications Association (SDTA)
 2100 Highland Way, Suite V
 Mitchell, SD 57301

Invoice

Date	Invoice #
2/28/2019	3668

Bill To
SD Gov Office of Economic Devel 711 E Wells Ave Pierre, SD 57501

Presentation of Telecom findings
 to the SD Telecoms

Terms: Due on receipt

Description	Qty	Rate	Amount
Meal Charge	6	15.00	90.00

Please remit to above address. Your support of SDTA is always appreciated.

Total	\$90.00
Payments/Credits	\$0.00
Balance Due	\$90.00

Phone #	Tax Identification #
605-224-7629	46-0319642

Those attending:

Jim Edman, BIT

Pat Snow, BIT

Steve Westra, GOED

Mary Lehecka Nelson, GOED

Aaron Scheibe, Gov. Office

Herb Jones, Gov. Office

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

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

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

Application

Date: 2/6/19 Agency: 0600
Agency Address: 4500 S Dxbow Ave
Agency Phone Number: 605-362-2700
Employee Requesting Reimbursement: Chris Kuntz
Total Amount of Reimbursement: \$ 97.00
Date(s) of Expense: 1/26/19 to 1/30/19
Event Leave Time: 7:30 AM Event Return Time: 5:00 pm

Explanation of official business performed: _____
Wildlife Training Officer Program Duties

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

Signature of Employee

02/06/19
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.

Kelly R. Hepler
Name of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

2/2/2019
Date

State Board of Finance Approval

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

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



Office of the State Auditor

Steven J. Barnett, State Auditor

Jason Lutz, Deputy State Auditor

500 East Capitol Avenue, Pierre, SD 57501-5070

Telephone: (605) 773-3341 • Fax: (605) 773-5929

www.sdauditor.gov

Delayed Travel Reimbursement Request

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

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

General Authority: SDCL 4-9-1.1.

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

Claimant name: Christopher Kuntz

Invoice number: Z069RB09

Reason for delay: Paperwork processing times due to

WTO travel voucher

Claimant Signature

Date

Agency Official Authorization

Date

03/06/19

02/12/2019

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: 02-05-19 Agency: 0600

Agency Address: 4500 South Oxbow

Agency Phone Number: 605-362-2700

Employee Requesting Reimbursement: Ever Meyer

Total Amount of Reimbursement: \$ 1650.00

Date(s) of Expense: 1/02/19 to 1/25/19

Event Leave Time: 7:30 AM Event Return Time: 5pm

Explanation of official business performed: _____

Wildlife Training Officer Program Duties.

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

Ever Meyer
Signature of Employee

2-5-19
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.

Kelly R. Hepler
Name of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

2/19/2019
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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



Office of the State Auditor

Steven J. Barnett, State Auditor

Jason Lutz, Deputy State Auditor

500 East Capitol Avenue, Pierre, SD 57501-5070

Telephone: (605) 773-3341 • Fax: (605) 773-5929

www.sdauditor.gov

Delayed Travel Reimbursement Request

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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: Evan Meyer

Invoice number: 2069 RB10

Reason for delay: Finished Wildlife Training Officer Program Paperwork

Evan Meyer
Claimant Signature

02-05-19
Date

[Signature]
Agency Official Authorization

2/12/2019
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: 1/4/19 Agency: SD GFP
Agency Address: 523 E. Capitol Ave
Agency Phone Number: 605-773-3387
Employee Requesting Reimbursement: Anthony Potter
Total Amount of Reimbursement: \$797.60
Date(s) of Expense: 11-13-18 thru 11/30/18
Event Leave Time: 1:00 PM Event Return Time: 8:30 PM
Explanation of official business performed: To attend required LET.

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.

Anthony Potter 1/4/19
Signature of Employee Date

Authorization

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

Kelly R. Hepler Cabinet Secretary
Name of Department/Office Head Position/Title of Agency Official
K R Hepler 1/22/19
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.

STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL

NAME Anthony Potter
ADDRESS _____

ORGANIZATION Game Fish and Parks
BUDGET ENTITY 0610520

Invoice ID	Date	Employee No	Return Date	Adv	Exp	License No.	Home Station			
Z69RB02	11/13/2018	162965	11/30/2018	N		946 CCM	Pierre			
Dates Mo/Day	Description of Travel, Destination Misc Expense, DOT Coding	Time Leave	Return	Project Code	Auto Miles	Trans. Cost	Overnight Meals	Non-Over-Ngt Meals	Lodging	Miscellaneous Expense
11-13	Travel from Wahpeton-Pierre/Pre-Academy	1pm			266	\$111.72 ✓	\$15.00 ✓			
11-14	Pre-Academy (Fort Pierre)						\$32.00 ✓			
11-15	Pre-Academy (Fort Pierre)						\$32.00 ✓			
11-16	Travel from Pierre-Wahpeton/Home		7pm		266	\$111.72 ✓	\$17.00 ✓			
11-17	Home									
11-18	Travel from Wahpeton to Pierre/Pre-Academy	1pm			266	\$111.72 ✓	\$15.00 ✓			
11-19	Pre-Academy (Fort Pierre)						\$32.00 ✓			
11-20	Pre-Academy (Fort Pierre)						\$32.00 ✓			
11-21	Pre-Academy-Travel from Ft. Pierre- Wahpeton		4:30pm		266	\$111.72 ✓	\$17.00 ✓			
11-22	Home									
11-23	Home									
11-24	Home									
11-25	Travel from Wahpeton -Pierre LET Academy	1pm			266	\$111.72 ✓	\$15.00 ✓			
11-26	LET (Pierre)									
11-27	LET (Pierre)									
11-28	LET (Pierre)									
11-29	LET (Pierre)									
11-30	Pierre-LET Academy (stay over weekend)		8:30pm				\$32.00 ✓			

SUBTOTALS 1330 \$558.60 \$239.00 \$0.00 \$0.00 \$0.00

PURPOSE OF TRAVEL Performing duties as a WCO during Pre Academy & LET Academy

GRAND TOTAL	\$797.60
APPLY TO ADVANCE AMOUNT	
REIMBURSABLE	\$797.60

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

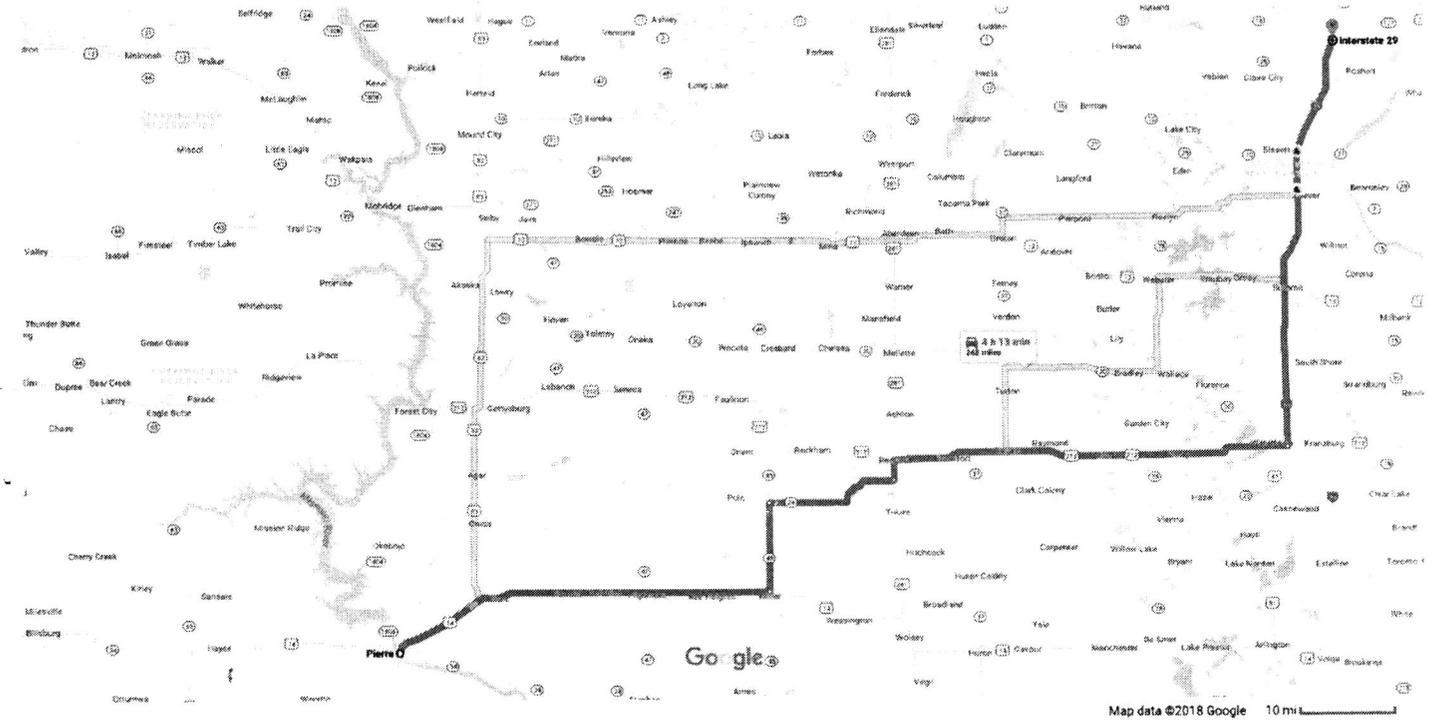
11/14/19
Date


Authorization

11/16/19
Date

Authorization

Date



Pierre

South Dakota 57501

Follow US-14 E to SD-45 N in Miller Township

1 h 9 min (71.0 mi)

