

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.

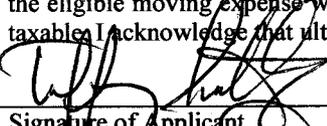
Application

<u>Tiffany Schultz</u>	<u>Correctional Officer</u>	<u>Corrections</u>
Name of Applicant	New Position Title	Agency Employed By
<u>35,746.56</u>	<u>Norfolk, NE</u>	<u>11/01/2019</u>
Yearly Salary	City, State Moving From	Expected Month/Year of Move
<u>60336</u>	<u>Springfield</u>	<u>9/30/2019</u>
Bureau of Human Resources Class Code	New Post of Duty (City)	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.

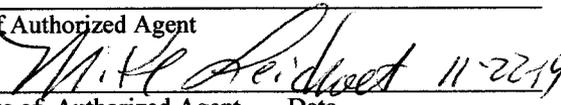
The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (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.

	<u>11/05/2019</u>
Signature of Applicant	Date

Authorization

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

<u>MIKE LEIDHOLT</u>	<u>SECRETARY OF CORRECTIONS</u>
Name of Authorized Agent	Position/ Title of Authorized Agent
 <u>11-22-19</u>	<u>SD DEPT OF CORRECTIONS</u>
Signature of Authorized Agent Date	Agency of Authorized Agent

Approval by State Board of Finance

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



**SOUTH DAKOTA
DEPARTMENT OF CORRECTIONS
MIKE DURFEE STATE PRISON**

1412 Wood Street
Springfield, SD 57062
Phone (605) 369-2201
Fax: (605) 369-2813

September 23, 2019

Tiffany Schultz
7309 Belmont Dr
Norfolk NE 68701

Dear Tiffany:

This letter will serve as a written follow up to our verbal offer of employment as a Correctional Officer position with the Mike Durfee State Prison at an hourly rate of \$17.12. The Department of Corrections will allow you reimbursement of moving expenses you accrue up to one month of your salary. In order for the expenses to be reimbursed you must submit the Household Moving Allowance Application, this offer letter and any receipts of payment for moving. The effective date of this offer will be Monday September 30, 2019. Please report to the Mike Durfee State Prison at 8:00am on Monday September 30, 2019.

Casual dress attire is preferred.

This offer is contingent upon negative drug screening results. Please make an appointment with my office (605-369-4427) to schedule a date and time prior to starting to have the drug screening completed

Also, please be aware that you will be serving a six-month probationary period. During this time period your performance will be reviewed periodically to determine if you will be recommended for status in the South Dakota Career Service system. You will not be eligible to use your accrued vacation leave during this six-month period. Also, please note that your health insurance coverage will not begin until one month and one day after your start date (indicated above).

We look forward to having you on our staff. We hope your employment with the Mike Durfee State Prison will be rewarding experience. If there are any questions please contact the Human Resource Office at 605-369-4427.

Sincerely,

Mary Ann Kloucek
Human Resource Specialist
Mike Durfee State Prison

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

Che Victor Fon

Name of Applicant

\$55,749.60

Yearly Salary

010234

Bureau of Human Resources Class Code

Hampton, SC

City, State Moving From

Data Manager

New Position Title

Pierre

New Post of Duty (City)

Dec. 2, 2019

Employment Date with the State

Education

Agency Employed By

Nov-Dec., 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.

I understand that household moving allowance is considered taxable income according to IRS regulations, and I am responsible for all applicable payroll taxes. I know I may contact my agency's finance officer for options.



Signature of Applicant

12/4/19

Date

Authorization

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

BENJAMIN F. JONES

Name of Authorized Agent

Benjamin F. Jones 12/4/19

Signature of Authorized Agent Date

Cabinet Secretary

Position/ Title of Authorized Agent

Dept of Education

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



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>

October 7, 2019

Che Victor Fon
1365 Sandy Run Road
Hampton SC 29924

Dear Mr. Fon,

This letter is to confirm your appointment to the position of Data Manager with the state of South Dakota, Department of Education. Your employment will begin Monday, December 2nd, 2019, at an hourly rate of \$26.70.

