

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

Tyler Neuharth

Name of Applicant

\$81,399.30

Yearly Salary

688805

Bureau of Human Resources Class Code

Mitchell, SD

City, State Moving From

DCI Supervisory Special Agent

New Position Title

Pierre, SD

New Post of Duty (City)

08/18/2008

Employment Date with the State

Office of Attorney General

Agency Employed By

June 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

4/26/2019

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.

Wendy Guindon

Name of Authorized Agent

Signature of Authorized Agent

4/26/2019

Date

Human Resource Manager

Position/ Title of Authorized Agent

Office of Attorney General

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

STATE OF SOUTH DAKOTA



OFFICE OF ATTORNEY GENERAL

1302 East Highway 14, Suite 1
Pierre, South Dakota 57501-8501

Phone (605) 773-3215

Fax (605) 773-4106

TTY (605) 773-6585

<http://atg.sd.gov/>

JASON R. RAVNSBORG
ATTORNEY GENERAL

CHARLES D. McGUIGAN
CHIEF DEPUTY ATTORNEY GENERAL

March 26, 2019

Tyler Neuharth
2808 Maui Dr
Mitchell, SD 57301-6419

Dear Tyler,

Congratulations! I am pleased to announce that you have been promoted to the Central Region Supervisory Special Agent effective April 9, 2019. Your starting salary will be \$81,399.30 and you will be eligible for a discretionary 5% pay increase after six months.

I look forward to your leadership, ideas, and service to the Office of Attorney General/Division of Criminal Investigation and to the citizens of South Dakota.

Sincerely,


Jason R. Ravensborg
ATTORNEY GENERAL

JRR/lde



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

April 10, 2019

Julie Muldoon
1204 S Main St
Chamberlain SD 57325
Email: julie.muldoon@outlook.com; julie.muldoon@hotmail.com

Dear Julie,

This letter is to confirm your appointment to the Communications & Social Media Manager position with the Bureau of Information and Telecommunications. Your employment will begin on April 24, 2019, at a semi-monthly salary of \$2,083.33 (\$50,000.00 annually). Your immediate supervisor, Carrie Tschetter, will contact you regarding your schedule on your first day of employment. **This offer is conditional based upon you successfully completing and passing a background investigation.**

As discussed, the Bureau of Information & Telecommunications will pay up to one month's salary, approximately \$4,166.66, for actual moving expenses based on the rules established by the Board of Finance. Receipts are required and expenses must be eligible expenses. Attached, please find the guidelines for household moving allowances and the moving expense form. Please sign the Household Moving Allowance form and return it to me as soon as possible.

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

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

You can log into the system using the below ID and password:
Employee ID - IDJM10474
Employee Password - password

This is a secured system that is user name & password protected. You can save the information that you enter as you go through the process. If you need to come back to complete the process at a later date or time, you may do so. You will need to disable the pop-up blocker on your computer in order to access the material.

On your first day of work, you will be required to provide two forms of identification to establish both identity and authorization to work in the United States. **Bring your social security card and driver's license.** Direct deposit is mandatory and you are asked to provide a voided check blank or your bank routing and account numbers.

Welcome to the Bureau of Information and Telecommunications. Please contact Carrie or myself if you need any assistance.

Sincerely,

Eric Hildebrandt
Human Resource Manager



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

MEMORANDUM

DATE: April 18, 2019

TO: Ann Elder
redlema@gmail.com

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, an appointment as Director of Theater/Instructor of Speech 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 \$44,000.00 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.

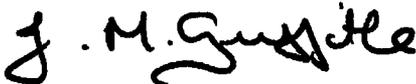
You are required to provide an official transcript for your highest degree within 60 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of 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 a Director/Instructor, 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 \$4,888.89 in moving expense reimbursement.

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
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

Jim Moran

Name of Applicant

Intern Provost/Vice President for Academic Affairs

Dakota State University

New Position Title

Agency Employed By

\$200,000.00

Vermillion, SD

Madison, SD

June 2019

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00145

June 22, 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.

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.

Jim Moran

May 8, 2019

Signature of Applicant

Date

Authorization

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

Stacy Krusemark

VP Business & Admin Services

Name of Authorized Agent

Position/ Title of Authorized Agent

Stacy Krusemark 5-9-19

Dakota State University

Signature of Authorized Agent

Date

Agency of Authorized Agent

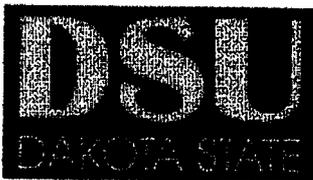
Approval by State Board of Finance

Approved by the
State Board of
Finance on

Date

Signature of Secretary, State Board of Finance

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

MEMORANDUM

DATE: May 8, 2019

TO: Jim Moran
Jim.Moran@usd.edu

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

RE: New Appointment within Dakota State University

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Interim Provost/Vice President for Academic Affairs at Dakota State University. The effective date of this appointment is June 22, 2019. Your salary will be \$200,000.00 for the period of June 22, 2019 to June 21, 2020 and is based on 12 months at 100%. 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. Therefore, you will receive your first paycheck for June 22nd – July 21st on July 31st. Your supervisor will be José-Marie Griffiths, President of Dakota State University. 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.

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 June 22, 2019. 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 Interim Provost/Vice President for Academic Affairs, 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 \$16,666.67 in moving expense reimbursement.

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. DocuSign will route the signed forms to the attention of Human Resources.

I look forward to having you join the team at Dakota State in this new role.

Sincerely,



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

Enclosures:

Intellectual Property Form
Conflict of Interest Form
Background Authorization Form

c: Human Resources/Payroll
Personnel File

I accept the job offer outlined above.



May 8, 2019

Signature of Appointee (Full legal name)

Date

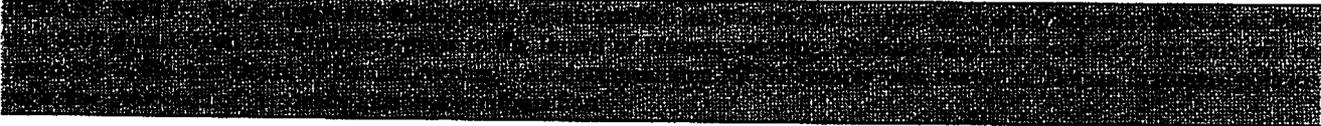
Household Moving Allowance State of South Dakota

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Please check one:

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Full-time continuous employment for 6 months.
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Attach a written copy of the offer of employment and of payment of moving expenses.



Application

<u>Andrew Roland</u> Name of Applicant	<u>Esports Head Coach</u> New Position Title	<u>Dakota State University</u> Agency Employed By
<u>\$41,000.00</u> Yearly Salary	<u>Fort Worth, TX</u> City, State Moving From	<u>May 2019</u> Expected Month/Year of Move
<u>00510</u> Bureau of Human Resources Class Code	<u>Madison, SD</u> New Post of Duty (City)	<u>May 22, 2019</u> Employment Date with the State

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

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

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

Andrew Roland

Signature of Applicant

April 23, 2019

Date

Authorization

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

Stacy Krusemark

Name of Authorized Agent

VP Business & Admin Services

Position/ Title of Authorized Agent

Stacy Krusemark 4-25-19

Signature of Authorized Agent Date

Dakota State University

Agency of Authorized Agent

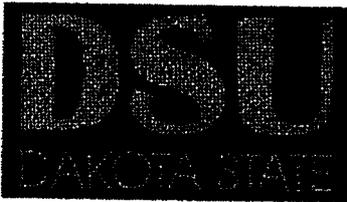
Approval by State Board of Finance

Approved by the
State Board of
Finance on

Date

Signature of Secretary, State Board of Finance

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

MEMORANDUM

DATE: April 23, 2019

TO: Andrew Roland
andrew.roland@tcu.edu

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

RE: New Appointment within Dakota State University

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as the Esports Head Coach at Dakota State University. The effective date of this appointment is May 22, 2019. Your salary will be \$41,000.00 for the period of June 22, 2018 to June 21, 2019 and is based on 12 months at 100%. This salary will be prorated to reflect the later starting date, May 22, 2019 and period left in the current fiscal year.

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. Therefore, you will receive your first paycheck for May 22nd – June 21st on June 28th. Your supervisor will be Jeff Dittman, Athletic Director at Dakota State University. 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.

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 May 22, 2019. 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.

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

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. In addition to the intellectual properties, I have also included a conflict of interest and an employee background check authorization form. Please indicate your acceptance of this appointment by signing this letter of acceptance and all related employment documents through DocuSign, which offers an electronic, legally binding signature. 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.

As an Esports Head Coach, your position is eligible for state benefits. Benefits could include household moving reimbursement allowance of up to one-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 \$3,000.00 in moving expense reimbursement.

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. DocuSign will route the signed forms to the attention of Human Resources.

I look forward to having you join the team at Dakota State in this new role.

Sincerely,



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

Enclosures:

Intellectual Property Form
Conflict of Interest Form
Background Authorization Form

cc: Jeff Dittman
Human Resources/Payroll
Personnel File

I accept the job offer outlined above.

Signature of Appointee (Full legal name)

Date

Household Moving Allowance State of South Dakota

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

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

Please check one:

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



Application

Robert Seaback

Name of Applicant

Assistant Professor in Digital Sound Design

New Position Title

Dakota State University

Agency Employed By

\$51,500.00

Gainesville, FL

Madison, SD

New Post of Duty (City)

August 2019

Expected Month/Year of Move

Yearly Salary

City, State Moving From

00800

August 22, 2019

Employment Date with the State

Bureau of Human Resources Class Code

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

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

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

Robert Seaback

May 9, 2019

Signature of Applicant

Date

Authorization

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

Stacy Krusemark

Name of Authorized Agent

VP Business & Admin Services

Position/ Title of Authorized Agent

[Signature] 5-9-19

Dakota State University

Agency of Authorized Agent

Signature of Authorized Agent

Date

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.



REVISED

DATE: May 6, 2019

TO: Robert Seaback
seaback.r@gmail.com

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

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

I am pleased to offer you, subject to approval by the Board of Regents, an tenure-track appointment as Assistant Professor in Digital Sound Design and DSU Live Coordinator in the College of Arts & 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 \$51,500 for the Digital Sound Design role and \$5,000.00 for the DSU Live Coordinator role 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 & Sciences.

The administrative employment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause. The administrative appointment shall commence on August 22, 2019 and shall not extend beyond May 21, 2020. The administrative employment may be renewed for the next fiscal year 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. 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.

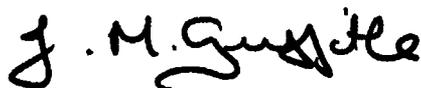
You are required to provide an official transcript for your highest degree within 60 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of 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 \$5,722.22 in moving expense reimbursement.

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
Dean of the College of Arts & Sciences
Provost Office

I accept the job offer outlined above.



May 7, 2019

Signature of Appointee (Full legal name)

Date

Household Moving Allowance State of South Dakota

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

Please check one:

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

Application

Benjamin Young

Name of Applicant

\$65,500.00

Yearly Salary

00800

Bureau of Human Resources Class Code

Fall River, MA

City, State Moving From

IT Assistant Professor in Cyber Leadership & Intelligence

New Position Title

Madison, SD

New Post of Duty (City)

August 22, 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.

Benjamin Young

Signature of Applicant

May 8, 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

 5-8-19

Signature of Authorized Agent

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.



MEMORANDUM

DATE: May 7, 2019
TO: Benjamin Young
byoun3@gmail.com
FROM: José-Marie Griffiths, Ph.D.
Dakota State University President
RE: Appointment with the College of Arts & Sciences
Dakota State University

I am pleased to offer you, subject to approval by the Board of Regents, a tenure-track appointment as Assistant Professor in Cyber Leadership and Intelligence in the College of Arts & 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 \$65,500.00 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 & Sciences.

The administrative employment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause. The administrative appointment shall commence on August 22, 2019 and shall not extend beyond May 21, 2020. The administrative employment may be renewed for the next fiscal year 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. 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.

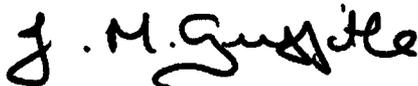
You are required to provide an official transcript for your highest degree within 60 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of 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 \$7,277.78 in moving expense reimbursement.

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
Dean of the College of Arts & Sciences
Provost Office

I accept the job offer outlined above.

Benjamin Young

May 7, 2019

Signature of Appointee (Full legal name)

Date



Office of Academic Affairs

Provost and Vice President for
Academic Affairs

Box 2201
SDSU
Brookings, SD 57007-2088
Phone: 605-688-4173

April 8, 2019

Mary Anne Krogh
408 E. 31st St.
Sioux Falls, SD 57105
Mary.krogh@mtmc.edu

Dear Dr. Krogh:

On behalf of South Dakota State University and subject to the approval of the President of South Dakota State University, I am pleased to offer you an appointment to the position of Dean of the College of Nursing. Specific duties associated with this position will assigned by me as your immediate supervisor.

The administrative employment offered herein shall be at the pleasure of the President of South Dakota State University and may be terminated without notice or cause. This administrative appointment shall commence on July 1, 2019, and shall not extend beyond June 21, 2020. Administrative appointments may be renewed at the sole pleasure of the President. If the President elects to renew an administrative appointment, he may do so under changed or additional terms and conditions.

The salary for this administrative (NFE) position shall be at the rate of \$210,000 per 12 months. If administrative employment is terminated prior to June 21, 2020, payments for the administrative position shall cease on the effective date of such termination. As Dean, your position is eligible for state benefits to include household moving allowance of up to 1-month salary as outlined in SDCL 3-9-12. A Household Moving Allowance form and instructions have been enclosed. Please sign the form on the "Signature of Applicant" line, date it, and return with your signed acceptance of this job offer.

You will also be assigned to the faculty of the Department of Graduate Nursing, at the rank of tenured professor, pending approval of the South Dakota Board of Regents. The current nine-month base salary associated with this status is \$134,908. No salary payment will be made for the faculty designation, unless and until, in conformity with the policies and procedures of the Board and its approval, you are no longer assigned administrative duties, and you are assigned solely as faculty with teaching, research, and service responsibilities, which will be at this designated rate.

Currently, your faculty designation carries no assigned instructional, research, or service. Upon the agreement of your supervisor, you may be allowed to assume specific teaching or research responsibilities at your request with no pay in addition to your administrative salary, provided that you satisfactorily discharge all your administrative duties. Notwithstanding the foregoing, the University hereby expressly reserves the right to assign specific faculty teaching or research responsibilities to you. If you are required to accept specific teaching or research responsibilities in addition to your administrative responsibilities, compensation for such responsibilities will be subject to negotiation at that time. This faculty designation may be renewed or continued under such terms and conditions as are provided under Board policy for faculty members of like rank and tenure status.

This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime. The employment offered herein is subject to and governed by the laws of the State of South Dakota, the

policies, rules and regulations of the South Dakota Board of Regents and of South Dakota State University. The provisions of such laws, policies, rules and regulations are deemed to be terms of this contract as though these were fully set forth herein. This offer is contingent on the university's verification of credentials and other information required by law and/or university and Board 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 the Payroll Office (Morrill Hall Rm 306). 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.

In particular, South Dakota State University manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy set forth in Board Policy No. 4:34. This policy creates both obligations and rights that will survive this employment, and this offer of appointment is contingent upon your agreement to execute the agreement to assign intellectual properties attached hereto and hereby incorporated by reference as though fully set forth herein. The provisions of this policy are enclosed. Please review the policy, sign where indicated, and return with this offer, retaining a copy for your records. In addition to the intellectual properties, you will also be required to disclose conflicts of interest and you will be contacted electronically to complete those disclosures.