- ↑ 1. Head northeast on S Pierre St toward E Pleasant Dr
0.1 mi
- ↑ 2. S Pierre St turns right and becomes E Pleasant Dr
259 ft
- ↶ 3. Turn left onto US-14 E/S Euclid Ave
● Continue to follow US-14 E
70.9 mi

Take SD-26 E to US-281 N in Redfield Township

40 min (42.0 mi)

- ↶ 4. Turn left onto SD-45 N
16.2 mi
- ↷ 5. Turn right onto SD-26 E
25.7 mi

Follow US-212 E to I-29 N in Greendale

2 h 24 min (153 mi)

- ↶ 6. Turn left onto US-281 N
4.1 mi
- ↑ 7. Continue onto US-212 E/E 7th Ave
● Continue to follow US-212 E
● Pass by Valvoline Instant Oil Change (on the right in 70.2 mi)
72.6 mi
- ↶ 8. Turn left to merge onto I-29 N
● Entering North Dakota
● Destination will be on the right
76.0 mi

I-29

Hankinson, ND 58041

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>
Date: November 28, 2018 at 4:35:14 PM CST
To: "Petersen, Chris" <Chris.Petersen@state.sd.us>
Subject: RE: Trainee Updated letters to attach to vouchers

Chris, this is approved. - Dave

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

From: Petersen, Chris
Sent: Wednesday, November 28, 2018 9:21 AM
To: McFarland, David <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



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

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

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*



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:

2069R803

Reason for delay:

Home Duty reimbursement process

Claimant Signature

Date

Agency Official Authorization

Date

A

[Handwritten Signature]

[Handwritten Signature]

1/22/19

759024

2019 JAN 20 PM 11:11

RECEIVED
STATE AUDITOR

Game Fish and Parks
VOUCHER
Direct Invoice

Beth

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: _____ ACTION: _____ 01/17/2019 10:13:22

REQUEST: _____

=====

EMP VOUCHER NBR: _____ Z069RB03 DATE: 11/30/2018 MODEL: _____

EMP SHORT NAME : POTTERANTHONYJ_ POTTER, ANTHONY J CURR: _____

EMPLOYEE NUMBER: ___ 162965 ___ WAHPETON / CM/DM : I

TRAVEL BEG DATE: ___ 11/13/2018 / APPROVAL NBR: _____ MULTI PYMT: N

TERMS CODE: ___ PYMT DUE DATE: 01/17/2019 DO NOT USE : _____

REMIT MSG: ___ TRAVEL FROM 11/13-11/30/2018 _____

SIGNATURE APPR CD: _____

LINE AMOUNT/PERCENT EXP CO ACCOUNT CENTER PROJ-CO NUMBER

VAT QUANTITY UNIT ITEM NUMBER ITEM DESCR PRORATE (T F A D) USE 99 IRC

0001 _____ 239.00 001 3122 52031500 _____ 0610520 _____

_____ N N N N _____

0002 _____ 558.60 001 3122 52030300 _____ 0610520 _____

_____ 1330 _____ N N N N _____

0003 _____

0004 _____

_____ : _____ : _____
_____ : _____ GROSS AMOUNT: _____ 797.60 O

OFFICE OF THE STATE AUDITOR

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

Need Home Station Per Diem Request Form
Signed by Board of Finance

Date returned 2-6

Claim Auditor [Signature]

Authorization Date

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

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

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

Application

Date: 2/13/2019 Agency: SD GFP
Agency Address: 523 E Capitol Ave
Agency Phone Number: 605-773-3387
Employee Requesting Reimbursement: Anthony Potter
Total Amount of Reimbursement: \$316.⁰⁰
Date(s) of Expense: 1/1/2019 thru 1/31/2019
Event Leave Time: 5:30 AM Event Return Time: 8:00 PM
Explanation of official business performed: attend required law enforcement training

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

Signature of Employee: [Signature] Date: 2/13/2019

Authorization

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

Name of Department/Office Head: Kelly R. Hepler Position/Title of Agency Official: Cabinet Secretary
Signature of Department/Office Head: [Signature] Date: 2/22/19

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
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Delayed Travel Reimbursement Request

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General Authority: SDCL 4-9-1.1.