As discussed, the Department of Education will pay a \$1,500.00 lump sum 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 take the time to complete the on-line orientation process. Completion of the on-line orientation process is voluntary. If you decide to forego the on-line process prior to beginning work, you will be asked to complete the same process on your first day of work.

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

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

***You will be prompted to set and confirm a new password upon entering the above and selecting, "login".**
***This is a secured system that is user name & password protected.**

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

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

Welcome to the Department of Education. If you have any questions, please contact me or Tammy Binger in the Human Resource office at (605) 773-4714.

Sincerely,

A handwritten signature in black ink, appearing to read "Deb Olson".

Deb Olson
Human Resource Manager

Cc: Linda Turner
Personnel File

An Equal Opportunity Employer

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 at the Finance Office no later than 5:00 p.m. on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documents comply with Bureau of Human Resources policy regarding protection of personal information.

Application

Irene Aplan

Name of Applicant

Senior Chemist

New Position Title

Health

Agency Employed By

47731.68

Yearly Salary

Sioux Fall, SD

City, State Moving From

Pierre, SD

New Post of Duty (City)

11/19

Expected Month/Year of Move

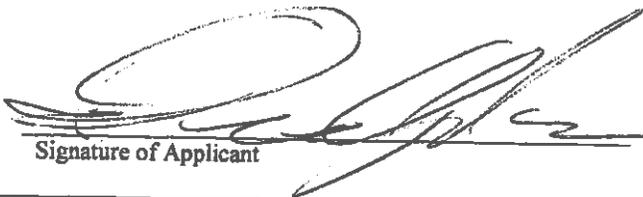
040682

Bureau of Human Resources Class Code

11/12/19

Employment Date with the State

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



Signature of Applicant

Date

12/2/19

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.

TERRI J. IVERSON

Name of Authorized Agent

Budget + Finance Director, DOTT

Position/ Title of Authorized Agent

 12/15/19

Signature of Authorized Agent Date

Department of Health

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

615 East 4th Street | Pierre, SD 57501 P605.773.3368 F605.773.6129



SOUTH DAKOTA
DEPARTMENT OF HEALTH

Division of Administration
Public Health Laboratory
www.doh.sd.gov/lab

October 8, 2019

Irene Aplan
3204 W Rambler Pl #8
Sioux Falls SD 57108

Dear Ms. Aplan,

This letter is to confirm our offer of employment for the position of Senior Chemist, for the state of South Dakota Department of Health in the State Public Health Laboratory. Your employment would begin on November 12, 2019, at an hourly rate of \$22.86/hr.

This offer is conditional based upon you successfully completing and passing a background investigation. Instructions, waivers and fingerprint cards are included with this letter.

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

If you have any questions, please contact me at (605) 773-3241. I look forward to work with you.

Sincerely,

A handwritten signature in cursive script that reads "Stacy Ellwanger".

Stacy Ellwanger
Deputy Director, South Dakota Public Health Laboratory

CC: Cheryl Stone, Human Resource Manager
Personnel File

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

Seth C. Nichols

Assistant Athletic Director/Athletics and Academics

SD School of Mines & Technology

Name of Applicant

New Position Title

Agency Employed By

\$49,500.00

Fargo, ND

Rapid City

November, 2019

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00360

11/12/2019

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.

DocuSigned by:

Seth Nichols

11/6/2019 | 1:26:40 PM MST

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.

James M. Rankin

President

Name of Authorized Agent

Position/ Title of Authorized Agent

DocuSigned by:

James M. Rankin

11/6/2019 | 11:28:38 AM MST

South Dakota School of Mines & Technology

Signature of Authorized Agent

Date

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

SOUTH DAKOTA



SCHOOL OF MINES
& TECHNOLOGY

OFFICE OF THE PRESIDENT

DATE: November 5, 2019
TO: Seth C. Nichols
FROM: James M. Rankin, President
South Dakota School of Mines and Technology
RE: Appointment with Intercollegiate Athletics
South Dakota School of Mines & Technology

DocuSigned by:
James M. Rankin
21715BBAE35E43F...