Laws, policies, rules and regulations are subject to modification in the routine course of legislative, judicial and administrative activities. Where the legislature or other governmental authorities, including the South Dakota Board of Regents, amend laws, policies, rules or regulations or adopt new provisions, such amended or new provisions shall be deemed to modify the terms and conditions of the employments provided herein. Such modifications shall take effect, as though fully set forth herein, at such times and on such conditions as govern the effective date of such statutes, rules, policies or regulations.

The terms set forth herein that relate to positions, titles, salary and length of employment can only be changed, extended or renewed upon the mutual agreement of the same parties. No other official or employee of the South Dakota Board of Regents or South Dakota State University has authority to extend any offer of employment or reemployment or to change or adjust such terms.

If you desire to accept this offer of employment, please sign and return this letter to me at the address above no later than April 15, 2019. If this offer is not signed and returned by this date, you will be regarded as having rejected employment by South Dakota State University.

The signed offer remains subject to approval by the President of South Dakota State University. The proposed employment contract will become effective only upon such approval.

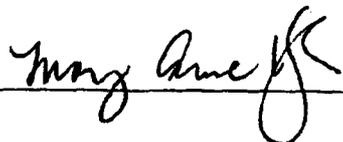
Sincerely,



Dennis D. Hedge, Provost and Vice President

I have read the foregoing offer and understand its provisions. I wish to accept the employment on the terms and conditions offered. I understand that the contract offered herein is for personal services and that I cannot assign my responsibilities to another. I promise to use my best efforts to carry out the responsibilities entrusted to me and to do so consistently with the highest professional standards. I understand that this proposed employment contract will become effective only upon approval by the South Dakota State University President and the South Dakota Board of Regents.

Signed: _____



Date: _____

4/8/2019

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.

Request and all supporting documents must be received in the Office of the Secretary of State by the 15th day of the month preceding the third Monday of the month of the move. All supporting documents must be received in the Office of the Secretary of State by the 15th day of the month preceding the third Monday of the month of the move. All supporting documents must be received in the Office of the Secretary of State by the 15th day of the month preceding the third Monday of the month of the move.

Application

Kelly Collinsworth
Name of Applicant

75,500
Yearly Salary

01011
Bureau of Human Resources Class Code

Morehead, KY
City, State Moving From

Visiting Lecturer of
New Position Title

Experimental Learning
New Post of Duty (City)

06/22/2019
Employment Date with the State

USD School of Law
Agency Employed By

May 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.

Kelly Collinsworth
Signature of Applicant

4-26-19
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

Emery 5/3/19
Signature of Authorized Agent Date

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

University of South Dakota
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

MEMORANDUM

DATE: April 23, 2019
TO: Kelly Collinsworth
FROM: Thomas E. Geu, Dean, School of Law, University of South Dakota
RE: Appointment with the School of Law, University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Visiting Lecturer of Experiential Learning in the School of Law. The effective date of this appointment is June 22, 2019. Annual appointment dates are June 22 to June 21. Your salary is \$75,500.00 based on 12 months at 100% time. As with all employees, you will be evaluated annually. This offer is contingent on the favorable results of a background check.

If hired permanently as a result of national search in upcoming year, the Vice President of Academic Affairs will fully support a request for a reasonable number of credited years of service at a prior institution.

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 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.

Your position is eligible for state benefits to include household moving allowance as outlined in SDCL 3-9-12. The University of South Dakota will provide up to \$1,000.00 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 and Conflict of Interest Form no later than April 30, retaining a copy for your records. Send the signed documents to:

Jen Shaffer
Dean's Suite, School of Law
University of South Dakota
414 E. Clark Street
Vermillion, SD 57069

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

Confidentiality Statement

I-9

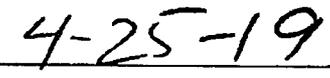
W-4

cc: Kurt Hackemer, Vice President of Academic Affairs
Carl Gutzman, Human Resources
Jen Shaffer, Department payroll representative

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

<u>Matt Collinsworth</u> Name of Applicant	<u>Director, NMM</u> New Position Title	<u>USD</u> Agency Employed By
<u>\$106,000</u> Yearly Salary	<u>Owingsville, KY</u> City, State Moving From	<u>Vermillion</u> New Post of Duty (City)
<u>00344</u> Bureau of Human Resources Class Code	<u>3-11-2019</u> Employment Date with the State	<u>March-May 2019</u> Expected Month/Year of Move

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

W.D. Collinsworth
Signature of Applicant

4-29-19
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 5/3/19
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

MEMORANDUM

DATE: 01/23/2019
TO: Matt Collinsworth
FROM: Rachael white, Human Resources, University of South Dakota
RE: Appointment with the College of Fine Arts, University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, a non-faculty exempt appointment. Details of the appointment are:

Title: Director of the National Music Museum
Department: College of Fine Arts
Effective Date: 03/11/2019
Annual Salary: \$106,000 plus benefits
Appointment Months: 12
Appointment Percent: 100%

This offer is contingent on the favorable results of a background check. Other special conditions that apply: Provide leadership for the Museum, working collaboratively with its Board, staff, and College to continue development of the Museum in outreach, research, education, and preservation of the history of musical instruments. To help fundraise for museum facilities, endowments, and operating needs. Oversee the continuation of successful Museum offerings in programs and exhibitions, as well as oversee and manage the museum facilities. Develop and monitor the annual budget. The University of South Dakota will provide up to \$3,000 in moving expenses. Reimbursed moving expenses are considered taxable income.

The administrative appointment shall commence on 03/11/2019 and shall not extend beyond 06/21/2019. The administrative employment may be renewed at the sole pleasure of the Board. If the Board elects to renew an administrative appointment, it may do so under whatever changed or additional terms and conditions it chooses. The administrative employment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause.

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

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 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.

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. Please review the policy, sign the form and return with this offer memo.

You are also required to complete the attached conflict of interest form pursuant to South Dakota Board of Regents Conflict of Interest, Board Policy No. 4:35.

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

You are scheduled to attend orientation sessions for new employees. All sessions are held in 104 Slagle Hall at the indicated date and times. (NOTE: Sioux Falls and remote employees will be scheduled for one-on-one sessions).

- General Information and Benefits Overview, 8:15 a.m. on 03/20/2019
- Guidelines for Using and Reporting Leave, 8:15 a.m. on 03/19/2019
- Anti-Harassment and Discrimination, 9:00 a.m. on 03/27/2019

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 supporting documents no later than 02/01/2019, retaining a copy for your records.

I accept the job offer outlined above.

DocuSigned by:

Matt Collinsworth

1/24/2019

480738881802423...

Signature of Appointee & Date Signed

Encl: Intellectual Property Form
Employee Personal Data Sheet
Conflict of Interest Form
I-9 and W-4

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

Kate Helbig	Assistant Professor	Univ. of S.D.
Name of Applicant	New Position Title	Agency Employed By
\$54,500	Vermillion, SD	July/August 2019
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
08000	August 22, 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.

Kate Helbig
Signature of Applicant

3/25/19
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

Emery Wasley 5/3/19
Signature of Authorized Agent Date

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

University of South Dakota
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance



UNIVERSITY OF
SOUTH DAKOTA

MEMORANDUM

DATE: February 26, 2019
TO: Kate Helbig
FROM: Donald Easton-Brooks, Dean, School of Education
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 Professor in the Division of Counseling and Psychology in Education in the School of Education. The effective date of this appointment is August 22, 2019. Your salary will be at an annualized rate of \$54,500. Amy Schweinic is your direct supervisor. This offer of employment is contingent on the favorable results of a background check. As with all faculty employees, you will be evaluated annually. Specific expectations for this position are detailed in the attached Expectations of Employment. 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. You are required to provide an official transcript for your highest degree within 30 days of accepting this position.

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 an assistant professor, your position is eligible for state benefits to include a household moving allowance as outlined in SDCI. 3-9-12. The University of South Dakota will provide up to \$3,000 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 (by March 8, 2019) this letter and a signed copy of the enclosed agreement to assign Intellectual Property, Conflict of Interest and all the employee information forms to the attention of:

Jolinda Gray
Office of the Dean
School of Education
The University of South Dakota
414 E. Clark Street
Vermillion, SD 57069

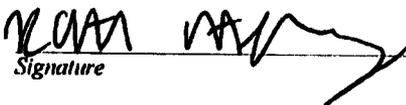
Please retain a copy of these documents for your files.

DEB/jjg

Encs.

cc: Amy Schweinic, Chair, Division of Counseling and Psychology in Education
Kurt Hackemer, Provost and Vice President for Academic Affairs
Rachael White, Human Resources

I accept the job offer outlined above.


Signature

3/25/19
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

Timothy Peterkin
 Name of Applicant

72,600
 Yearly Salary

Red Springs, NC
 City, State Moving From

01014
 Bureau of Human Resources Class Code

Dir Academic Support
 New Position Title

Law School/USD
 Agency Employed By

Vermillion, SD
 New Post of Duty (City)

May/June 2019
 Expected Month/Year of Move

05/22/2019
 Employment Date with the State

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

[Signature]
 Signature of Applicant

05/29/19
 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

5/3/19
 Date

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

University of South Dakota
 Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on _____
 Date

 Signature of Secretary, State Board of Finance

MEMORANDUM

DATE: January 2, 2019
TO: Timothy Peterkin
FROM: Thomas Geu, Dean of the Law School, University of South Dakota
RE: Appointment with Law School, University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as the Director of Academic Support and Bar Preparation (Lecturer rank) in the Law School. The effective date of this appointment is May 22, 2019. Annual appointment dates are June 22 to June 21. Your salary is \$72,600.00 based on 12 months at 100%. As with all employees, you will be evaluated annually. This offer is contingent on the favorable results of a background check.

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 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.

Your position is eligible for state benefits to include household moving allowance of up to 1 month salary as outlined in SDCL 3-9-12. The University of South Dakota will provide up to \$4,000.00 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 and Conflict of Interest Form no later than January 11, 2019, retaining a copy for your records. Send the signed documents to:

Jen Shaffer
USD Law School
University of South Dakota
414 E. Clark Street
Vermillion, SD 57069

Professor Peterkin we discussed we will make good faith efforts to assign you paid course overloads starting no earlier than your second year consistent with our needs and your skills.

Thomas Geu 1/2/19

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

Household Moving Allowance State of South Dakota

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

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

Phone: 605-773-3537

Please check one:

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

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

Application

Michael West

Name of Applicant

100,000

Yearly Salary

00345

Bureau of Human Resources Class Code

Omaha, NE

City, State Moving From

Deputy Athletic Director

New Position Title

Vermillion, SD

New Post of Duty (City)

04/15/2019

Employment Date with the State

USD Athletics

Agency Employed By

April 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

4/15/19

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



Signature of Authorized Agent

4/18/19

Date

Assistant Vice President, Human Resources

Position/ Title of Authorized Agent

University of South Dakota

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance

MEMORANDUM

DATE: March 27, 2019
TO: Michael West
FROM: Emery Wasley, Assist VP, Human Resources, University of South Dakota
RE: Appointment with Intercollegiate Athletics, University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, a non-faculty exempt appointment. Details of the appointment are:

Title: Deputy Athletic Director
Department: Intercollegiate Athletics
Effective Date: April 15, 2019
Annual Salary: \$100,000.00
Appointment Months: 12
Appointment Percent: 100%

This offer is contingent on the favorable results of a background check. Other special conditions that apply: Your position is eligible for state benefits to include a household moving allowance of up to 1 month salary as outlined in SDCL 3-9-12. The University of South Dakota will provide up to \$8,333.00 in moving expenses. The full regulations can be found at the following link:

<http://legis.state.sd.us/rules/DisplayRule.aspx?Rule=05:01:07&Type=Rule>

The administrative appointment shall commence on April 15, 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. The administrative employment 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.

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 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.

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. Please review the policy, sign the form and return with this offer memo.

You are also required to complete the attached conflict of interest form pursuant to South Dakota Board of Regents Conflict of Interest, Board Policy No. 4:35.

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

You are scheduled to attend orientation sessions for new employees. All sessions are held in 104 Slagle Hall at the indicated date and times. (NOTE: Sioux Falls and remote employees will be scheduled for one-on-one sessions).

- General Information and Benefits Overview, 8:15 a.m. on April 17, 2019
- Guidelines for Using and Reporting Leave, 8:15 a.m. on May 8, 2019
- Anti-Harassment and Discrimination, 9:00 a.m. on April 24, 2019

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 supporting documents no later than April 2, 2019, retaining a copy for your records.

I accept the job offer outlined above.

DocuSigned by:

Michael West

3/28/2019

77904800FF50481...

Signature of Appointee & Date Signed

Encl: Intellectual Property Form
Employee Personal Data Sheet
Conflict of Interest Form
I-9 and W-4

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: 4.15.19 Agency: Department of Tourism
Agency Address: 711 East Wells Avenue, Pierre, SD 57501
Agency Phone Number: 773.3301
Employee Requesting Reimbursement: James Hager
Total Amount of Reimbursement: \$ 120.30 (120.71)
Date(s) of Hosting Expense: 4.10.19
Receipts Attached Y / N
Explanation of official business performed: see attached

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

Signature of Employee

Date

04.18.2019

Authorization

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

Name of Department/Office Head

Position/Title of Agency Official

Signature of Department/Office Head

Date

Governor's Office

Deputy Policy Adviser

[Signature]

4-18-19

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.

Subject:

Jim Hagen hosting expense for reimbursement - April 14, 2019

South Dakota Tourism Secretary Jim Hagen hosted the following South Dakotans to dinner in Washington, DC on April 10, 2019. Per the department's invitation, the delegation was attending the U.S. Travel Association's Destination Capitol Hill event. The delegation was accompanying the South Dakota Department of Tourism at meetings with Senator John Thune, Senator Mike Rounds and Congressman Dusty Johnson

1. Wednesday, April 10, 2019 – Washington Dc – The South Dakota Department of Tourism hosted four South Dakotans to dinner. Attendees were Visit Rapid City CEO Julie Jensen, Watertown Convention and Visitors Bureau Executive Director Julie Knutson, Sioux Falls Convention and Visitors Bureau Executive Director Teri Schmidt and South Dakota Visitor Industry Alliance President Don South (Renner) - **\$122.30**



James Hagen | Secretary
Department of Tourism
Phone: 605-773-3301
TravelSouthDakota.com | SDVisit.com

14.1 MILLION
VISITORS IN 2018

2018 VISITOR SPENDING
\$3.98 BILLION
= \$10.9 MILLION PER DAY

54,723
2018 TOURISM
SUPPORTED JOBS

Farmers and Distillers
600 Massachusetts Ave Nw

Server: Jorge 04/10/2019
TBL 208/1 8:04 PM
Guests: 5 30163
Reprint #: 1

Bread Basket (2 @8.00)	16.00 ✓
Fried Rice	14.00 ✓
Mid Atlantic Scallops	26.00 ✓
Cauliflower Raisin	17.00 ✓
Cracker Shrimp	20.00 ✓
Subtotal	93.00
Food Tax Tax	9.30
Total Tax	9.30
Total	102.30
Balance Due	102.30

PROUD TO BE FARMER OWNED.
Thank you for supporting
American family farmers.
Farmersand Distillers.com

Farmers and Distillers
600 Massachusetts Ave Nw

Server: Jorge
08:12 PM
TBL 208/1

DOB: 04/10/2019
04/10/2019
3/30163

SALE

Amex 8388673
Card #XXXXXXXXXX1004
Magnetic card present: HAGEN JAMES D
Card Entry Method: S

Approval: 598550

Amount: \$102.30
+ Tip: 20.00
= Total: 122.30

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

X _____

PROUD TO BE FARMER OWNED.
Thank you for supporting
American family farmers.
Farmersand Distillers.com

Guest Copy

RECEIVED

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: 04/16/2019 Agency: GOED
Agency Address: 711 E Wells Avenue
Agency Phone Number: 605-773-4633
Employee Requesting Reimbursement: Kyle Peters
Total Amount of Reimbursement: \$31.41
Date(s) of Hosting Expense: 3/11/2019
Receipts Attached: Y / N
Explanation of official business performed: Hosted Lakeside Lumber owners for lunch on 3/11/19 in Eureka

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

[Signature] Date: 4/16/2019
Signature of Employee 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.