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

Claimant name: Anthony Potter

Invoice number: 2069RB

Reason for delay: Home duty reimbursement process

[Signature]
Claimant Signature

Date

[Signature]
Agency Official Authorization

2/22/10
Date

Game Fish and Parks
VOUCHER
Direct Invoice

Beth

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: _____ ACTION: _____ 02/15/2019 16:30:42

REQUEST: _____

=====

EMP VOUCHER NBR: _____ Z069RB05 DATE: 01/31/2019 MODEL: _____

EMP SHORT NAME : POTTERANTHONYJ_ POTTER, ANTHONY J CURR: _____

EMPLOYEE NUMBER: ___162965___ WAHPETON CM/DM :I

TRAVEL BEG DATE: ___01/01/2019___ APPROVAL NBR: _____ MULTI PYMT: N

TERMS CODE: ___ PYMT DUE DATE: 02/15/2019 DO NOT USE : _____

REMIT MSG: ___ TRAVEL FROM 01/01/2019 TO 01/31/2019 _____

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO	NUMBER
0001	316.00	001	3122	52031500	0610520		

_____ N N N N _____

0002 _____

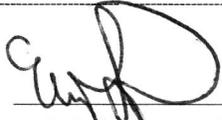
0003 _____

0004 _____

: _____ : _____
: _____ GROSS AMOUNT: _____ 316.00 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

02/15/2019

Authorization Date

**STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL**

Name: Anthony Potter		Employee #	Fed Code	State Code	Expense	License #	Mileage	Home Station			
		162965		AD=ADMIN. LE=LAW WL=WILDLIFE HB=HABITAT FS=FISHERIES	X	946 CCM	Claim if Personal Vehicle Was Used	Pierre			
Date Mo. Day	DESCRIPTION OF TRAVEL DESTINATION Miles, Misc. Expense, etc.	Time		Proj Code	State Code	Day Trip Meals	Overnight Meals	Miles	Amount Claimed	Lodging	Misc. Expense
		Leave	Return								
01/01/19	Pierre- LET Academy	5:30am		ST	LE						
01/02/19	Pierre- LET Academy			ST	LE						
01/03/19	Pierre- LET Academy			ST	LE						
01/04/19	Pierre- LET Academy			ST	LE						
01/05/19	Pierre- LET Academy			ST	LE		\$15.00				
01/06/19	Pierre- LET Academy			ST	LE		\$32.00				
01/07/19	Pierre- LET Academy			ST	LE		\$32.00				
01/08/19	Pierre- LET Academy			ST	LE						
01/09/19	Pierre- LET Academy			ST	LE						
01/10/19	Pierre- LET Academy			ST	LE						
01/11/19	Pierre- LET Academy			ST	LE		\$15.00				
01/12/19	Pierre- LET Academy			ST	LE		\$32.00				
01/13/19	Pierre- LET Academy			ST	LE		\$32.00				
01/14/19	Pierre- LET Academy			ST	LE						
01/15/19	Pierre- LET Academy			ST	LE						
01/16/19	Pierre- LET Academy			ST	LE						
01/17/19	Pierre- LET Academy			ST	LE						
01/18/19	Pierre- LET Academy			ST	LE		\$15.00				
01/19/19	Pierre- LET Academy			ST	LE		\$32.00				
01/20/19	Pierre- LET Academy			ST	LE		\$32.00				
01/21/19	Pierre- LET Academy			ST	LE						
01/22/19	Pierre- LET Academy			ST	LE						
01/23/19	Pierre- LET Academy			ST	LE						
01/24/19	Pierre- LET Academy			ST	LE						
01/25/19	Pierre- LET Academy			ST	LE		\$15.00				
01/26/19	Pierre- LET Academy			ST	LE		\$32.00				
01/27/19	Pierre- LET Academy			ST	LE		\$32.00				
01/28/19	Pierre- LET Academy			ST	LE						
01/29/19	Pierre- LET Academy			ST	LE						
01/30/19	Pierre- LET Academy			ST	LE						
01/31/19	Pierre- LET Academy	8:00pm		ST	LE						

PURPOSE OF TRAVE To conduct the duties of the LE Training Supervisor in the state of South Dakota.	Subtotals	Taxable	Non taxable			
		\$0.00	\$316.00	0.00	\$0.00	\$0.00
Grand Total						\$316.00
Apply to Advance						
AMOUNT REIMBURSABLE						316.00