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Assistant Athletic Director/Athletics and Academics in Intercollegiate Athletics, position ME9669. The effective date of this appointment is November 12, 2019. Annual appointment dates are June 22 through June 21. Your yearly salary is \$49,500 based on 12 months at 100% effort. Joel N. Lueken, Athletic Director, is your direct supervisor. As with all employees, you will be evaluated annually.

In addition to your base rate, the approximate value of the benefit package you receive is an additional \$17,164 or 35%. The benefit package includes employer contributions for health, life, worker's compensation, unemployment and PEPL insurance, and matching contributions for social security and retirement. Full-time employees earn 120 hours of vacation time each year (15 days). This vacation allowance is accrued at the rate of 10 hours per month based on a full month of service. According to policy, no vacation leave may be used until you have completed six months of employment. You may accumulate up to a total of 240 hours of vacation time. Once this maximum accumulation is reached, accrual of vacation leave ceases until such time as you make use of part or all of the accumulated time. Full-time employees accrue sick leave at the rate of 9.34 hours per month based on a full month of service. There is no maximum accumulation of sick leave.

The administrative employment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause. The administrative appointment shall commence on November 12, 2019, and shall not extend beyond June 21, 2020. The administrative employment may be renewed at the sole pleasure of the Board. If the Board elects to renew an administrative appointment, it may do so under whatever changed or additional terms and conditions it chooses.

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

This notice acknowledges the employee has reviewed the conduct requirements for athletic personnel in NCAA Bylaw 10 and 11 and agrees to comply with NCAA bylaws. An athletic staff member who is found in violation of NCAA regulations shall be subject to disciplinary or corrective action as set forth in the provisions of the NCAA enforcement procedures in NCAA Bylaw 19 including suspension without pay or termination of employment for significant or repetitive violations. All BOR policies/contracts will be adhered in the event this action is taken.

Your supervisor will review your position description with you when you begin your employment. A written performance and planning review document will be completed by you and your supervisor annually by December 31st.

Seth C. Nichols
November 5, 2019
Page Two

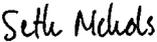
The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated and return with this offer memo, retaining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

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota School of Mines & Technology. Withholding statement (W-4) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Human Resources 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. Please see the enclosed memo regarding the date and time we will meet to complete the necessary new employee paperwork. The memo also includes additional information regarding items you will need to bring to this meeting.

According to current state regulations (SDCL 3-9-12) concerning moving expenses, we are authorized to reimburse you for the cost of moving your household goods up to one month's salary. However, due to budgetary constraints, we are authorized to reimburse you up to \$1,000 for your moving costs. We are bound by current state regulations concerning moving expenses. No specific allowance is provided for crating and packing, per se. If you should elect to perform the move using U-Haul or similar rental facilities, you can be reimbursed for expenses up to a maximum of one month's salary (original receipts and gas receipts required). Information on moving expense reimbursement and allowable household moving expenses is included for your information. Per Diem expenses (meals, lodging (original receipts required), mileage, airfare (boarding pass and itinerary required) are reimbursable. Please sign where indicated and return with this offer memo, retaining a copy for your records.

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

I accept the job offer outlined above.

DocuSigned by:
 11/6/2019 | 1:26:40 PM MST
1700B06AD625424
Signature of Appointee & Date Signed

JR:nlf

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

cc: C Cox
J Lueken

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

Lori Costello

Name of Applicant

\$67,000

Yearly Salary

15

Bureau of Human Resources Class Code

College Station, TX

City, State Moving From

00800

Asst. Professor

New Position Title

Vermillion

New Post of Duty (City)

08/22/2019

Employment Date with the State

USD

Agency Employed By

06/2019

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.