Steve Westra Secretary of GOED
Name of Department/Office Head Position/Title of Agency Official

[Signature] 4/30/19
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.

Date ▼	Description ◊	Amount ◊	Balance
● Mar 13, 2019	POS Payment MNRD-PIERRE 2010 N GA PIERRE SD #8616	-52.30	
● Mar 11, 2019	ACH Deposit IRS TREAS 310 TAX REF	3,927.00	
● Mar 11, 2019	POS Payment COFFEE CUP #8 VIVIAN SD #8616	-17.06	
● Mar 11, 2019	POS Payment PRIME TIME BAR RESTA EUREKA SD #8616	-31.41	
● Mar 11, 2019	POS Payment REDROSSA ITALIAN GRIL PIERRE SD #5050	-33.86	
● Mar 07, 2019	POS Payment USPS PO 46680405 225 PIERRE SD #8616	-1.90	
● Mar 07, 2019	POS Payment AMZN MKTP US*MI6U63Y7 AMZN.COM/BILL WA #8616	-8.51	
● Mar 06, 2019	IB Transfer W/D IB Transfer to FREE CHECK XXXXXX5322	-265.50	
● Mar 05, 2019	<u>Check 1055</u>	-10.00	
● Mar 05, 2019	ACH Payment BankStar Financi Recurring	-349.39	
● Mar 05, 2019	IB Transfer W/D IB Transfer to FREE CHECK XXXXXX5322	-1,189.00	
● Mar 04, 2019	ACH Payment CAPITAL ONE MOBILE PMT	-758.39	
● Mar 01, 2019	<u>Mobile Deposit</u>	485.09	
● Mar 01, 2019	<u>Mobile Deposit</u>	500.00	
● Mar 01, 2019	ACH Deposit State of South D PR PAYMENT	1,536.04	
● Mar 01, 2019	IB Transfer W/D IB Transfer to FREE CHECK XXXXXX5322	-265.00	
● Feb 27, 2019	POS Payment WALGREENS STORE 100 E PIERRE SD #8616	-9.89	
● Feb 27, 2019	POS Payment LYNN'S DAKOTAMT- PIERRE SD #8616	-20.63	
● Feb 27, 2019	<u>Check 1053</u>	-25.00	
● Feb 26, 2019	POS Payment BLACK HILLS BAGELS RAPID CITY SD #8616	-21.83	
● Feb 25, 2019	IB Transfer Deposit IB Transfer from FREE CHECK XXXXXX5322	25.00	
● Feb 25, 2019	POS Payment HEART OF THE WES HILL CITY SD #8616	-5.30	

Original Invoice
lost!

Only Invoice Available

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: 4/1/2019 Agency: POE - SPED
Agency Address: 800 Governors Dr
Agency Phone Number: 773-3678
Employee Requesting Reimbursement: Kristin Jerome, Wendy Trujillo,
Linda Turner, Stacey Meyer
Total Amount of Reimbursement: \$11.00 each
Date(s) of Expense: 4/3/2019
Event Leave Time: 8:00 am Event Return Time: 2:30 pm
Explanation of official business performed: SD advisory Panel for Children w/
Disabilities quarterly 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.

Kristin Jerome
Signature of Employee

4/25/2019
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.

Department of Education
Name of Department/Office Head
Benjamin Jones
Signature of Department/Office Head

Secretary
Position/Title of Agency Official
4/24/19
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 Advisory Panel for Children with Disabilities

April 3, 2019

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

Panel Functions

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

Panel Priorities

- * Parental Awareness of Rights and Procedural Safeguards

April 3, 2019 8:30 am to 4:00 pm

Agenda Item	Lead and documents needed
Call Meeting to Order and Introductions	Erin Schons – Chairperson
Approval of the agenda	Advisory Panel Doc: Agenda
Approval of the minutes	Advisory Panel Doc: January 16, 2019 draft meeting minutes
Public Comment:	If interested in providing public comment, please send notification to Wendy Trujillo at Wendy.Trujillo@state.sd.us or call 605-773-3678.
Federal IDEA Application for South Dakota	Linda Turner
Bylaws	Special Education Programs (SEP) update to Annual Report Section, date revised updated, and official name.
Department of Education Updates	Linda Turner/Wendy Trujillo Overview SEP State Office and staff responsibilities

Legislative Updates	Linda Turner
Lunch (11:45 am)	Library Commons Conference Room
State Systemic Improvement Plan (SSIP) update	Brandi Gerry
Priority Area: Parental Awareness of Rights and Procedural Safeguards:	Advisory Panel Work Time: Finalize panel updates to Procedural Safeguards Handbook
Meeting Take Away for Annual Report	Advisory Panel
Next Meeting and Agenda Items	June 12, 2019 Pierre, SD
Adjournment	Advisory Panel

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

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

Meal/Beverage Request

Event Title: ADVISORY PANEL
Dates of Event: 04/03/2019
Location of Event: MACKAY BUILDING IN PIERRE
Number of People Attending: 20
Person to Contact About Request: KRISTIN JEROME

Purpose of Event:
GOVERNORS SPECIAL EDUCATION ADVISORY PANEL QUARTERLY MEETING

Company	Subobject	Center	Fund Source	Sub Fund
2024	5203130 08	1232815	K03	A0
		1232830		

Providing:

- Beverages
- Breakfast

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

- Lunch

Dates Providing : 04/03/2019 Number of Meals 20
 Approximate Cost: \$220.00 (Cannot exceed \$11 per person)

- Dinner

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

Program Staff Signature

2/28/19

Date

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

Authorized Signature

2/28/19

Date

Jerome, Kristin (DOE)

From: Branding Iron Bistro <invoicing@messaging.squareup.com>
Sent: Thursday, April 25, 2019 10:52 AM
To: Jerome, Kristin (DOE)
Subject: [EXT] New Invoice: #000101 from Branding Iron Bistro



New Invoice

\$169.80 due on April 25, 2019

[Pay Invoice](#)

April 3

Invoice #000101

April 25, 2019

Customer

Kristin Jerome

kristin.jerome@state.sd.us

We appreciate your business.

Catering	\$169.80
<i>20 people</i>	
<i>Soups, sliders, cookies</i>	

Subtotal	\$169.80
Total Due	\$169.80

Branding Iron Bistro
420 W Sioux Ave
Suite 4, Pierre, SD 57501 United States
brandingironbisto@icloud.com
605-494-3333
© 2019 Square, Inc.
Square Privacy Policy | Security



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: 5/3/19 Agency: 0600
Agency Address: 4500 S Oxbow Ave SF SD 57106
Agency Phone Number: 605-362-2700
Employee Requesting Reimbursement: Chris Kuntz
Total Amount of Reimbursement: \$ 156.00
Date(s) of Expense: 4/10/19 - 4/27/19
Event Leave Time: 8:00 AM Event Return Time: 8:00 PM
Explanation of official business performed: Wildlife training required for his job duties with training officer - eating out in public setting.

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

Signature of Employee: [Signature] Date: 5/3/19

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: 5/7/19

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: 206RB12

Reason for delay: Needed to fill out more paper-
work (Home Station per diem form) for
WTO Training.

C. Kuntz
Claimant Signature

05/02/19
Date

[Signature]
Agency Official Authorization

5/7/19
Date

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

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

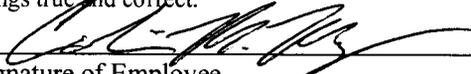
State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

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: 4-9-19 Agency: SDGFP
Agency Address: 523 East Capitol Ave, Pierre, SD 57501
Agency Phone Number: 605 773 3387
Employee Requesting Reimbursement: Calvin Meyer
Total Amount of Reimbursement: \$1312.76
Date(s) of Expense: Month of March
Event Leave Time: 2:00 PM Event Return Time: 8:00 PM
Explanation of official business performed: Post academy & Field training

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


Signature of Employee

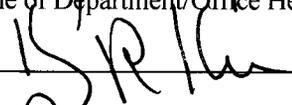
4-9-19
Date

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.

Kelley R. Hepler
Name of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official


Signature of Department/Office Head

4/10/19
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.

R2

Claimant name:

Calvin Meyer

Invoice number:

Reason for delay:

sent in form without signature

initially

Claimant Signature

Calvin Meyer

Date

4-9-19

Agency Official Authorization

J. R. Lutz

Date

4/15/19

A

Game Fish and Parks

VOUCHER

Employee Reimbursement

Beth

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: _____ ACTION: _____ 04/15/2019 10:21:53

REQUEST: _____

EMP VOUCHER NBR: _____ Z069RB06 DATE: 03/31/2019 MODEL: _____

EMP SHORT NAME : MEYERCALVINM MEYER, CALVIN M CURR: _____

EMPLOYEE NUMBER: _____ 155203 WATERTOWN CM/DM : I

TRAVEL BEG DATE: _____ 03/03/2019 APPROVAL NBR: _____ MULTI PYMT: N

TERMS CODE: _____ PYMT DUE DATE: 04/15/2019 DO NOT USE : _____

REMIT MSG: _____ TRAVEL FROM 03/03-03/31/2019 _____

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP CO	ACCOUNT	CENTER	PROJ-CO NUMBER
0001	566.00	001	3122 52031500	0610520	
				NNNN	

0002	746.76	001	3122 52030300	0610520	
	1778			NNNN	

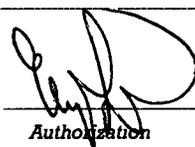
0003 _____

0004 _____

: _____ : _____
: _____ GROSS AMOUNT: _____ 1,312.76 _____

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

04/15/2019

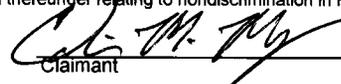
Authorization Date

**STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL**

Name: Calvin Meyer		Employee #	Fed Code	State Code	Expense	License #	Mileage	Home Station			
		155203		AD=ADMIN. LE=LAW WL=WILDLIFE HB=HABITAT FS=FISHERIES	X	W3K95	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								
03/03/19	Travel Watertown - Ft. Pierre / Post-Academy	4:00 PM		ST			\$15.00	189.00	\$79.38		
03/04/19	Post-Academy (Ft. Pierre)			ST			\$32.00		\$0.00		
03/05/19	Post-Academy (Ft. Pierre)			ST			\$32.00		\$0.00		
03/06/19	Post-Academy (Ft. Pierre)			ST			\$32.00		\$0.00		
03/07/19	Post-Academy (Ft. Pierre)			ST			\$32.00		\$0.00		
03/08/19	Post-Academy (Ft. Pierre) Travel Ft. Pierre - Watertown	7:00 PM		ST			\$17.00	189.00	\$79.38		
03/09/19	Home (Watertown)			ST					\$0.00		
03/10/19	Home (Watertown)			ST					\$0.00		
03/11/19	Travel Watertown - Mitchell / Fruad training	7:30 AM		ST			\$26.00	127.00	\$53.34		
03/12/19	Travel Mitchell - Ft. Pierre Post Academy			ST			\$32.00	151.00	\$63.42		
03/13/19	Post-Academy (Ft. Pierre)			ST			\$32.00		\$0.00		
03/14/19	Post-Academy (Ft. Pierre)			ST			\$32.00		\$0.00		
03/15/19	Post-Academy (Ft. Pierre) Travel Ft. Pierre - Watertown	8:00 PM		ST			\$32.00	189.00	\$79.38		
03/16/19	Home (Watertown)			ST					\$0.00		
03/17/19	Travel Watertown - Ft. Pierre / Post-Academy	4:00 PM		ST			\$15.00	189.00	\$79.38		
03/18/19	Post-Academy (Ft. Pierre)			ST			\$32.00		\$0.00		
03/19/19	Post-Academy (Ft. Pierre)			ST			\$32.00		\$0.00		
03/20/19	Post-Academy (Ft. Pierre)			ST			\$32.00		\$0.00		
03/21/19	Post-Academy (Ft. Pierre)			ST			\$32.00		\$0.00		
03/22/19	Post-Academy (Ft. Pierre) Travel Ft. Pierre - Watertown	6:30 PM		ST			\$17.00	189.00	\$79.38		
03/23/19	Home (Watertown)			ST					\$0.00		
03/24/19	Home (Watertown)			ST					\$0.00		
03/25/19	Huron Officer In-Service	10:30 AM		ST			\$15.00	92.00	\$38.64		
03/26/19	Huron Officer In-Service			ST			\$15.00		\$0.00		
03/27/19	Huron Officer In-Service			ST			\$15.00		\$0.00		
03/28/19	Huron Officer In-Service Travel Huron - Ft. Pierre			ST			\$26.00	118.00	\$49.56		
03/29/19	Rabbies shot Travel Ft. Pierre - Watertown	12:00 PM		ST			\$6.00	189.00	\$79.38		
03/30/19	Home (Watertown)			ST					\$0.00		
03/31/19	Travel to Phase 1 WTO Watertown - Yankton	4:00 PM	8:00PM	ST			\$15.00	156.00	\$65.52		
				ST							
				ST							

PURPOSE OF TRAVE To conduct the duties of the LE Training Supervisor in the state of South Dakota.	Subtotals				Taxable \$0.00	Non taxable \$566.00	1,778.00	\$746.76	\$0.00	\$0.00
Grand Total										
Apply to Advance AMOUNT REIMBURSABLE										
\$1,312.76										
1,312.76										

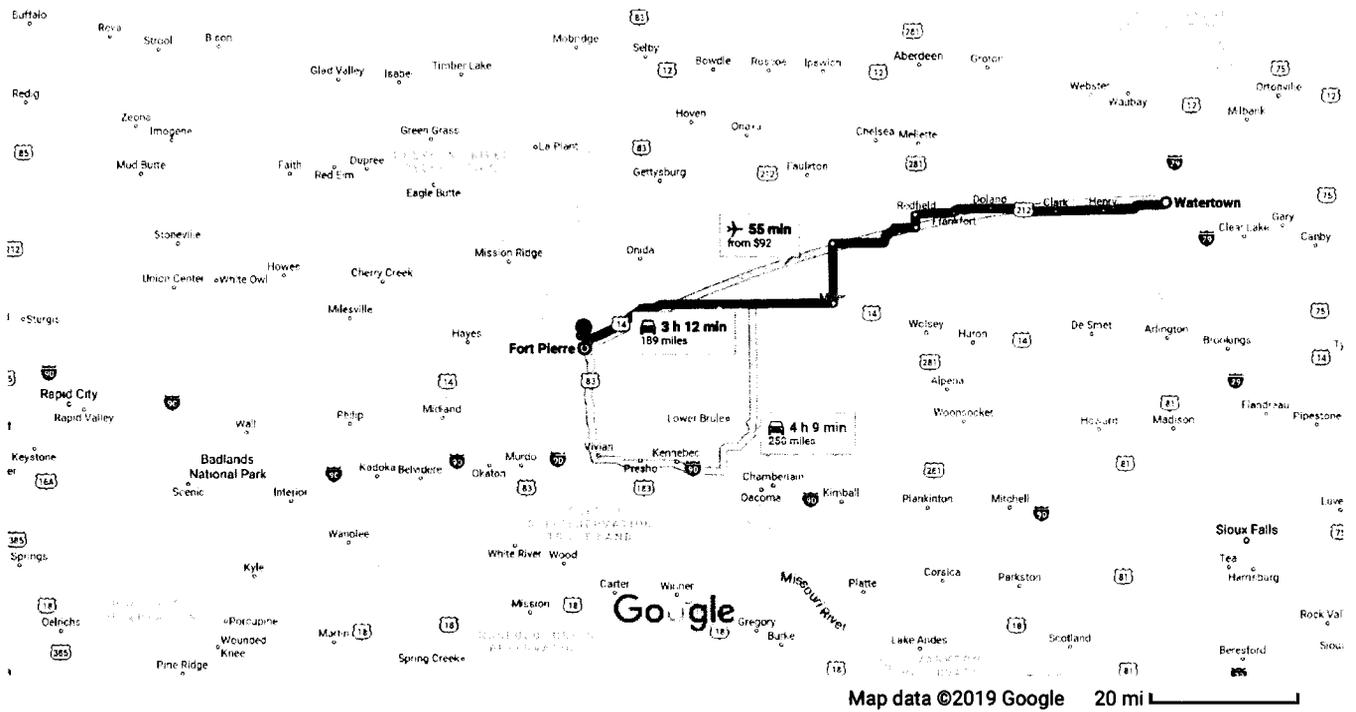
I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provision of the Civil Rights Act of 1964 and regulations issued thereunder relating to nondiscrimination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