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

[Signature]
Claimant
2/13/2019
Date

[Signature]
Authorization
2/15/2019
Date



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

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>
Date: November 28, 2018 at 4:35:14 PM CST
To: "Petersen, Chris" <Chris.Petersen@state.sd.us>
Subject: RE: Trainee Updated letters to attach to vouchers

Chris, this is approved. - Dave

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



From: Petersen, Chris
Sent: Wednesday, November 28, 2018 9:21 AM
To: McFarland, David <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



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

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To: DeLoache, John
Cc: Leidholt, Beth
Subject: RE: Trainee Updated letters to attach to vouchers

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

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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
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john.deloache@state.sd.us

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To: DeLoache, John
Cc: Tentinger, Jeremy; Alban, Andy
Subject: FW: Trainee Updated letters to attach to vouchers

Hey John,

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Chris

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

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: 3/7/2019 Agency: SD GF+P
Agency Address: 523 E Capitol Ave.
Agency Phone Number: 605-773-3387
Employee Requesting Reimbursement: Anthony Potter
Total Amount of Reimbursement: \$ 316.00
Date(s) of Expense: 2/1/2019 thru 2/28/2019
Event Leave Time: 5:30 am Event Return Time: 8:00 pm
Explanation of official business performed: To perform required tasks at LET Academy

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.

Anthony Potter
Signature of Employee

3/7/2019
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.

K. R. H. - Kelly R. H. H. H. H.
Name of Department/Office Head

Secretary
Position/Title of Agency Official

K. R. H.
Signature of Department/Office Head

3/11/19
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
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Delayed Travel Reimbursement Request

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General Authority: SDCL 4-9-1.1.

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

Claimant name:

Anthony Potter

Invoice number:

20698802

Reason for delay:

Home duty reimbursement.

A

Claimant Signature

Date

K R Lutz

Agency Official Authorization

3/11/19

Date

Game Fish and Parks

VOUCHER

Direct Invoice

Beth

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: _____ ACTION: _____ 03/07/2019 14:00:37
REQUEST: _____

=====

EMP VOUCHER NBR: _____ Z069RB06 DATE: 02/28/2019 MODEL: _____
EMP SHORT NAME : POTTERANTHONYJ POTTER, ANTHONY J CURR: _____
EMPLOYEE NUMBER: _____ 162965 _____ WAHPETON CM/DM : I
TRAVEL BEG DATE: _____ 02/01/2019 _____ APPROVAL NBR: _____ MULTI PYMT: N
TERMS CODE: _____ PYMT DUE DATE: 03/07/2019 DO NOT USE : _____
REMIT MSG: _____ TRAVEL FROM 02/01 TO 02/28/2019 _____
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	316.00	001	3122	52031500	0610520	
					NNNN	
0002						
0003						
0004						

: _____ : _____
: _____ GROSS AMOUNT: _____ 316.00

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

Claimant Date


Authorization Date 03/07/2019

Authorization Date



DEPARTMENT OF GAME, FISH, AND PARKS

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

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Law Enforcement Training Supervisor

Updated 11/2016

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

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Chris

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

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: 2-13-19 Agency: Game, Fish & Parks
Agency Address: 523 E Capitol Ave, Pierre SD 57501
Agency Phone Number: 605.773.3391
Employee Requesting Reimbursement: This was a direct bill - Pizza Ranch - Ft. Pierre
Total Amount of Reimbursement: 75.98
Date(s) of Expense: 2-13-19
Event Leave Time: 10:00am Event Return Time: 5:00pm
Explanation of official business performed: Belle Fourche Planning Meeting then Operational Meeting following the previous meeting.

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

[Signature]
Signature of Employee

2-19-19
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.

Kelly R. Hepler
Name of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

2/22/19
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.

will call each week to 1 person who takes the survey. See site for details.

new Receipt
with tax
taken off

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

Ticket # 4
2/14/2019 9:13 am LEE

*** DELIVERY ***

773-3384
BOGGS, ERIN
523 E CAPITAL
PIERRE

Zone : 1
Pierre/Fort Pierre
FOSS BUILDING 2ND
FLOOR - 7733391 IF
CAN'T FIND
House Account 75.98
(280-5856)

Large Bronco Orig Crust	12.99
Large Stampede Orig Crust	12.99
Large Orig Crust Pepperoni	12.00
Large Orig Crust Beef	12.00
Large Orig Crust Pepperoni	12.00
Large Orig Crust Beef	12.00

Subtotal	73.98
Delivery Charge	2.00
Total	75.98

Tip _____

Total _____

Ticket # 4
(1402010133)

Staff:

- Al Nedved
- Paul Beckwith
- Brad Nelson
- Jim Straight
- Katie Ceroll
- Bob Schneider
- John Ullman
- Thavis Theilen
- Pat Thompson

Smith, Judy

Subject: Belle Fourche Planning Meeting
Location: Pierre - Foss - Mathews Training Center

Start: Wed 02/13/2019 10:00 AM
End: Wed 02/13/2019 1:00 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Nedved, Al
Required Attendees: Beckwith, Paul; Nelson, Brad (Brad.Nelson@state.sd.us); Straight, Jim; Ceroll, Katherine; Schneider, Bob; Ullmann, John; Theilen, Travis; Thompson, Pat (GFP)

We will have a tight three hours tomorrow. Here are some of the main items I see needing discussion. Please add if you have others.