Lori Costello
Signature of Applicant

11-14-19
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
Signature of Authorized Agent

11/27/19
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

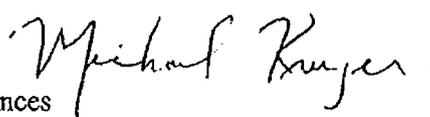
Date

Signature of Secretary, State Board of Finance



UNIVERSITY OF
SOUTH DAKOTA
COLLEGE OF ARTS & SCIENCES

MEMORANDUM

DATE: April 10, 2019
TO: Lori Costello
FROM: Michael Kruger, Dean, College of Arts & Sciences 
RE: Appointment with the Department of Media & Journalism, 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 Department of Media & Journalism. The effective date of this appointment is August 22nd, 2019. Annual appointment dates are *August 22nd through May 21st*. The salary for this position is \$67,000 based on nine months at 100% time. Michelle Van Maanen is your direct supervisor. 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 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.

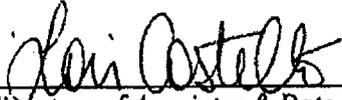
Your position is eligible for state benefits to include household moving allowance as outlined in SDCL 3-9-12. The University of South Dakota will provide up to \$2,500 in moving expenses. Reimbursed moving expenses are considered taxable income. Once you receive payment, Payroll will contact you to determine how the payment is recorded as taxable income. Please note that the amount must be recorded as income in the calendar year it is received. Guidelines on allowable expenses may be found at <http://legis.state.sd.us/rules/DisplayRule.aspx?Rule=05:01:07&Type=Rule>.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter, the attached personal data sheet, and a signed copy of the enclosed agreement to assign Intellectual Property and Conflict of Interest Form no later than April 15, 2019, retaining a copy for your records. Send the signed documents to:

Katherine Price
Program Assistant
Office of the Dean/College of Arts & Sciences
The University of South Dakota
414 E. Clark. St.
Vermillion, SD 57069
Katherine.Price@usd.edu

cc: Michelle Van Maanen, Chair, Department of Media & Journalism
Nathan Gotto, HR Generalist, Office of Human Resources

I accept the job offer outlined above.

 4-12-19

Signature of Appointee & Date Signed

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



UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

MEMORANDUM

DATE: November 13, 2019
TO: Ryan Antony
FROM: Steve Waller, Associate Dean, Basic Biomedical Sciences, University of South Dakota
RE: REVISED appointment with Basic Biomedical Sciences, University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as a Research Associate I in the Basic Biomedical Sciences, Yi-Fan Li's Lab. The effective date of this appointment is September 23, 2019. Annual appointment dates are June 22nd through June 21st. Your salary is \$31,000 based on 12 months at 100% time. Position must move to hourly on December 22, 2019 in order to comply with the Department of Labor's new minimum salary requirements for exemption hourly rate will be \$19.90 at 100% time. Steve Waller will at as your supervisor of record for timekeeping and leave purposes. Dr. Yi-Fan Li will be your direct supervisor. As with all employees, you will be evaluated annually.

The administrative appointment shall commence on September 23, 2019 and shall not extend beyond June 21, 2020. 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.

For the time period, September 23, 2019 through December 21, 2019. This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime.

Beginning December 21, 2019, this position has been identified as overtime eligible and, therefore, subject to the Fair Labor Standards Act (FLSA). The Board of Regents employs a compensatory time policy as permitted by the FLSA. This policy provides for the granting of compensatory time in combination with cash payment for all hours worked above 40 hours in any given work week (Sunday to Saturday). Compensatory time off may be taken at any time with prior approval from your supervisor. Additionally, compensatory time may be carried forward to subsequent pay periods indefinitely, to a maximum accumulation of 40 hours (160 hours for AES employees). The Board of Regents reserves the right, however, to pay cash to the employee for any or all accrued compensatory hours.

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

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of University of South Dakota. Your portion of these forms must be completed on or before your first day of employment.

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 \$2,000.00/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 no later than November 18, 2019, retaining a copy for your records. Send the signed documents to:

Jackie Rubida
Lee Med 204
The University of South Dakota
414 E. Clark St.
Vermillion, SD 57069

cc: Yi-Fan Li
Sharon Myers, Human Resources
Jackie Rubida, Department payroll representative

I accept the job offer outlined above.