 Claimant 4-9-19
 Date


 Authorization 04/08/2019
 Authorizat Authorization Date

Google Maps Watertown, SD to Fort Pierre, SD

Drive 189 miles, 3 h 12 min



via US-212 W and US-14 W 3 h 12 min

Fastest route 189 miles

Your destination is in a different time zone.

via US-212 W 4 h 9 min

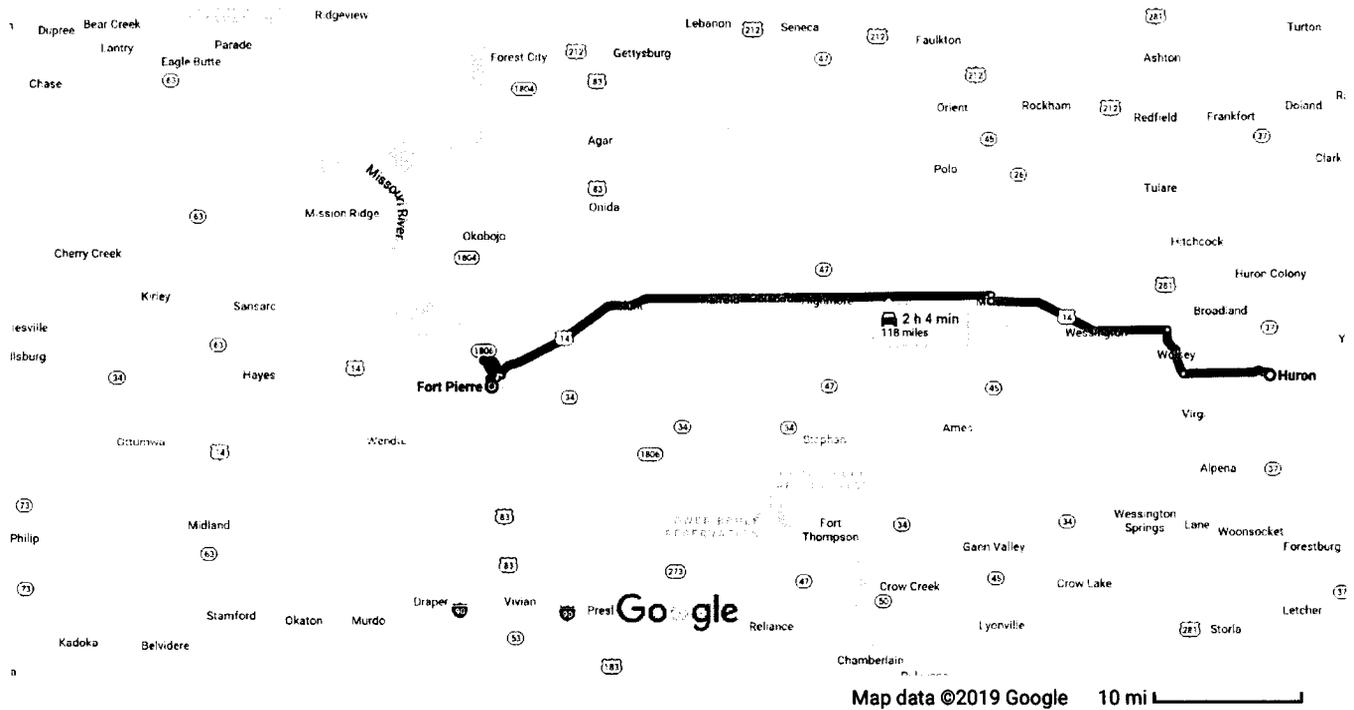
258 miles

Watertown, SD—Pierre, SD 55 min

from \$92

Google Maps Huron, SD to Fort Pierre, SD

Drive 118 miles, 2 h 4 min



via US-14 E

2 h 4 min

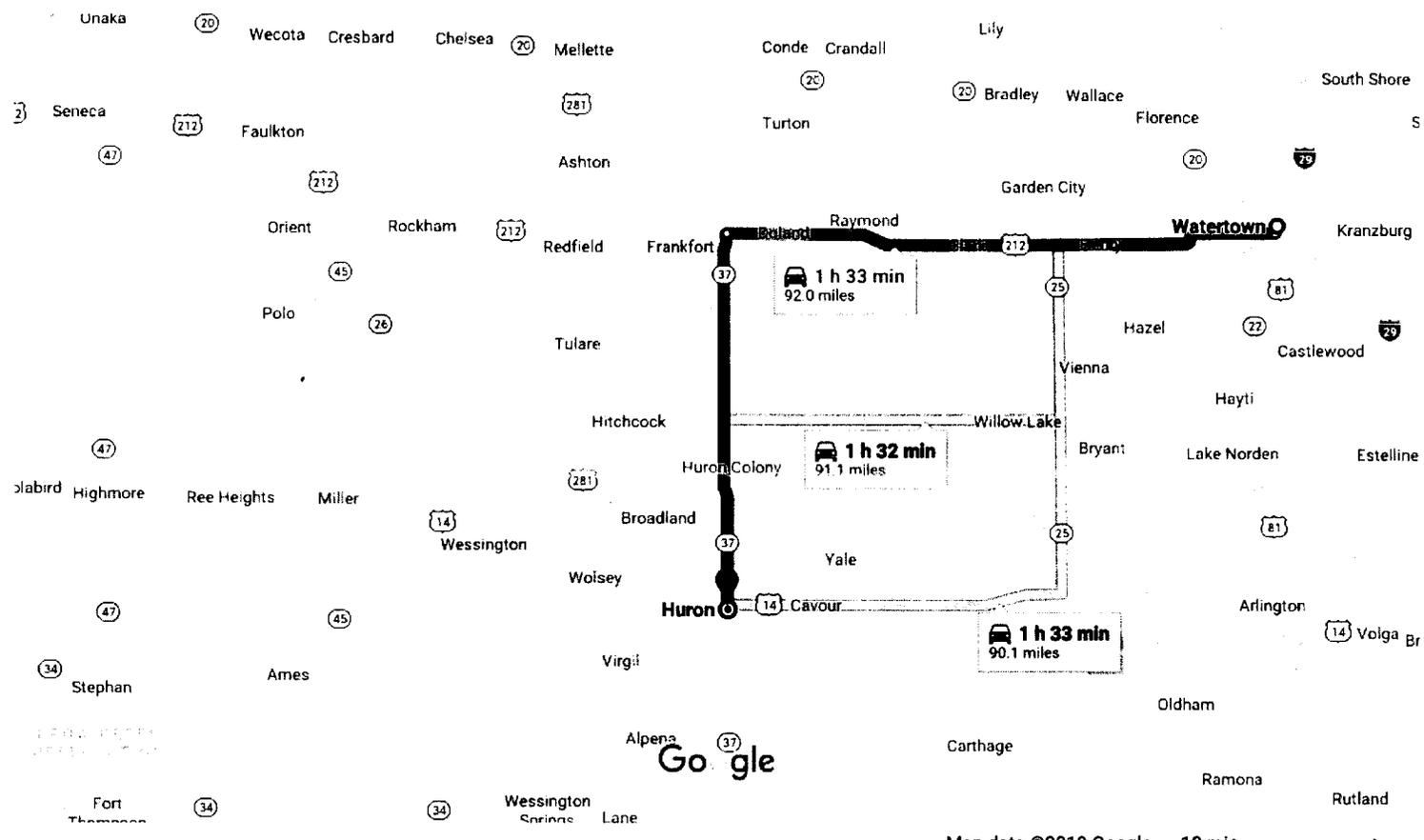
Fastest route, the usual traffic

118 miles

 Your destination is in a different time zone.



Watertown, South Dakota 57201 to Huron, South Dakota 57350 Drive 92.0 miles, 1 h 33 min



Map data ©2019 Google 10 mi

- 

via US-212 W and SD-37
 Best route now due to traffic conditions
 1 h 33 min
 92.0 miles

- 

via SD-28 W
 1 h 32 min
 91.1 miles

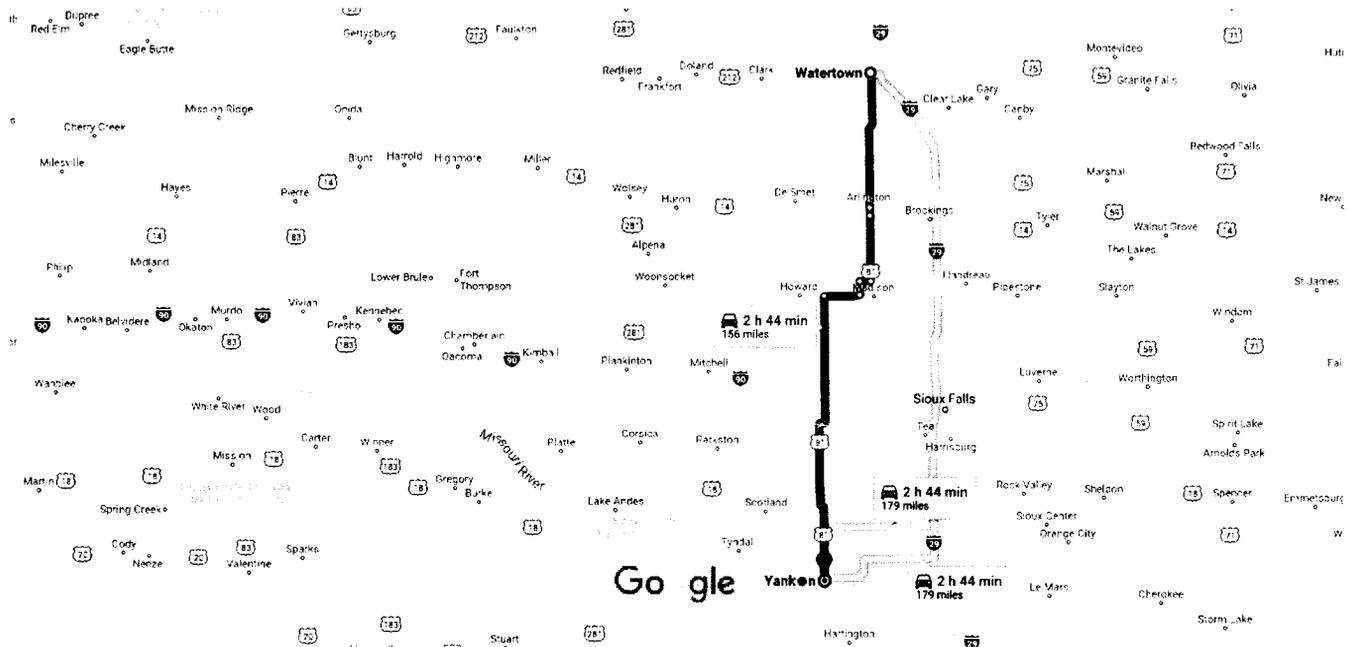
- 

via SD-25 and US-14 W
 1 h 33 min
 90.1 miles



Watertown, South Dakota 57201 to Yankton, South Dakota 57078

Drive 156 miles, 2 h 44 min



Map data ©2019 Google 20 mi

via US-81 S 2 h 44 min
 Best route 156 miles

via I-29 S 2 h 44 min
 179 miles

via I-29 S and 306th St 2 h 44 min
 179 miles

CO Trainee Pre/Post-Academy Training

**Trainee Calvin Meyer
March 4th – March 22nd, 2019**

All training to be completed at Fort Pierre office, unless otherwise noted

Every day has one hour for lunch at noon built into the schedule

Lodging has been set up at My Place Hotel in Ft. Pierre, March 3rd-22nd. Please cancel rooms/nights not needed (Fraud Training in Mitchell, home on weekends, etc.)

Monday, March 4th

8am- Preserves/Permits-**Janelle Blaha**

10am- Travel Vouchers (**Joy Johnson/Beth Leidholt/Rachel Comes- Foss Building**)

11am- Uniform Items (**Jeremy Pasbrig**)

1pm- Education Services Program (**Maggie Lindsay**)

2pm- Boat Ed Set-up Online (**Keeton**)

3pm-LE Scenarios/Boat Ed

Tuesday, March 5th

8am- LEMS, Fusion, Survey 123- **Nachtigall**

9:30am- HuntSafe Program/Hunting Incidents (**Pat Klotzbach**)

1pm- Continue LEMS, Fusion, Survey 123- **Nachtigall**

3pm- LE Scenarios/Boat Ed (2hrs)

Wednesday, March 6th

8am- New Employee paperwork/orientation/UAs (**Gust**)

10am- Uniform/Equipment Items- (**Gust**)

1pm- Policy/Procedure Assignment (**Gust-2hrs**)

3pm- State Computer System-TKS (**Gust**)

Thursday, March 7th

8am- Wildlife Surveys-(*Foss Bldg.*) **Chad Switzer**

9am - Non-Game Programs (*Foss Bldg.*)-**Eileen Dowd Stukel and staff**

10am- Civil Damages, Dispositions/BARD (*Foss Bldg.*)-**Joy Johnson & Janelle Blaha**

11am- Communications/Outlook photo (*Foss Bldg.*)- **Emily Kiel and staff**

1pm- Final details for R2 Post-Academy Training –**Gust**

2pm- BOH Shots- (**Deb Palmer**) phone-773-3638

3pm- Dismiss for weekend

Friday, March 8th

AM- Policy/ Procedure Assignment (Remaining)

PM- LE Scenarios/Boat Ed (Remaining as assigned by **Gust**)

10am- Seated SFST Review (**Norton/Downey**)
1pm- Licensing/GF79 -**Shon Eide**
3pm- Walk-In-Area Program (*Foss Bldg.*)-(**Mark Norton**)
4pm- Dismissed from Post

Monday, March 25th - Thursday, March 28th

Officer In-Service (Huron)

Friday, March 29th

8:30 am- BOH Shots- (**Deb Palmer**) phone-773-3638
Rabies Vaccination #3 @ 8:30 am in Pierre
Travel to WTO

Saturday, March 30th

WTO Ride-A-Long week

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: 4/30/19 Agency: SDGFP
Agency Address: 523 E. Capitol Ave Pierre SD 57501
Agency Phone Number: 605-773-3387
Employee Requesting Reimbursement: Rylee Peterson
Total Amount of Reimbursement: 963.12
Date(s) of Expense: 4/01/19 thru 4/30/19
Event Leave Time: 5:01 AM Event Return Time: 12:41 AM
Explanation of official business performed: Attend required law enforcement training.