- What are we willing to consider as acreage that would be expanded from Rocky Point RA?
- Are there other areas on the reservoir that we would consider expansion as part of Rec Area or separate LUA's?
- Fee area vs. non-fee areas
- Camping Options:
 - Are we willing to consider some form of "non-designated" camping as exists now at Gadens and MP.
 - What kind of designated camping options are we willing to consider? Standard road/pad? Loops? Pods? Paul will provide some options. Are non-electric pads an option?
 - Where will we allow camping? Where will we prohibit it?
 - Quantity? How many units and when?
 - Shoreline camping restrictions
- Development:
 - Should consider bringing modern facilities into GP and MP or provide for a southern location for comfort station/dump station, water, etc?
 - Do we have any rough ideas on what bringing utilities into GP and MP might cost?
 - Roads – any need for additional road development or improvement and when?
 - Day use facilities – Boat ramp at GP. Is a primitive/free launch desirable on the east side? Swimming beaches? Fishing access improvements?

We have the MTC reserved all morning till 1 when Operations starts. We could order food in and go through the lunch hour if needed. Thanks, Al

AGENDA
OPERATIONS MEETING
February 13-14, 2019
Foss Building – Mathews Training Center

Send your regional/program reports electronically

1:00 pm

- Updates
 - Legislation – Katie
 - Palisades update – Jeff
 - Lake Hiddenwood - Al
 - Orman Dam RMP – Al
 - GSM-Rushmore Trail - Al
- Artifact donation policy discussion & approval
- SDSU CPPM update - Willy
- Seasonal & Intern hiring – how’s it going? Willy says the intern deadline does not mesh with college job fairs?
- Leisure contract milestones update – Jodi
- Remote duty station committee report - Pat
- RMSPEC & NORC attendance finalization
- Small dam training - Jeff
- Prep for March 28th Ranger meeting in Huron
 - LE vehicle equipment needs - Pat
- 41:03 Parks & Public Lands rule review
- Habitat in park areas – field thoughts
- Future Operations meetings
 - March 27-28 – Pierre
 - Annual Ranger meeting 1to 5pm – Huron
 - April 16-17 3pm (following GFP management meeting) too noon on 17th

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

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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: 3-7-19 Agency: GFP
Agency Address: 523 East Capitol Ave. Pierre, SD 57501
Agency Phone Number: 773-3387
Employee Requesting Reimbursement: Lucas Stang
Total Amount of Reimbursement: 316.00
Date(s) of Expense: 2-1-19 - 2-27-19
Event Leave Time: 5:30AM Event Return Time: 8:30PM
Explanation of official business performed: LET Expenses & Meals

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

3-7-19
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.

Kelly R Hepler
Name of Department/Office Head

Department Secretary
Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

3/6/19
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: Lucas Strong

Invoice number: 20692806

Reason for delay: Home duty reimbursement process.

[Signature]
Claimant Signature

Date

[Signature]
Agency Official Authorization

3/11/19
Date

Game Fish and Parks

VOUCHER

Direct Invoice

Beth

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: _____ ACTION: _____ 03/07/2019 14:14:21

REQUEST: _____

=====
EMP VOUCHER NBR: _____ Z069RB06 DATE: 02/27/2019 MODEL: _____

EMP SHORT NAME : STRONGLUCAS STRONG, LUCAS CURR: _____

EMPLOYEE NUMBER: 157485 ABERDEEN CM/DM : I

TRAVEL BEG DATE: 01/28/2019 APPROVAL NBR: _____ MULTI PYMT: N

TERMS CODE: _____ PYMT DUE DATE: 03/07/2019 DO NOT USE : _____

REMIT MSG: LET TRAINING FROM 01/28-02/27/2019

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 316.00 001 3122 52031500 0610520
N N N N

0002 _____

0003 _____

0004 _____

: _____ : _____
: _____ GROSS AMOUNT: 316.00

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

[Handwritten Signature]