11/13/2019

Signature of Appointee & Date Signed

State Hosting Reimbursement Request – SDCL 3-9-2.1

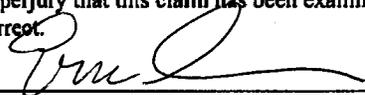
When Application and Authorization sections are completed, please submit the original to:

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

Application

Date: 10/31/19 Agency: GOED
Agency Address: 2329 N CAREER AVE # 221 SIOUX FALLS 57107
Agency Phone Number: 605 367 4301
Employee Requesting Reimbursement: ERIC SIEMERS
Total Amount of Reimbursement: \$55.77 LUNCH MEETING
Date(s) of Hosting Expense: 10/23/19 Receipts Attached: Y N
Explanation of official business performed: PROSPECT COMPANY OPTIMITY ADVISORS-HOS ANGELES IS CONSIDERING OPENING AN OFFICE IN SIOUX FALLS. VISITOR WAS CHAD HAHN.

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.

 10/31/19
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 Commissioner
Name of Department/Office Head Position/Title of Agency Official
 11/6/19
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.

M.B. Haskett
324 South Phillips Ave
SF, SD 57104
(605)367-1100

M.B. Haskett
324 South Phillips Ave
SF, SD 57104
(605)367-1100

Date: 10/23/19, 12:51 PM
Card Type: MC
Acct #: XXXXXXXXXXXX7749
Customer: ERIC J SIEMERS
Card Entry: SWIPED
Auth Code: 81871B
Check: 1745
Table: 6/3
Server: Alex K

Check #: 1745
Server: Alex K
Table: 6/3
10/23/19
12:23 PM
Guests: 2

Amount: 46.77

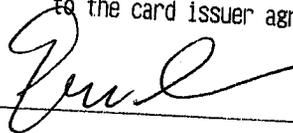
+TIP 9.00

=TOTAL 55.77

Suggested Tips:

18% = 7.88
20% = 8.75
22% = 9.63

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

X 

Please call (605)367-1100 for Dinner reservations.

Thank you!

Customer Copy

1 Diet Coke	1.50
1 Iced Tea	2.00
2 Sandwich Special (@8.00/ea)	16.00
1 Lunch special	9.50
1 Turkey Sand	7.75
1 C/Soup	4.50
1 Open Item	2.50

total	43.75
les Tax	3.02
TOTAL	46.77

Balance Due 46.77

Suggested Tips:

18% = 7.88
20% = 8.75
22% = 9.63

Please call (605)367-1100 for Dinner reservations.

Thank you!

Only receipts
available.

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, every day, except on the last day of the month. Documentation received after that time will not be processed. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Date: 11/20/19
Agency Address: 711 E Wells Ave, Pierre, SD 57501 Agency: Dept. of Tourism
Agency Phone Number: 605-773-3301
Employee Requesting Reimbursement: Jacey Jessop
Total Amount of Reimbursement: \$20.39
Date(s) of Hosting Expense: 10/24-10/27
Receipts Attached: Y N

Explanation of official business performed: I was hosting travel agents
✓ purchased breakfast items for our
early morning & the car rides.

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.

Jacey Jessop
Signature of Employee

11/20/19
Date

Authorization

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

James Hagen
Name of Department/Office Head
James S. Hagen
Signature of Department/Office Head

Secretary, Dept. of Tourism
Position/Title of Agency Official
11/20/19
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.

Breakfast for travel agency
WALL FOOD CENTER *Farm*

103 So. Blvd West
Wall, SD 57790
(605) 279-2331

10/25/2019 6:53:01 PM

LANE1

GROCERY

NVAL OATBAR	FS \$3.98 Tx1
BST-CH WAL PCS	FS \$2.25 Tx1
PRODUCE	
BANANA	
2.64 lb @ \$0.89/lb	FSW \$2.35 Tx1
REC GRAPES	
2.24 lb @ \$2.49/lb	FSW \$5.58 Tx1
APPLE MC HONEYCRISP	FS \$4.99 Tx1

SUB TOTAL	\$19.15
Tax 1	\$1.24

TOTAL	\$20.39
Debit card	\$20.39

EPS SEQ NUMBER: 012341
Item count: 5
Trans:346891 Terminal:040103031-001001

Thank you for shopping
with us!!