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

[Signature]
Signature of Employee

4/30/19
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

5/7/19
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.

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General Authority: SDCL 4-9-1.1.

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

Claimant name:

Dylan Peterson

Invoice number:

ZOLARBIN

Reason for delay:

Home duty reimbursement process

Dylan Peterson

Claimant Signature

Date

5/7/19

A J P/C

Agency Official Authorization

Date

Game Fish and Parks

VOUCHER

Direct Invoice

Beth

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: _____ ACTION: _____ 05/01/2019 18:59:27

REQUEST: _____

=====
EMP VOUCHER NBR: _____ Z069RB11 DATE: 04/30/2019 MODEL: _____

EMP SHORT NAME : PETERSONDYLANR PETERSON, DYLAN R CURR: _____

EMPLOYEE NUMBER: 157854 FORT PIERRE CM/DM :1

TRAVEL BEG DATE: 04/01/2019 APPROVAL NBR: _____ MULTI PYMT: N

TERMS CODE: _____ PYMT DUE DATE: 05/01/2019 DO NOT USE : _____

REMIT MSG: TRAVEL FROM 04/01-04/30/2019

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 960.00 001 3122 52031500 0610520
N N N N

0002 205.80 001 3122 52030300 0610520
490 N N N N

0003 _____

0004 _____

: _____ : _____
: _____ GROSS AMOUNT: 1,165.80

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

Claimant Date

Authorization Date

05/01/2019

Authorization Date

**STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL**

Name: Dylan Peterson		Employee #	Fed Code	State Code		Expense	License #	Mileage		Home Station	
		157854		AD=ADMIN. LE=LAW WL=WILDLIFE HB=HABITAT FS=FISHERIES		X	017 ZIT	Claim If Personal Vehicle Was Used		Pierre	
Date Mo. Day	DESCRIPTION OF TRAVEL DESTINATION Miles, Misc. Expense, etc.	Time		Proj Code	State Code	Day Trip Meals	Overnight Meals	Miles	Amount Claimed	Lodging	Misc. Expense
		Leave	Return								
04/01/19	Canistota LE Training	5:00 AM		ST	LE				\$32.00		
04/02/19	Dive to Rapid City from Canistota			ST	LE			318.00	\$133.56		
04/03/19	Drive from rapid to Pierre			ST	LE			172.00	\$72.24		
04/04/19	Pierre LE Training			ST	LE				\$32.00		
04/05/19	Pierre LE Training			ST	LE				\$32.00		
04/06/19	Pierre LE Training			ST	LE				\$32.00		
04/07/19	Pierre LE Training			ST	LE				\$32.00		
04/08/19	Pierre LE Training			ST	LE				\$32.00		
04/09/19	First day stationed in Onida			ST	LE				\$32.00		
04/10/19	Pierre LE Training			ST	LE				\$32.00		
04/11/19	Pierre LE Training			ST	LE				\$32.00		
04/12/19	Pierre LE Training			ST	LE				\$32.00		
04/13/19	Pierre LE Training			ST	LE				\$32.00		
04/14/19	Pierre LE Training			ST	LE				\$32.00		
04/15/19	Pierre LE Training			ST	LE				\$32.00		
04/16/19	Pierre LE Training			ST	LE				\$32.00		
04/17/19	Pierre LE Training			ST	LE				\$32.00		
04/18/19	Pierre LE Training			ST	LE				\$32.00		
04/19/19	Pierre LE Training			ST	LE				\$32.00		
04/20/19	Pierre LE Training			ST	LE				\$32.00		
04/21/19	Pierre LE Training			ST	LE				\$32.00		
04/22/19	Pierre LE Training			ST	LE				\$32.00		
04/23/19	Pierre LE Training			ST	LE				\$32.00		
04/24/19	Pierre LE Training			ST	LE				\$32.00		
04/25/19	Pierre LE Training			ST	LE				\$32.00		
04/26/19	Pierre LE Training			ST	LE				\$32.00		
04/27/19	Pierre LE Training			ST	LE				\$32.00		
04/28/19	Pierre LE Training			ST	LE				\$32.00		
04/29/19	Pierre LE Training			ST	LE				\$32.00		
04/30/19	Pierre LE Training	8:00 PM		ST	LE				\$32.00		

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

Subtotals

Taxable	Non taxable			
\$0.00	\$960.00	490.00	\$205.80	\$0.00

Grand Total
Apply to Advance
AMOUNT REIMBURSABLE

1165.80
1165.80

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

Dylan Peterson
Claimant
5/1/19
Date

[Signature]
Authorization
5/1/19
Date



SOUTH DAKOTA DEPARTMENT OF GAME, FISH AND PARKS

1550 EAST KING AVENUE | CHAMBERLAIN, SD 57325

April 8, 2019

Dylan Peterson
PO Box 547
Onida, SD 57564

Dear Dylan:

Congratulations on your successful completion of the Wildlife Training Officer Program. By this letter, I am advising that effective April 9, 2019 you will be permanently assigned to the vacant conservation officer duty station in Onida. District Conservation Officer Supervisor Josh Carr will serve as your immediate supervisor. There is no salary adjustment associated with this transfer, your hourly wage will remain \$18.09.

Once you have relocated your residence to Onida, but no later than May 7, 2019, your assigned duty station will become your home station for purposes of travel reimbursement expenses. State rules allow the agency to pay per diem (meals & lodging) up to a maximum of 20 working days during this timeframe from April 9 – May 7, 2019 while you are relocating.

Because we feel it to be important for our conservation officers to form close relationships with citizens in the communities they serve, I strongly encourage you to live within the community designated as your home duty station. We do have an "Employee Living Distance Policy" which states the following:

"Except upon prior authorization from the Wildlife Division Director, conservation officers and other law enforcement staff who are assigned agency vehicles must live within 10 miles of the community designated as their assigned duty station. Officer requests to live more than 10 miles from their assigned duty station or outside of their designated work district will be evaluated to ensure the distance will not interfere with job duties, not affect response time, not hamper public services, and is appropriate considering all factors. The Wildlife Division Director may stipulate the state be reimbursed for use of the assigned vehicle as a condition of approval."

You should have been provided a Household Moving Allowance application, along with copies of the applicable statutes/rules pertaining to moving expenses, via email. If you have not received this please let me know and I will get a copy to you immediately. Please complete this form as soon as possible once your move is complete and submit the forms and supporting documentation to Rachel Comes. She will process your application and gain approval for your move from the Board of Finance at their next regular meeting. Please note that the Board of Finance only meets once a month.



SOUTH DAKOTA DEPARTMENT OF GAME, FISH AND PARKS

1550 EAST KING AVENUE | CHAMBERLAIN, SD 57325

As per the rules governing moves, you may contact a household moving company and have them move you or you may rent a moving truck or trailer and move your household goods yourself. Please be sure to keep any bills or receipts associated with your move. Finally, the state will reimburse you high rate mileage one time (one way) to move your personal vehicle to your new duty station, so please be sure to include that reimbursement request on your travel reimbursement request.

We are excited to have you permanently assigned to the Onida WCO duty station and welcome you as a new Region 2 employee. If you have any questions, don't hesitate to contact your immediate supervisory staff or me.

Sincerely,

Mark Ohm
Regional Supervisor

cc: Jeff Wilson, Human Resources Manager
Tony Leif, Wildlife Division Director
Andy Alban, Law Enforcement Administrator
Brandon Gust, Law Enforcement Training Supervisor
Steve Rossow, Regional Conservation Officer Supervisor
Josh Carr, District Conservation Officer Supervisor
Rachel Comes, Executive Secretary



Rapid City, South Dakota
Pierre, South Dakota 57501

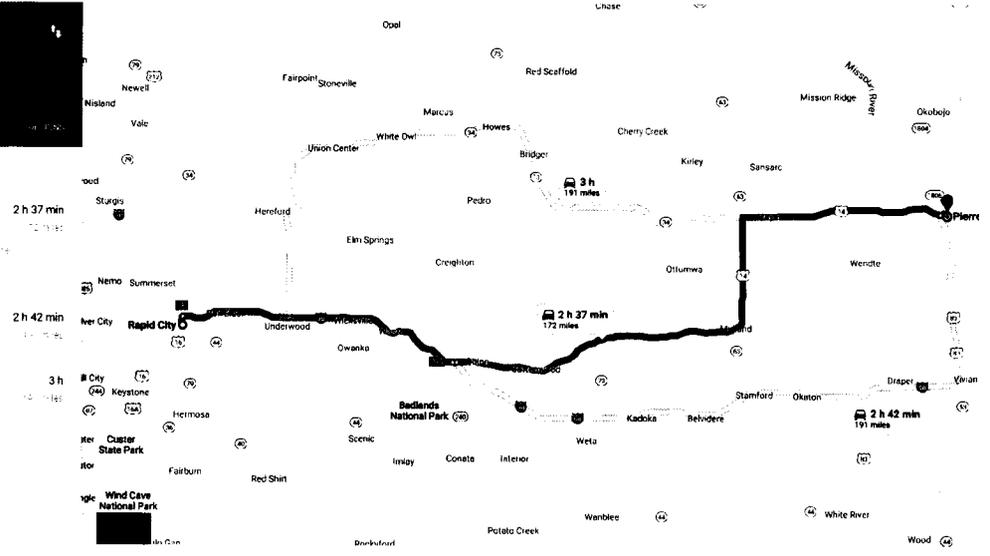
Send directions to your phone

via I-90 E and US-14 E
2 h 37 min
191 miles

DETAILS

via I-90 E
2 h 42 min
172 miles

via SD-34 E
3 h
191 miles



Canistota, South Dakota 57012

Rapid City, South Dakota

Send directions to your phone

via I-90 W 4 h 23 min

318 miles

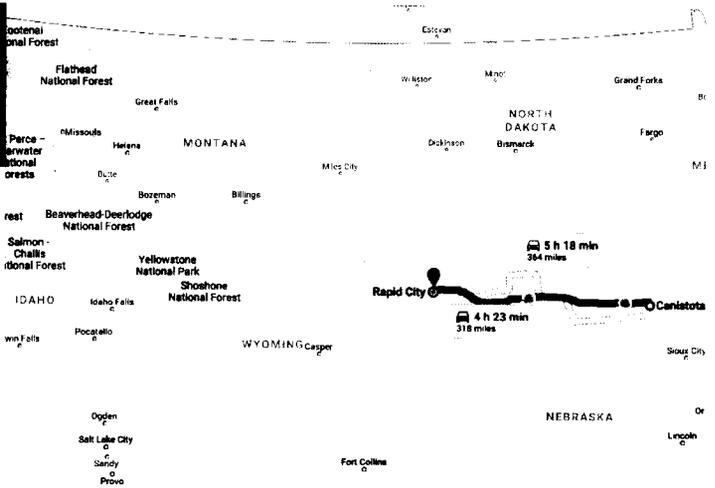
DETAILS

via SD-44 W and I-90 W 5 h 19 min

353 miles

via US-14 E and I-90 W 5 h 18 min

344 miles





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:

John Ullmann

Invoice number:

Reason for delay:

Lost track of time

Claimant Signature

Date

Agency Official Authorization

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

<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.

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

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

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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,

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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: 4/1/2019 Agency: SD GFP
 Agency Address: 523 E Capitol Ave Pierre SD 57501
 Agency Phone Number: 605-773-3387
 Employee Requesting Reimbursement: Anthony Potter
 Total Amount of Reimbursement: \$1,192.68
 Date(s) of Expense: 3/1/2019 thru 3/31/2019
 Event Leave Time: 12:30 PM Event Return Time: 8:00 PM
 Explanation of official business performed: Perform the duties of a WCO France

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: 4/1/2019

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: 4/15/19

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

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.

R2

Claimant name: Anthony Potter

Invoice number: 70698807

Reason for delay: Home duty reimbursement process

[Signature]
Claimant Signature

Date

[Signature]
Agency Official Authorization

4/9/19
Date

A

Game Fish and Parks

VOUCHER

Direct Invoice

Beth

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: _____ ACTION: _____ 04/05/2019 13:22:39

REQUEST: _____

EMP VOUCHER NBR: _____ Z069RB07 DATE: 03/31/2019 MODEL: _____

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

EMPLOYEE NUMBER: _____162965___ WAHPETON CM/DM : I

TRAVEL BEG DATE: _____03/01/2019_____ APPROVAL NBR: _____ MULTI PYMT: N

TERMS CODE: _____ PYMT DUE DATE: 04/05/2019 DO NOT USE : _____

REMIT MSG: _____ TRAVEL FROM 03/01-03/31/2019_____

SIGNATURE APPR CD: _____

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

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

0001 _____666.00 001 3122 52031500_____0610520_____

_____N N N N_____

0002 _____526.68 001 3122 52030300_____0610520_____

_____1254_____N N N N_____

0003 _____

0004 _____

: _____ : _____
: _____ GROSS AMOUNT: _____1,192.68_____

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

04/05/2019

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								
03/01/19	Pierre-LET Graduation- Travel to Richardton	12:30 PM	8:00PM	ST	LE		\$15.00	119.00	\$49.98		
03/02/19	Home over Weekend			ST	LE				\$0.00		
03/03/19	Travel Richardton to Pierre	5:00AM		ST	LE		\$32.00	119.00	\$49.98		
03/04/19	Pierre- POST Academy			ST	LE		\$32.00		\$0.00		
03/05/19	Pierre- POST Academy			ST	LE		\$32.00		\$0.00		
03/06/19	Pierre- POST Academy			ST	LE		\$32.00		\$0.00		
03/07/19	Pierre- POST Academy			ST	LE		\$32.00		\$0.00		
03/08/19	Pierre- POST Academy- Travel Pierre-Richardton		8:00PM	ST	LE		\$15.00	119.00	\$49.98		
03/09/19	Home			ST	LE				\$0.00		
03/10/19	Travel Richardton to Mitchell	5:00AM		ST	LE		\$32.00	174.00	\$73.08		
03/11/19	Fraud Training in Mitchell			ST	LE		\$32.00		\$0.00		
03/12/19	Fraud Training--Travel Mitchell to Pierre			ST	LE		\$15.00	153.00	\$64.26		
03/13/19	Pierre-POST Academy			ST	LE		\$32.00		\$0.00		
03/14/19	Pierre-POST Academy			ST	LE		\$32.00		\$0.00		
03/15/19	Pierre-POST Academy		8:00PM	ST	LE		\$32.00		\$0.00		
03/16/19	Weekend in Pierre			ST	LE				\$0.00		
03/17/19	Weekend in Pierre			ST	LE				\$0.00		
03/18/19	Pierre-POST Academy	5:00AM		ST	LE		\$32.00		\$0.00		
03/19/19	Pierre-POST Academy			ST	LE		\$32.00		\$0.00		
03/20/19	Pierre-POST Academy			ST	LE		\$32.00		\$0.00		
03/21/19	Pierre-POST Academy			ST	LE		\$32.00		\$0.00		
03/22/19	Pierre-POST Academy--Travel Pierre-Richardton		8:00PM	ST	LE		\$32.00	119.00	\$49.98		
03/23/19	Home			ST	LE				\$0.00		
03/24/19	Home			ST	LE				\$0.00		
03/25/19	Travel Richardton--Huron--Officer in service-Huron	4:00PM		ST	LE		\$17.00	121.00	\$50.82		
03/26/19	Officer in service-Huron			ST	LE		\$15.00		\$0.00		
03/27/19	Officer in service-Huron			ST	LE		\$15.00		\$0.00		
03/28/19	Officer in service-Huron			ST	LE		\$15.00		\$0.00		
03/29/19	Travel--Huron-Wahpeton			ST	LE		\$15.00	165.00	\$69.30		
03/30/19	Wahpeton			ST	LE		\$32.00		\$0.00		
03/31/19	Drive Wahpeton--Aberdeen		8:00pm	ST	LE		\$32.00	165.00	\$69.30		