03/07/2019

Claimant Date

Authorization Date

Authorization Date

20692306

STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL

NAME Lucas Strong
ADDRESS 1526 S. Lincoln Street
Aberdeen, SD 5741

ORGANIZATION Game Fish and Parks
BUDGET ENTITY 0610520

Invoice ID	Date	Employee No	Return Date		Adv	Exp	License No.	Home Station			
			02/27/2019	157485				01/27/2019		Pierre	
Dates Mo/Day	Description of Travel, Destination Misc Expense, DOT Coding	Time		Project Code	Auto Miles	Trans. Cost	Overnight Meals	Non-Over-Ngt Meals	Lodging	Miscellaneous Expense	
		Leave	Return								
1-28	LET (Pierre)		5:30AM								
1-29	LET (Pierre)										
1-30	LET (Pierre)										
1-31	LET (Pierre)										
2-1	LET (Pierre)						\$15.00				
2-2	LET (Pierre)						\$32.00				
2-3	LET (Pierre)						\$32.00				
2-4	LET (Pierre)										
2-5	LET (Pierre)										
2-6	LET (Pierre)										
2-7	LET (Pierre)										
2-8	LET (Pierre)						\$15.00				
2-9	LET (Pierre)						\$32.00				
2-10	LET (Pierre)						\$32.00				
2-11	LET (Pierre)										
2-12	LET (Pierre)										
2-13	LET (Pierre)										
2-14	LET (Pierre)										
2-15	LET (Pierre)						\$15.00				
2-16	LET (Pierre)						\$32.00				
2-17	LET (Pierre)						\$32.00				
2-18	LET (Pierre)										
2-19	LET (Pierre)										
2-20	LET (Pierre)										
2-21	LET (Pierre)										
2-22	LET (Pierre)						\$15.00				
2-23	LET (Pierre)						\$32.00				
2-24	LET (Pierre)						\$32.00				
2-25	LET (Pierre)										
2-26	LET (Pierre)										
2-27	LET (Pierre)		8:30PM								
SUBTOTALS						0	\$0.00	\$316.00	\$0.00	\$0.00	\$0.00

PURPOSE OF TRAVEL	LET Expenses and meals	GRAND TOTAL	\$316.00
		APPLY TO ADVANCE	\$316.00
		AMOUNT	
		REIMBURSABLE	\$316.00

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

[Signature]
Claimant

3-7-19
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>
Date: November 28, 2018 at 4:35:14 PM CST
To: "Petersen, Chris" <Chris.Petersen@state.sd.us>
Subject: RE: Trainee Updated letters to attach to vouchers

Chris, this is approved. - Dave

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

From: Petersen, Chris
Sent: Wednesday, November 28, 2018 9:21 AM
To: McFarland, David <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



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

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

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



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

February 19, 2019

Secretary of State
Board of Finance

Dear Board Members,

We are requesting approval to reimburse Darlene Pierce for the remaining portion of her hotel bill for \$439.83. She was reimbursed for \$557.64, which includes the instate rate plus taxes. Darlene usually direct bills her hotel rooms and did not know she could request higher hotel rates in advance. Darlene was unable to receive state rate for her stay due to legislative session. She is now educated and will have prior approval when unable to receive state rates. Please add to your agenda for the March 19th meeting.

Thank you for your consideration in this matter.

Sincerely,

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

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

Enclosure*

State of South Dakota

TRAVEL PAYMENT DETAIL

Name: Pierce, Darlene

(Not Valid Unless Accompanied By Approved Voucher)

Invoice ID	Date	Employee Number	Return Date	Advance	Expense	License #	Home Station	
	1/21/2019	157382	2/15/2019		X	13D977	Pierre	
Date	Description of Travel, Destination, Misc Expense etc.	Time		Auto Miles	Trans Cost	Meals	Lodging	Miscellaneous Expense
		Leave	Return					
01/21/2019	from=Chamberlain; to=Pierre	07:30PM		90	20.70	0.00	NC	
01/22/2019	from=Pierre; to=Pierre			0	0.00	32.00	NC	
01/23/2019	from=Pierre; to=Pierre			0	0.00	32.00	NC	
01/24/2019	from=Pierre; to=Chamberlain		08:45PM	90	20.70	32.00		
01/27/2019	from=Chamberlain; to=Pierre	05:00PM		90	20.70	15.00	102.34	
01/28/2019	from=Pierre; to=Pierre			0	0.00	32.00	102.34	
01/29/2019	from=Pierre; to=Pierre			0	0.00	32.00	132.76	
01/30/2019	from=Pierre; to=Chamberlain		08:45PM	90	0.00	32.00		
02/05/2019	from=Chamberlain; to=Pierre	05:00PM		90	20.70	15.00	153.49	
02/06/2019	from=Pierre; to=Pierre			0	0.00	32.00	109.89	
02/07/2019	from=Pierre; to=Pierre			0	0.00	32.00	109.89	
02/08/2019	from=Pierre; to=Chamberlain		08:45PM	90	20.70	32.00		
02/12/2019	from=Chamberlain; to=Pierre	05:00PM		90	20.70	15.00	102.34	
02/13/2019	from=Pierre; to=Pierre			0	0.00	32.00	92.21	
02/14/2019	from=Pierre; to=Pierre			0	0.00	32.00	92.21	
02/15/2019	from=Pierre; to=Chamberlain		08:45PM	90	20.70	32.00		
Subtotals				720	144.90	429.00	997.47	0.00
Purpose of Travel: Travel from Chamberlain to work in Pierre. I was not able to get state rates on three different weeks and I put those totals in for lodging. I will pay the extra that the state does not allow. Please see 3 lodging bills included.						Grand Total	1571.37	
						Apply To Advance		
						AMOUNT REIMBURSABLE	1571.37	