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

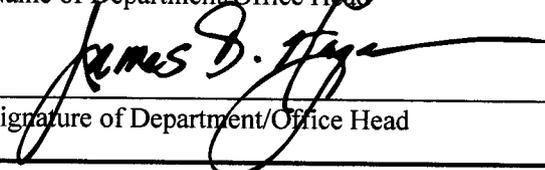
Date: 11-18-2019 Agency: Tourism-Office of Arts
Agency Address: 711 E. Wells Ave., Pierre, SD 57501
Agency Phone Number: 605-773-3301
Employee Requesting Reimbursement: Patrick Baker
Total Amount of Reimbursement: \$ 165.77
Date(s) of Hosting Expense: 11-08-2019
Receipts Attached: Y / N
Explanation of official business performed: Hosting advisory board of South Dakota Arts Council
for Nov. 8, 2019, meeting that included catering for coffee in the morning and a working lunch
at Dolly-Reed Plaza in Pierre.

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.

 11-18-2019
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.

James Hagen Secretary, Dept. of Tourism
Name of Department/Office Head Position/Title of Agency Official
 11.19.19
Signature of Department/Office Head Date

State Board of Finance Approval

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

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

SOUTH DAKOTA ARTS COUNCIL MEETING

Dolly-Reed Plaza Large Conference Room

711 East Wells Ave

Pierre, SD 57501

Friday, Nov. 8, 2019, 9 a.m. CST

AGENDA

I. Call to Order – Mary Bordeaux, Chair

A. Welcome, Jim Speirs, Arts South Dakota and Patrick Baker, SDAC

B. Roll Call – Recognition of new Council members, introduction of all Arts Council and Arts South Dakota board and staff members

II. Public Comment

III. Special joint meeting with Arts South Dakota board and staff

BREAK (lunch provided)

IV. National Assembly of State Arts Agencies demonstration of member benefits

V. Approval of May 3, 2019, minutes – Keith BraveHeart, Secretary

ACTION

VI. Treasurer’s Report – Dohui Kim, Treasurer

VII. Business of the Day

A. Touring Artist Grants panel recommendations

ACTION

B. Artists in Schools & Communities roster artist endorsement

ACTION

BREAK

VIII. Reports

A. Strategic plan check-in - RC

B. Art for State Buildings RFP/Call to Artists - KV

C. Art for Life Call to Artists - RC

D. New Onsite Evaluation - PB

E. Arts Midwest World Fest - RC

F. NASAA – “Why Should Government Support the Arts” Policy Brief & Report to Councils

G. NEA – News & Grants

IX. Calendar – Baker

X. Adjournment

S.D. Arts Council
Advisory board meeting
Nov. 8, 2019
Attendance list

In attendance:

- Brian Bonde, board member
- Mary Bordeaux, board member
- Keith BraveHeart, board member (will participate via teleconference)
- Laura Diddle, board member
- Dohui Kim, board member (will participate via teleconference)
- John Mogen, board member
- Jane Rasmussen, board member
- Lee Ann Roripaugh, board member
- Nan Vanhuizen, board member
- James Walker, board member

Staff:

- Patrick Baker, SDAC staff
- Rebecca Cruse, SDAC staff
- Kate Vandel, SDAC staff

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

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

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

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

Application

Date: 10/10/2019 Agency: Agriculture
Agency Address: 523 E Capitol Avenue, Pierre, SD 57501
Agency Phone Number: 605-773-5425
Employee Requesting Reimbursement: Ashley Waibel
Total Amount of Reimbursement: \$182.00
Date(s) of Expense: 10/07/2019
Event Leave Time: 10:00 am Event Return Time: 3:30 pm
Explanation of official business performed: Supervisor Training. Agenda attached.