PURPOSE OF TRAVE Performing the duties of WCO Trainee	Subtotals	Taxable \$0.00	Non taxable \$666.00	1,254.00	\$526.68	\$0.00	\$0.00
Grand Total							\$1,192.68
Apply to Advance							
AMOUNT REIMBURSABLE							1,192.68

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
4/1/2019
Date

[Signature]
Authorization
4/5/2019
Authorization Date

RECEIVED

APR 05 2019

Dept of Game, Fish & Parks
Pierre, SD 57501

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) 395-1240 Mobile
David.McFarland@state.sd.us
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605.773.3396 | Chris.Petersen@state.sd.us



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Cc: Leidholt, Beth
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605-773-6550 PH
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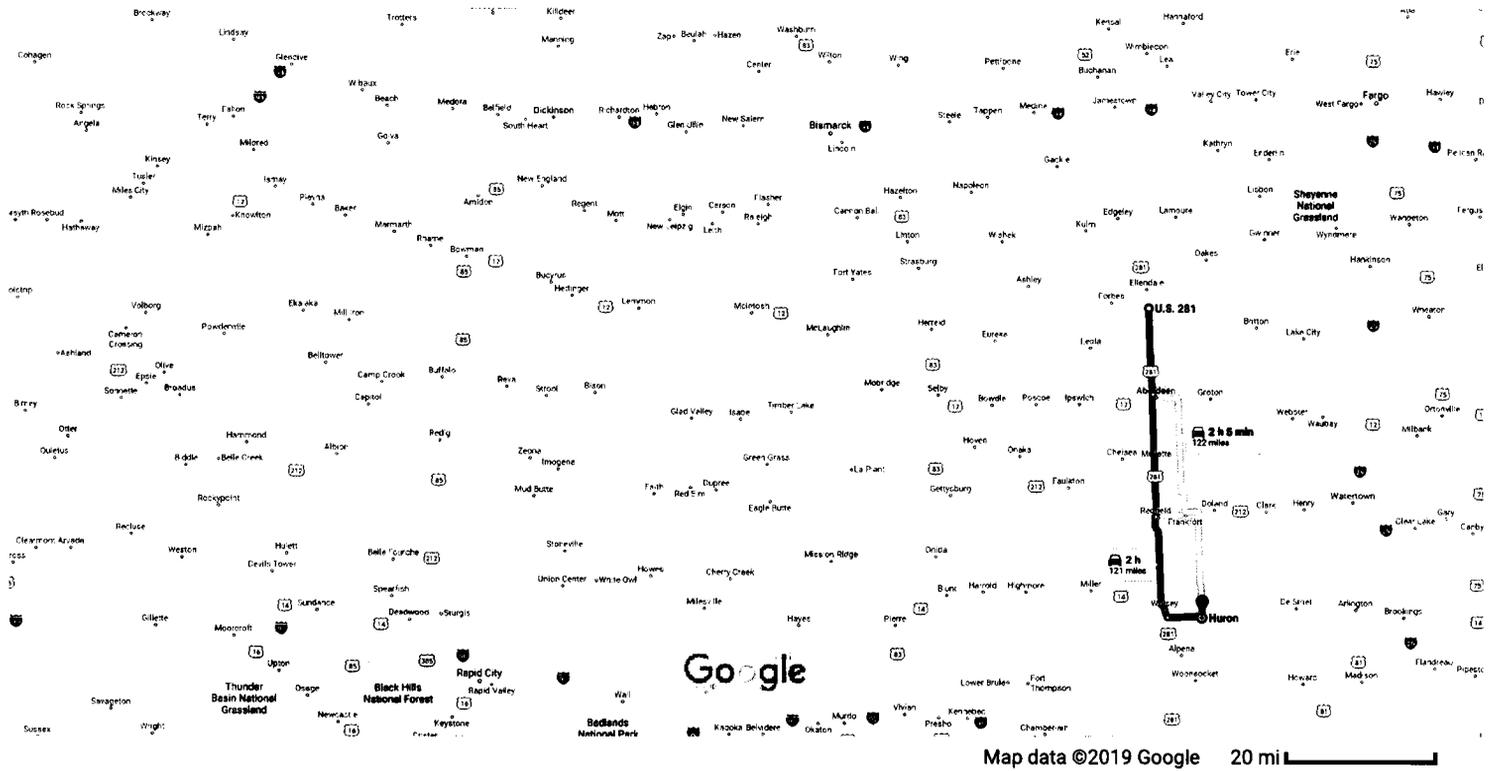
Chris

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



US-281, Ellendale, SD 58436 to Huron, SD

Drive 121 miles, 2 h



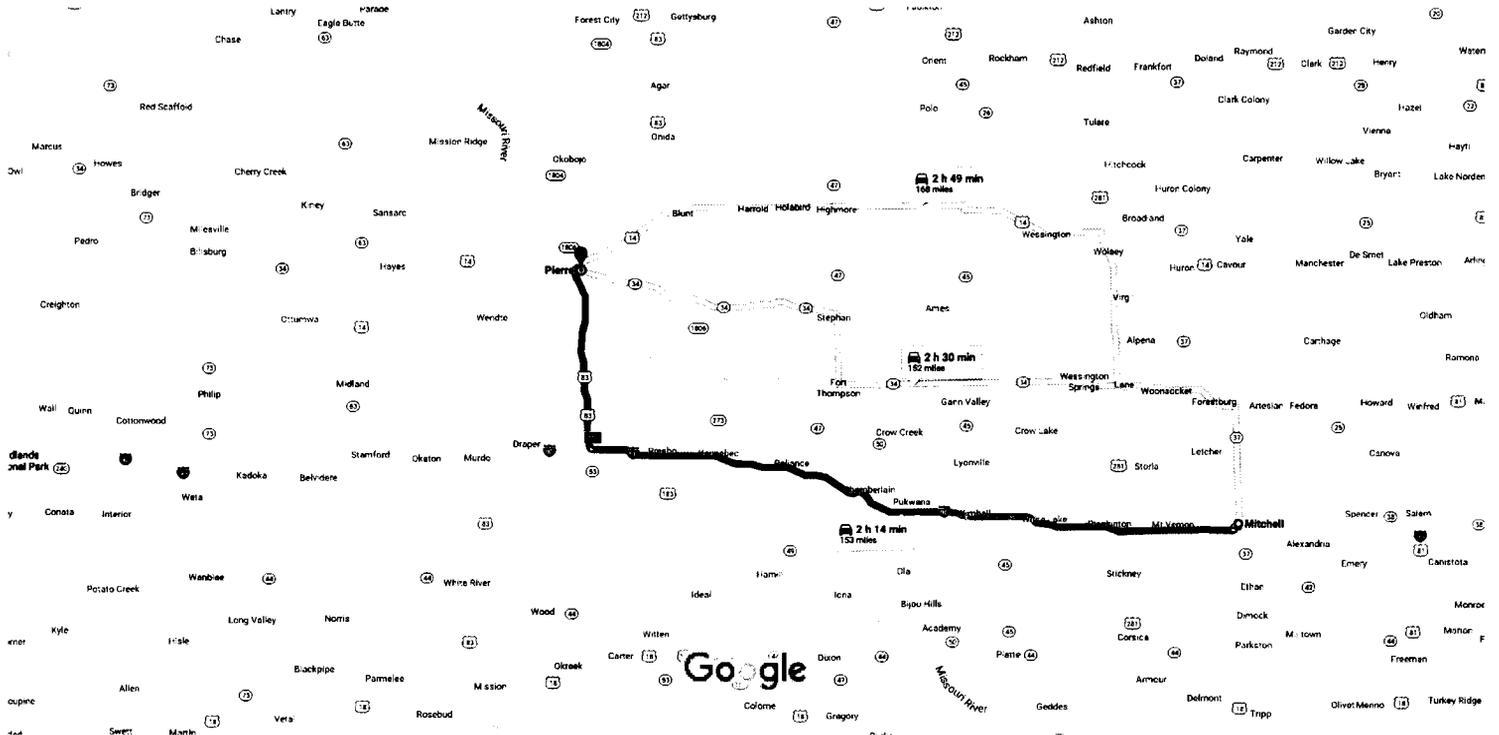
 **via US-281 S** 2 h
 Best route 121 miles

 **via US-281 S and SD-37 S** 2 h
123 miles

 **via 395th Ave and SD-37 S** 2 h 5 min
122 miles

Google Maps Mitchell, South Dakota 57301 to Pierre, SD

Drive 153 miles, 2 h 14 min



Map data ©2019 Google 10 mi

- 
via I-90 W 2 h 14 min
 Fastest route, the usual traffic 153 miles

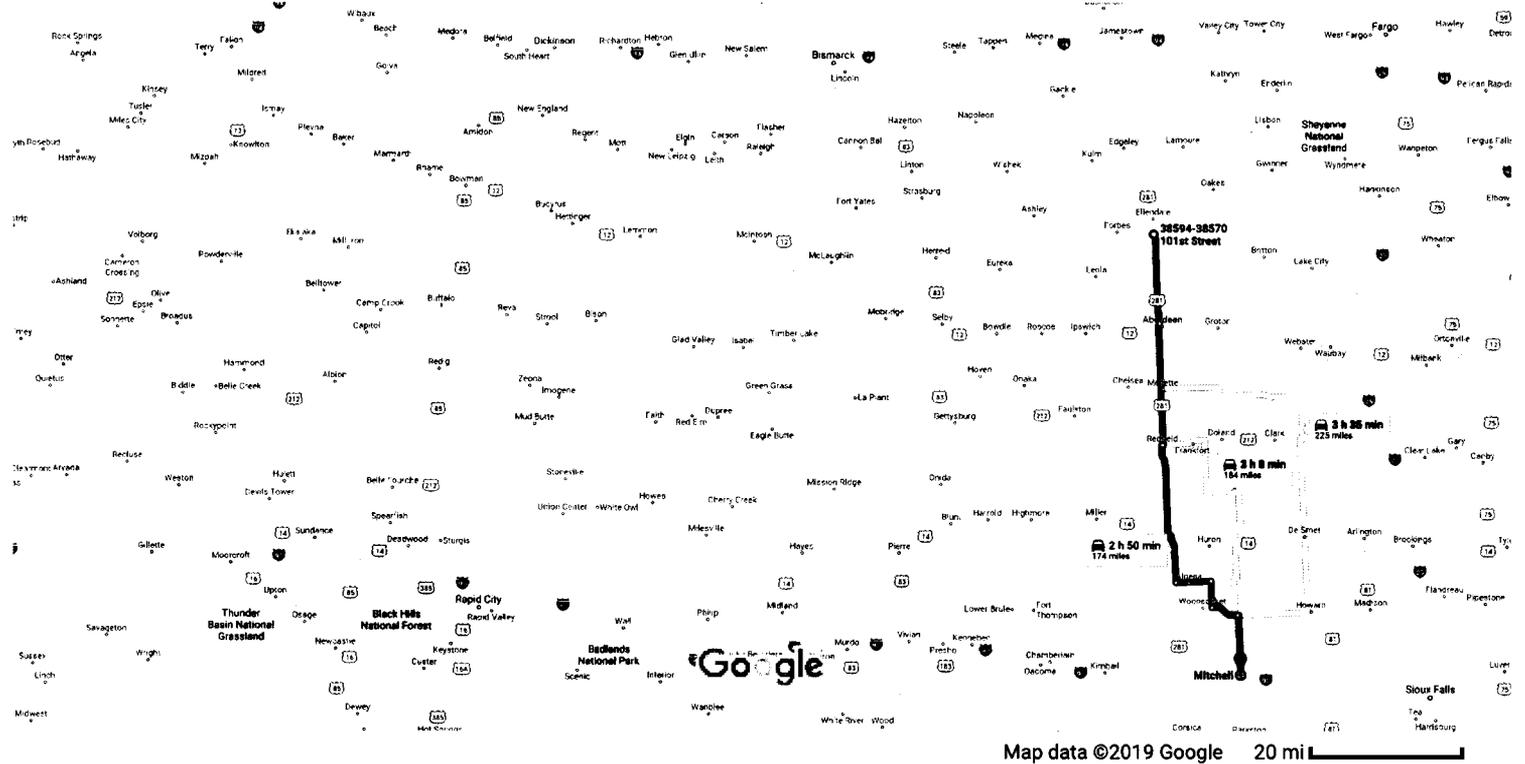
- 
via SD-34 W 2 h 30 min
152 miles

- 
via US-14 E 2 h 49 min
168 miles

Google Maps

38594-38570 101st St, Ellendale, SD 58436 to Mitchell, South Dakota 57301

Drive 174 miles, 2 h 50 min



via US-281 S

2 h 50 min

Fastest route, the usual traffic

174 miles



via US-281 S and SD-37 S

3 h 8 min

184 miles



via SD-25 S

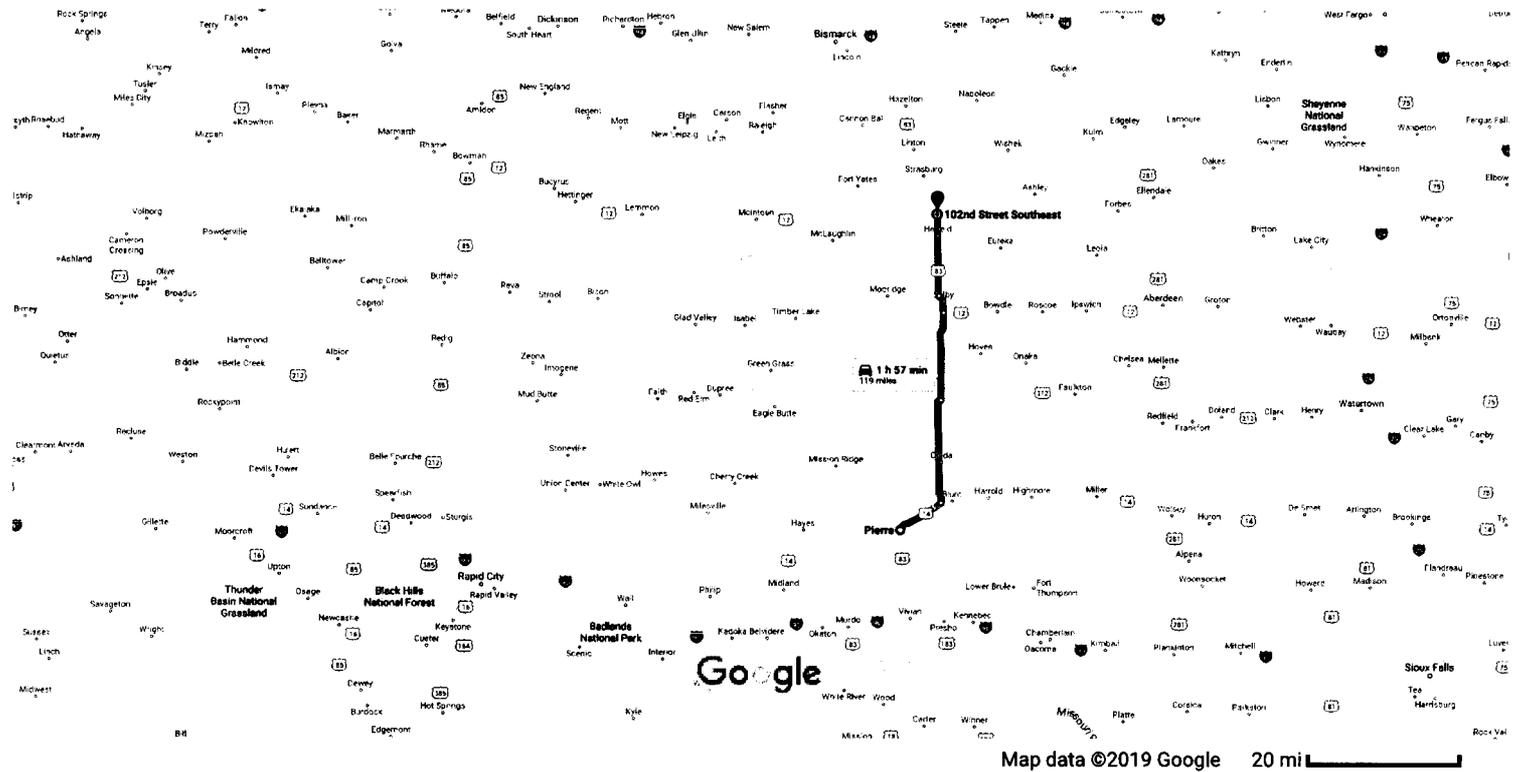
3 h 35 min

225 miles



Pierre, South Dakota 57501 to 102nd St SE, Herreid, SD 57632

Drive 119 miles, 1 h 57 min



Pierre

South Dakota 57501

- ↑ 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/US-83 N/S Euclid Ave
 - 📍 Continue to follow US-14 E/US-83 N
17.3 mi
- ⬅ 4. Turn left onto US-83 N
36.2 mi
- ⬅ 5. Turn left to stay on US-83 N
30.7 mi
- ⬅ 6. Turn left onto US-12 W/US-83 N
6.6 mi
- ➡ 7. Turn right onto US-83 N
28.2 mi