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.

Darlene Pierce
 Claimant 2/17/19
 Date

 Authorization Date

Electronically Authorized SDCL-53-12

 Authorization Date



MY PLACE HOTEL - FORT PIERRE, SD

209 East Hustan Avenue
Fort Pierre, SD 57532 US

Phone: 605-494-2090

Fax: 605-494-2091

Email: FTPIERRE.FRONTDESK@LEGACYMGMT.ORG

Printed: 2/8/2019 5:36:04 AM

Folio (Detailed)

Name: PIERCE, DARLENE
Company: AAA-CAA
Address: 24823 346th ave.
Chamberlain, SD 57325 US

Confirmation Number: 70742SB013757
Account Number: 415-094419

Room: 315 Room Type: N1Q, 1 QUEEN RECLINER Nights: 3 Guests: 1/0
Rate Plan: ROD Daily Rate: See room rate section below. GTD: VI - VISA
Arrival: 2/5/2019 (Tue) Departure: 2/8/2019 (Fri) XXXX XXXX XXXX 8735

Room Rate:

2/5/2019 (Tue) - 2/5/2019 (Tue) \$138.99 + \$14.50 Tax per night.
2/6/2019 (Wed) - 2/7/2019 (Thu) \$98.99 + \$10.90 Tax per night.

Date	Code	Description	Amount	Balance
2/5/2019	VI	VISA (8735)	(\$373.27)	(\$373.27)
2/5/2019	ROOM	ROOM CHARGE	\$138.99	(\$234.28)
2/5/2019	TAX1	STATE SALES TAX 4.5%	\$6.25	(\$228.03)
2/5/2019	TAX2	LOCAL LODGING TAX 1%	\$1.39	(\$226.64)
2/5/2019	TAX3	BED TAX \$2.00	\$2.00	(\$224.64)
2/5/2019	TAX4	TOURISM TAX 1.5%	\$2.08	(\$222.56)
2/5/2019	TAX5	LOCAL SALES TAX 2%	\$2.78	(\$219.78)
2/6/2019	ROOM	ROOM CHARGE	\$98.99	(\$120.79)
2/6/2019	TAX1	STATE SALES TAX 4.5%	\$4.45	(\$116.34)
2/6/2019	TAX2	LOCAL LODGING TAX 1%	\$0.99	(\$115.35)
2/6/2019	TAX3	BED TAX \$2.00	\$2.00	(\$113.35)
2/6/2019	TAX4	TOURISM TAX 1.5%	\$1.48	(\$111.87)
2/6/2019	TAX5	LOCAL SALES TAX 2%	\$1.98	(\$109.89)
2/7/2019	ROOM	ROOM CHARGE	\$98.99	(\$10.90)
2/7/2019	TAX1	STATE SALES TAX 4.5%	\$4.45	(\$6.45)
2/7/2019	TAX2	LOCAL LODGING TAX 1%	\$0.99	(\$5.46)
2/7/2019	TAX3	BED TAX \$2.00	\$2.00	(\$3.46)
2/7/2019	TAX4	TOURISM TAX 1.5%	\$1.48	(\$1.98)
2/7/2019	TAX5	LOCAL SALES TAX 2%	\$1.98	\$0.00

Summary

Room	Tax	F&B	Other	CC	Cash	DB
\$336.97	\$36.30	\$0.00	\$0.00	(\$373.27)	\$0.00	\$0.00

I agree to pay all charges and taxes in advance for my entire stay unless other arrangements were made in writing with management. I agree to pay room charges, taxes, and other fees related to my stay if any person, company, or association designated to pay fails to do