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

Ashley Waibel
Signature of Employee

10/10/19
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.

Kim Vanneman
Name of Department/Office Head

Secretary of Agriculture
Position/Title of Agency Official

Kim V
Signature of Department/Office Head

10/10/19
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.

Supervisor Meeting Agenda

October 7, 2019 | Drifter's Bar & Grille



Welcome

Secretary Kim Vanneman

Statutes and Contracts

Taya Runyan, SDDA

Fiscal Update

Chris Petersen, SDDA

Help Them Grow or Watch Them Go

Kathy Hildebrandt, BHR

Lunch

Provided

Help Them Grow or Watch Them Go (continued)

Kathy Hildebrandt, BHR

To promote, protect, and preserve South Dakota agriculture for today and tomorrow.

Supervisor Training 10-07-2019		
	Name	Home Station
1	Besch, Peggy	Huron
2	Bollock, Monty	Rapid City
3	Brigman, John Parks	Rapid City
4	Briley, Candi	Huron
5	Esser, Steve	Rapid City
6	Evans, Adam	Rapid City
7	Even, Brenda	Rapid City
8	Fritz, Adam	Rapid City
9	Gere, Tom	Pierre
10	Hanson, Danielle	Pierre
11	Hatten, Peter	Rapid City
12	Jager, Vincent	Huron
13	Jez, Jillian	Rapid City
14	Josten, Greg	Rapid City
15	Lawver, Jeni	Rapid City
16	Ormseth, Rachel	Pierre
17	Pritzkau, Anthony	Rapid City
18	Reiter, Paul	Rapid City
19	Rogers, Heather	Brookings
20	Runyan, Taya	Pierre
21	Scott, Brian	Sioux Falls
22	Seidl, Anthony	Rapid City
23	Sievers, Brenda	Huron
24	Smith, Bill	Pierre
25	Tornow, Joannah	Rapid City
26	Wiedow, Jeff	Hot Springs
27	Holt, Kyle	Pierre
28	Vallery, Rick	Pierre
29	Waibel, Ashley	Pierre
30	Vanneman, Kim	Pierre
31	Warnke, Marcus	Rapid City
32	Bachelor, James	Custer
33	Tiffany Thompson	Pierre
34	Garbisch, Brian	Rapid City
35	Bothwell, Daniel	Rapid City
36	Petersen, Chris	Pierre
37	Haskvitz, John	Custer
38	Garland, Stef	Pierre
39	Farley, Joseph	Yankton
40	Henry, Donald	Rapid City
41	Kathy Hildebrandt	Pierre
42	Jay Wickham	Rapid City
43		

INVOICE



08 October 2019

1277.54

Terms: Net 30

Drifters Bar and Grille
325 Hustan Ave
Fort Pierre, SD
605.220.5014

South Dakota Department of Agriculture

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
47	Patio Grille	14.00	658.00
1	Room Charge and A/V Rentals	619.54	619.54
	Food and Beverage Tax	7.50%	exempt
	Other Tax	6.50%	exempt

Final Balance \$1,277.54

MEETING DETAILS

OTHER INFORMATION

Event Date: 10/7/19

Event Time: 8:00AM

Event Room: Hull

Guest Count: 50

An interest fee of 1.5% per month (18% per annum) is assessed on past due accounts.

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

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

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

Application

Date: 10/25/2019 Agency: Agriculture
Agency Address: 523 E Capitol Ave, Pierre, SD 57501
Agency Phone Number: 605-773-5425
Employee Requesting Reimbursement: Ashley Waibel
Total Amount of Reimbursement: \$252.00
Date(s) of Expense: 10/24/2019
Event Leave Time: 10:00 am Event Return Time: 2:00 pm
Explanation of official business performed: Checkoff Meeting with Board & Commission staff
(SD Corn Council, SD Soybean Council, SD Wheat Commission,
SD Oilseeds Council, and SD Pulse Crop Council.)

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

Ashley Waibel
Signature of Employee

10/25/2019
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.