102nd St SE

Herreid, SD 57632

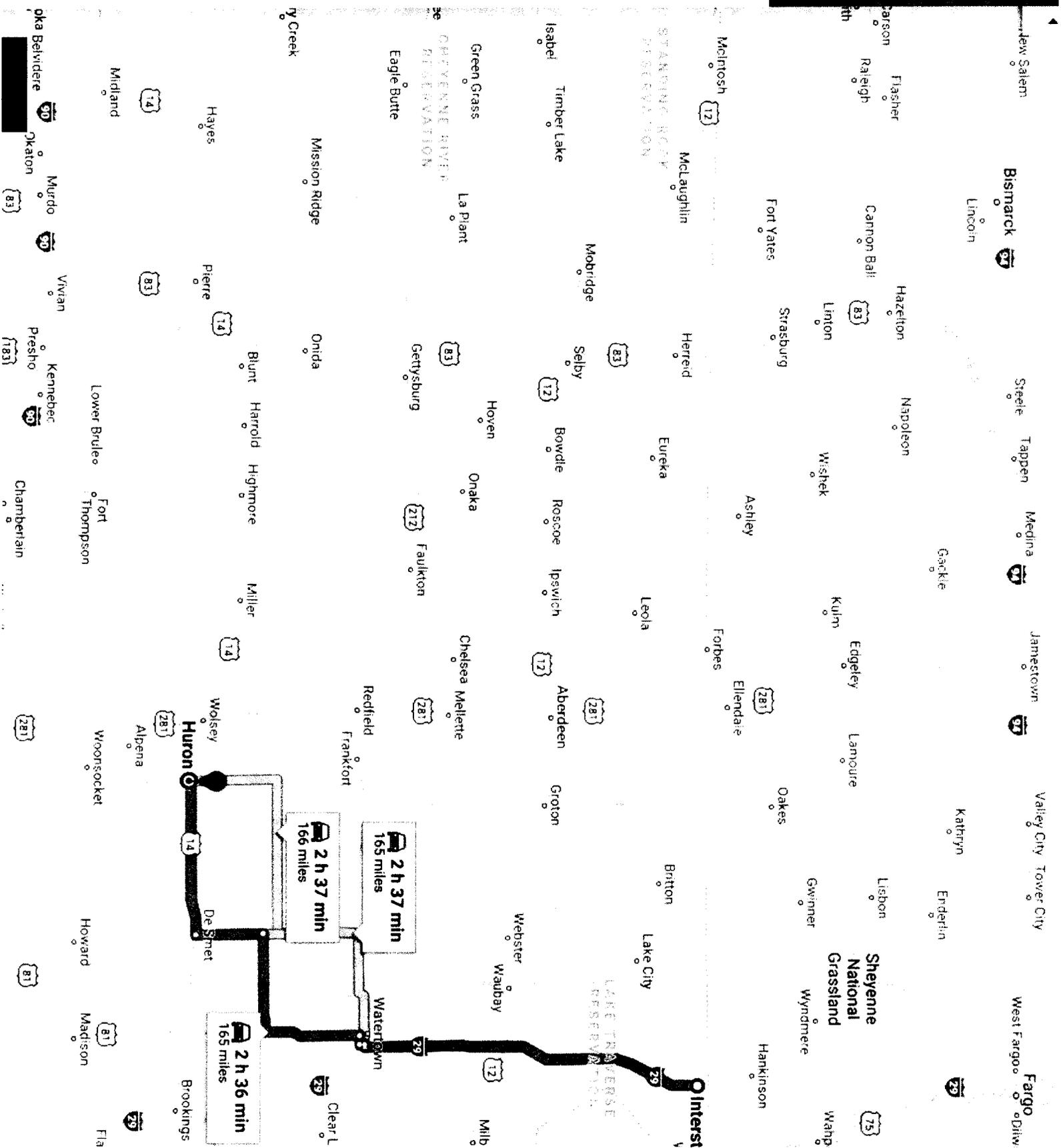
7350

OPTIONS

2 h 37 min
165 miles

2 h 36 min
165 miles

2 h 37 min
165 miles



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

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

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

Application

Date: 4-1-19 Agency: GF&P
Agency Address: 523 East Capitol Ave. Pierre SD 57501
Agency Phone Number: 605-773-3387
Employee Requesting Reimbursement: Lucas Strong
Total Amount of Reimbursement: 924.74
Date(s) of Expense: 3-1-19 → 3-31-19
Event Leave Time: 5:30AM Event Return Time: 9:00PM
Explanation of official business performed: Post Academy, Fraud training, Officer-in-service, WTO field training expenses

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.

Lucas Strong 4-1-19
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.

Name of Department/Office Head Position/Title of Agency Official

Signature of Department/Office Head Date

State Board of Finance Approval

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

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



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.

R2

Claimant name:

Lucas Strong

Invoice number:

20492807

Reason for delay:

Home Duty reimbursement process.

Claimant Signature

[Handwritten Signature]

Date

4-8-2019

Agency Official Authorization

[Handwritten Signature]

Date

4/15/19

Game Fish and Parks

Direct Invoice

Beth

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: _____ ACTION: _____ 04/08/2019 22:08:55

REQUEST: _____

=====

EMP VOUCHER NBR: _____ Z069RB07 DATE: 03/31/2019 MODEL: _____

EMP SHORT NAME : STRONGLUCAS _____ STRONG, LUCAS CURR: _____

EMPLOYEE NUMBER: _____ 157485 _____ ABERDEEN CM/DM : I

TRAVEL BEG DATE: _____ 03/04/2019 _____ APPROVAL NBR: _____ MULTI PYMT: N

TERMS CODE: _____ PYMT DUE DATE: 04/08/2019 DO NOT USE : _____

REMIT MSG: _____ TRAVEL FROM 03/04-03/31/2019 _____

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO	NUMBER
VAT	QUANTITY	UNIT	ITEM	NUMBER	ITEM	DESCR	PRORATE (T F A D) USE 99 IRC
0001	271.74	001	3122	52030300	0610520		
	647					N N N N	
0002	653.00	001	3122	52031500	0610520		
						N N N N	
0003							
0004							

: _____ : _____

: _____ GROSS AMOUNT: _____ 924.74

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.

_____ 04/08/2019

Claimant Date Authorization Date

Authorization Date

2049R807

STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL

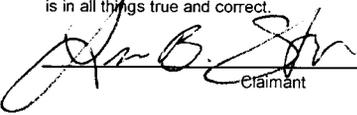
NAME Lucas Strong
ADDRESS 1526 S. Lincoln Street
Aberdeen, SD 5741

ORGANIZATION Game Fish and Parks
BUDGET ENTITY 0610520

Invoice ID		Date	Employee No		Return Date		Adv	Exp	License No.	Home Station	
		03/31/2019	157485		03/31/2019		N		7-9656A	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								
3-4	Pierre - Post Academy	5:30AM		LE			\$ 32.00				
3-5	Pierre - Post Academy			LE			\$ 32.00				
3-6	Pierre - Post Academy			LE			\$ 32.00				
3-7	Pierre - Post Academy			LE			\$ 32.00				
3-8	Pierre - Post Academy			LE			\$ 32.00				
3-9	Pierre - Post Academy			LE			\$ 32.00				
3-10	Travel: Fort Pierre to Mitchell			LE	151	\$ 63.42					
3-11	Mitchell - Fraud Training			LE			\$ 32.00				
3-12	Travel: Mitchell to Fort Pierre			LE	151	\$ 63.42					
3-13	Pierre - Post Academy			LE			\$ 32.00				
3-14	Pierre - Post Academy			LE			\$ 32.00				
3-15	Pierre - Post Academy			LE			\$ 32.00				
3-16	Pierre - Post Academy			LE			\$ 32.00				
3-17	Pierre - Post Academy			LE			\$ 32.00				
3-18	Pierre - Post Academy			LE			\$ 32.00				
3-19	Pierre - Post Academy			LE			\$ 32.00				
3-20	Pierre - Post Academy			LE			\$ 32.00				
3-21	Pierre - Post Academy			LE			\$ 32.00				
3-22	Travel: Fort Pierre to Aberdeen			LE	163	\$ 68.46					
3-23	OFF										
3-24	Travel: Aberdeen to Huron	10:00AM		LE	91	\$ 38.22					
3-25	Huron: Officer-in-service			LE			\$ 15.00				
3-26	Huron: Officer-in-service			LE			\$ 15.00				
3-27	Huron: Officer-in-service			LE			\$ 15.00				
3-28	Travel: Huron to Aberdeen			LE	91	\$ 38.22					
3-29	Aberdeen - WTO Field Training			LE			\$ 32.00				
3-30	Aberdeen - WTO Field Training			LE			\$ 32.00				
3-31	Aberdeen - WTO Field Training	9:00PM		LE			\$ 32.00				

PURPOSE OF TRAVEL		SUBTOTALS		647	\$271.74	\$653.00	\$0.00	\$0.00	\$0.00	\$0.00
Post Academy, Fraud Training, Officer-in-service, WTO field training expenses										
GRAND TOTAL										\$924.74
APPLY TO ADVANCE										
AMOUNT										
REIMBURSABLE										\$924.74

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

4-1-19
Date


Authorization

4/8/2019
Date

Authorization

Date

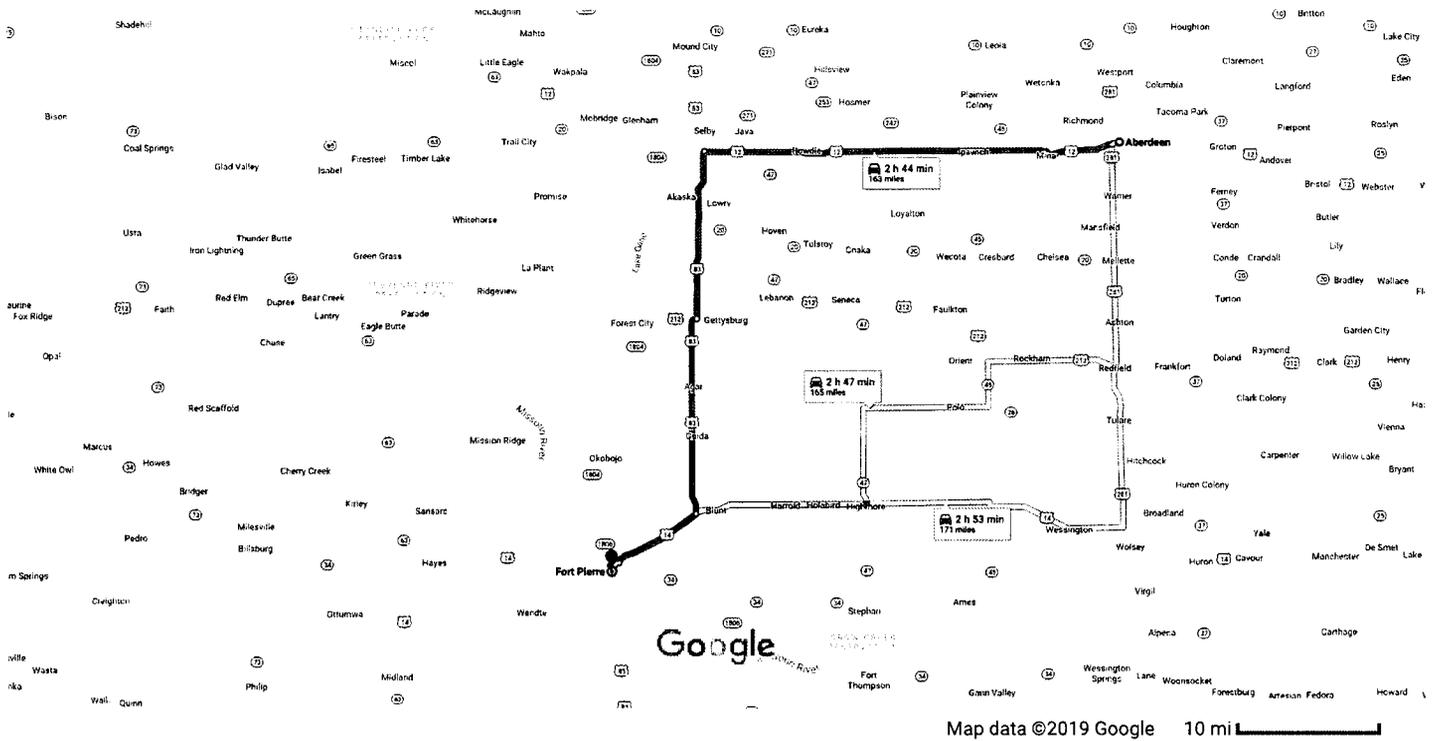
RECEIVED

APR 08 2019

Dept of Game, Fish & Parks
Pierre, SD 57501

Google Maps Aberdeen, SD to Fort Pierre, SD 57532

Drive 163 miles, 2 h 44 min



Aberdeen

South Dakota 57401

Take S 3rd St to 6th Ave SW

5 min (1.5 mi)

- ↑ 1. Head north on Market St toward Railroad Ave SE
151 ft
- ↶ 2. Turn left onto Railroad Ave SE
0.2 mi
- ↶ 3. Railroad Ave SE turns left and becomes S 3rd St
0.2 mi
- ↷ 4. Turn right onto 3rd Ave SW
0.8 mi
- ↶ 5. Turn left onto S 15th St
0.2 mi

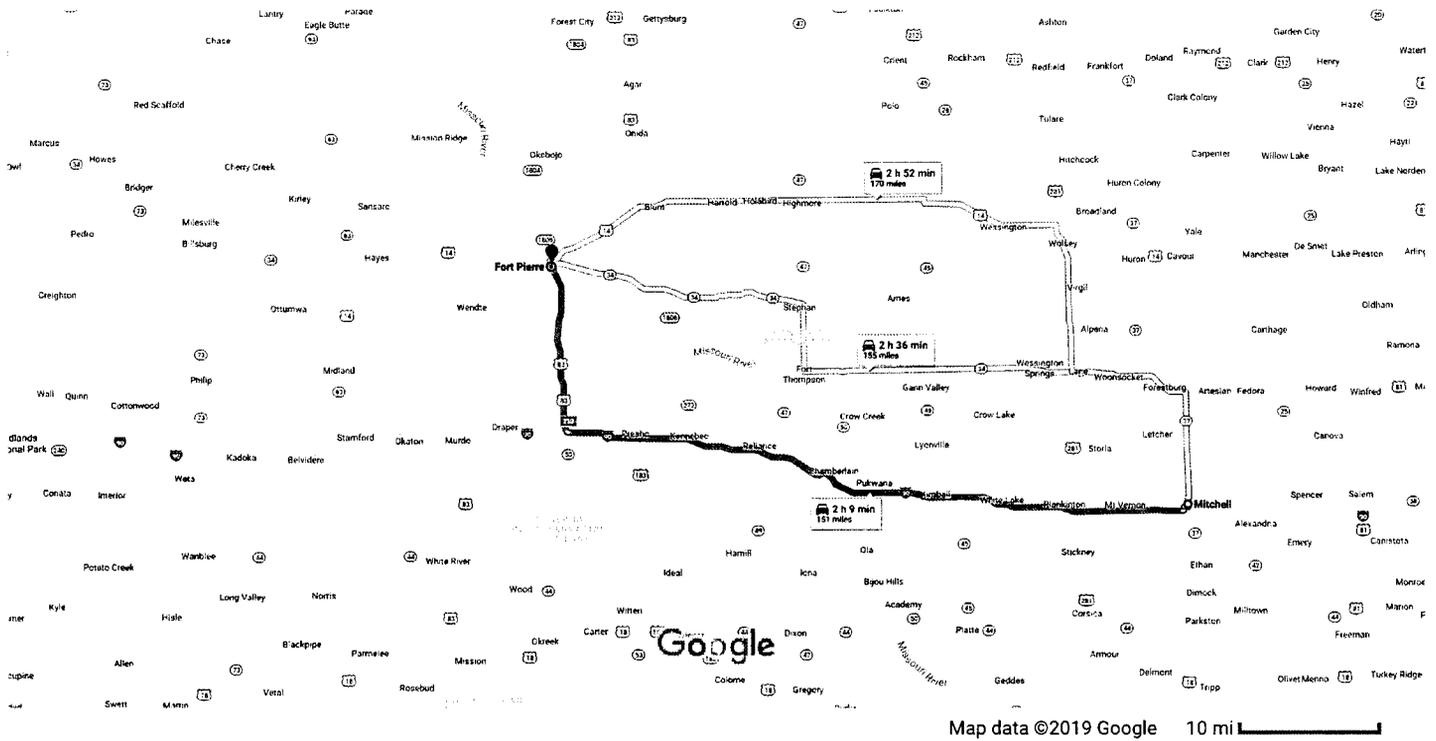
Follow US-12 W to US-83 S in Fort Pierre

2 h 39 min (161 mi)

- ↷ 6. Turn right onto 6th Ave SW
0.3 mi
- ↑ 7. Continue onto US-12 W/134th St
 ⓘ Continue to follow US-12 W
74.3 mi

Google Maps Mitchell, SD to Fort Pierre, SD 57532

Drive 151 miles, 2 h 9 min



Mitchell

South Dakota 57301

Get on I-90 W in Mitchell from S Sanborn Blvd, W Havens Ave and S Ohlman St

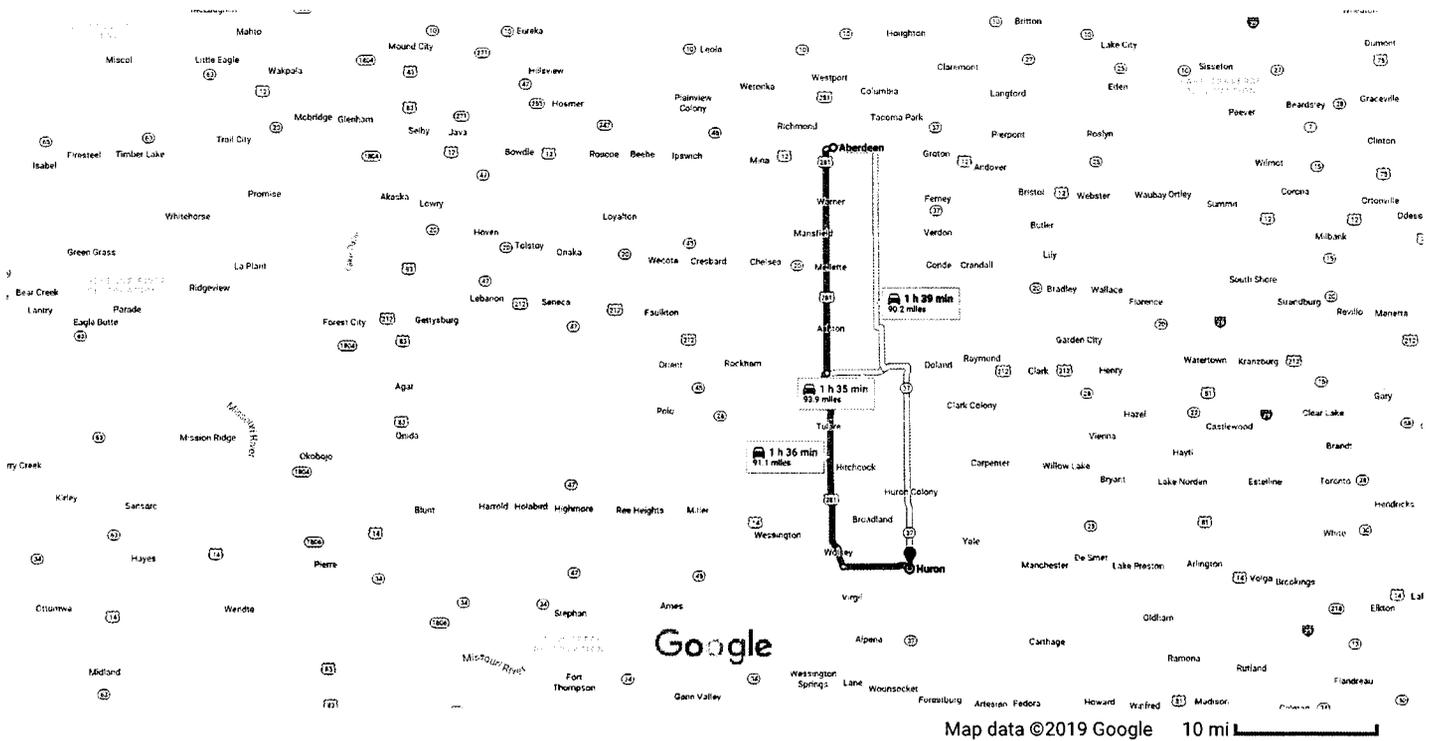
- 1. Head east on W 1st Ave toward S Sanborn Blvd
5 min (2.3 mi)
- 2. Turn right at the 1st cross street onto S Sanborn Blvd
36 ft
- 3. Turn right onto W Havens Ave
0.5 mi
- 4. Turn left onto S Ohlman St
0.9 mi
- 5. Turn right to merge onto I-90 W
0.6 mi
- 6. Merge onto I-90 W
0.3 mi

Follow I-90 W to US-83 N in Vivian Township. Take exit 212 from I-90 W

- 6. Merge onto I-90 W
1 h 36 min (117 mi)
- 6. Merge onto I-90 W
117 mi

Google Maps Aberdeen, SD to Huron, SD 57350

Drive 91.1 miles, 1 h 36 min



Aberdeen

South Dakota 57401

Take S 3rd St to 6th Ave SW

- 5 min (1.5 mi)
- ↑ 1. Head north on Market St toward Railroad Ave SE
151 ft
- ↶ 2. Turn left onto Railroad Ave SE
0.2 mi
- ↶ 3. Railroad Ave SE turns left and becomes S 3rd St
0.2 mi
- ↷ 4. Turn right onto 3rd Ave SW
0.8 mi
- ↶ 5. Turn left onto S 15th St
0.2 mi

Take US-281 S to Dakota Ave N in Huron

- 1 h 30 min (89.6 mi)
- ↷ 6. Turn right onto 6th Ave SW
0.3 mi
- ↶ 7. Turn left onto US-281 S
40.3 mi

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) 773-5550 Work
(605) 295-1340 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

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*

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: 4/17/19 Agency: 0600
Agency Address: 4500 S Oxbow Ave SFSB
Agency Phone Number: 605-362-2700
Employee Requesting Reimbursement: Matt Talbert
Total Amount of Reimbursement: \$ 241.00
Date(s) of Expense: 2/6/19 to 3/16/19
Event Leave Time: 10 am Event Return Time: 9 am
Explanation of official business performed: wildlife training required for his job duties with training officer - eating out in public setting.

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

Matt Talbert 4-4-19
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 K. Hepler Cabinet Secretary
Name of Department/Office Head Position/Title of Agency Official
[Signature] 4/29/2019
Signature of Department/Office Head Date

State Board of Finance Approval

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

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



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.

RB

Claimant name:

Matt Tarbert

Invoice number:

Reason for delay:

Needed to fill out more paper-work (Home Station per diem form) for WTO training.

A
Claimant Signature

Matt Tarbert

Date

4-4-19

Agency Official Authorization

[Signature]

Date

4/22/19

Game Fish and Parks

Voucher #

Employee Reimbursements

Beth

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: _____ ACTION: _____ 04/24/2019 13:31:52

REQUEST: _____

=====

EMP VOUCHER NBR: _____ Z069RB10 DATE: 03/16/2019 MODEL: _____

EMP SHORT NAME : TALBERTMATTHEWR TALBERT, MATTHEW R CURR: _____

EMPLOYEE NUMBER: _____ 137058 SALEM CM/DM : I

TRAVEL BEG DATE: _____ 02/06/2019 APPROVAL NBR: _____ MULTI PYMT: N

TERMS CODE: _____ PYMT DUE DATE: 04/24/2019 DO NOT USE : _____

REMIT MSG: _____ TRAVEL FROM 02/06/2019 TO 03/16/2019 _____

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	16.50	001	2029 52031400	0610320045	0008	9501
				N N N N		
0002	5.50	001	3122 52031400	0610320045	0008	9501
				N N N N		
0003	26.00	001	3122 52031500	0610310		
				N N N N		
0004	6.00	001	3122 52031500	0610310	0008	FEMA
				N N N N		
			: _____			
			: _____			
			GROSS AMOUNT:		241.00	

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

04/24/2019

Authorization Date

Game Fish and Parks

10/10/2018

Employee Reimbursements

Beth

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1B

NEXT FUNCTION: _____ ACTION: _____ 04/24/2019 13:32:45

REQUEST: _____

=====
EXP VOUCHER NBR : Z069RB10 REMAINING AMOUNT : .00

LINE AMOUNT/PERCENT EXP CO ACCOUNT CENTER PROJ-CO NUMBER
VAT QUANTITY UNIT ITEM NUMBER DESCRIPTION PRORATE (T F A D) USE 99 IRC

0004 6.00 001 3122 52031500 0610310 0008 FEMA

N N N N

0005 187.00 001 3122 52031400 0610310

N N N N

0006

0007

0008

0009

: _____ : _____
: _____ GROSS AMOUNT: 241.00

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.

04/24/2019

Claimant Date

Authorization Date

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: 5-7-19 Agency: GOED
Agency Address: 711 E. Wells Ave Pierre, SD 57501
Agency Phone Number: 605-773-4633
Employee Requesting Reimbursement: Travis Dove
Total Amount of Reimbursement: ~~\$3.84~~ \$64.38
Date(s) of Expense: 5-7-19
Event Leave Time: 11:00 AM Event Return Time: 3:00 PM
Explanation of official business performed: GOED Directors and Commissioner Westra had a working lunch during a strategic planning session.

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

Travis Dove
Signature of Employee

5-7-19
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

5-7-19
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.

KORNER GROCERY
125 S VAN BUREN AVE
PIERRE, SD. 57501-3543
605-224-6165

KORNER GROCERY
125 S VAN BUREN AVE
PIERRE SD

05/06/2019 2:26PM 0001
111111#2092

Sale

xxxxxxxxxxxx7130
VISA

Entry Method: Chip

Total: \$ 58.05

05/07/19

10:51:02

Inv #: 000000005

Appr Code: 03088C

Apprvd: Online

CHASE VISA

AID: A0000000031010

TVR: 00 00 00 00

TSI: F8 00

COPY

6 @ \$9.00

FASTFOOD T2 \$54.00

MDSE ST \$54.00

TAX2 \$4.05

CHARGE 1 \$58.05

+ 6.33

Total \$64.38

Customer Copy
THANK YOU!!

Working lunch for:

Steve Westra

John Austin

Joe Fiala

Cassie Stoesser

Mary Lehecka Nelson

Travis Doure

Yesway 1185, 1185
819 E Wells
Pierre, SD 57501

05/07/2019 10:56:52 AM
Register: 2 Trans #: 9102 Op ID: 102058
Your cashier: Cindy

YESWAY SPRING WATER SPRT
6 @ \$0.99 \$5.94 101
MT DEW DT 200Z BTL \$1.99 101

5.94
x 1.065 tax
6.33
Subtotal = \$7.93
Tax = \$0.52
Total = \$8.45

Change Due = \$-11.55

Cash \$20.00

Say Yes to Convenience!

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: 4/17/2019 Agency: State Treasurer
Agency Address: 500 East Capitol, Pierre, SD 57501
Agency Phone Number: 773-3378
Employee Requesting Reimbursement: Josh Haeder
Total Amount of Reimbursement: \$70.00
Date(s) of Expense: 3/13/2019
Event Leave Time: 8:00am Event Return Time: 4:00pm
Explanation of official business performed: Required treasury duties which include: investment council transfers, wire transfers, account reconciliation
This was during a snow storm, we required staff to work in office to perform these essential functions.
Due to the weather we ordered food in to avoid excess travel due to poor weather conditions.

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 4-17-19 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.

Jason Williams Name of Department/Office Head Deputy Treasurer Position/Title of Agency Official
[Signature] Signature of Department/Office Head 04/17/19 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.

810388

2019 APR 05 PM 3:51

State of South Dakota
VOUCHER
Invoice

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: _____ ACTION: _____
REQUEST: _____

04/05/2019 10:16:01

=====
EMP VOUCHER NBR: Z329RBJH03132019 DATE: 03/13/2019 MODEL: _____
EMP SHORT NAME : HAEDERJOSHUAR HAEDER, JOSHUA R CURR: _____
EMPLOYEE NUMBER: _____163201 PIERRE CM/DM : I
TRAVEL BEG DATE: _____ 03/13/2019 APPROVAL NBR: _____ MULTI PYMT: N
TERMS CODE: _____ PYMT DUE DATE: 03/13/2019 DO NOT USE : _____
REMIT MSG: _____ REIMB._SNOW_DAY_PIZZA _____

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY	UNIT	ITEM NUMBER	ITEM DESCR	PRORATE (T F A D)	USE 99 I'RC
0001	70.00	001	1000	52031500	3201	_____
						N N N N
0002						_____
0003						_____
0004						_____
					GROSS AMOUNT:	70.00

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

Authorization Date

Pierre Employees

Josh Haeder

Jason Williams

Melissa Hull

Penki Almond

Nick Stensaas

Toni Kenefick-Aschoff