Kim Vanneman
Name of Department/Office Head

Secretary of Agriculture
Position/Title of Agency Official

Kim V
Signature of Department/Office Head

10/25/2019
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

INVOICE



25 October 2019

252

Terms: Net 30

Drifters Bar and Grille

325 Hustan Ave
Fort Pierre, SD
605.220.5014

South Dakota Department of Agriculture

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
18	Lunch	14.00	252.00
	Service Charge	18.00%	0.00
	Food and Beverage Tax	7.50%	exempt
	Other Tax	6.50%	exempt
Final Balance			\$252.00

MEETING DETAILS

OTHER INFORMATION

Event Date: 10/24/19
Event Time: 10:00AM
Event Room: Hull
Guest Count: 20

An interest fee of 1.5% per month (18% per annum) is assessed on past due accounts.

October 24, 2019 Checkoff Meeting 10:00am - 2:00pm

Group	Attending	
Oilseeds	1 Tom Young	
	2 Chuck Todd	
	3 Austin Young	
PUC	4 Cody Chambliss	
Pulse/Wheat	5 Caren Assman	
SD Wheat	6 Carolyn Theobald	
	7 Reid Christopherson	
Soybean	8 Jerry Schmitz	
	9 Craig Converse	
	10 Becky Cypher	
Corn	11 Lisa Richardson	
	12 Teddi Mueller	
	13 Robert Walsh	
	14 Scott Stahl	
	Kim Vanneman	no lunch
	Kyle Holt	no lunch
	15 Rick Vallery	
	16 Chris Petersen	
	17 Ashley Waibel	
	18 Lorrin Naasz	

Checkoff Meeting

October 24, 2019 | Drifter's Event Center



Welcome

Secretary Vanneman

Department Overview

State Budget Overview

Comprehensive Financial Reporting Overview

Chris Petersen

Board of Internal Controls and OpenSD Statutes

Chris Petersen & Lorrin Naasz

Lunch

Provided

Other Resources

Automated Online Checkoff Review

Chris Petersen

Public Utilities Commission

Cody Chambliss

Other Items and Questions

All

INVOICE



25 October 2019

198

Terms: Net 30

Drifters Bar and Grille

325 Hustan Ave
Fort Pierre, SD
605.220.5014

South Dakota Department of Agriculture

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
1	Room Charge	198.00	198.00
	Service Charge	18.00%	0.00
	Food and Beverage Tax	7.50%	exempt
	Other Tax	6.50%	exempt
Final Balance			\$198.00

MEETING DETAILS

OTHER INFORMATION

Event Date: 10/24/19

Event Time: 10:00AM

Event Room: Hull

Guest Count: 20

An interest fee of 1.5% per month (18% per annum) is assessed on past due accounts.

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

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

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

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

Application

Date: 11/21/2019 Agency: Agriculture
Agency Address: 523 E Capitol Ave Pierre, SD 57501
Agency Phone Number: 605.773.4027
Employee Requesting Reimbursement: Ashley Waibel
Total Amount of Reimbursement: 1,358.00 total - \$420.00 for Pierre Employees
Date(s) of Expense: 11/13/2019
Event Leave Time: 10:00 am Event Return Time: 3:30 pm
Explanation of official business performed: Department of Agriculture All Staff Meeting held at Drifters.
Working lunch - see attached agenda.
Sign-in Sheets with home station - see attached.

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

Ashley Waibel
Signature of Employee

11/21/2019
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.

Kim Vanneman
Name of Department/Office Head

Secretary of Agriculture
Position/Title of Agency Official

Kim V
Signature of Department/Office Head

11/21/2019
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

INVOICE



15 November 2019

1358

Terms: Net 30

Drifters Bar and Grille

325 Hustan Ave
Fort Pierre, SD
605.220.5014

South Dakota Department of Agriculture

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
97	Missouri Grille Buffet	14.00	1358.00
	Food and Beverage Tax	7.50%	exempt
	Other Tax	6.50%	exempt
Final Balance			\$1,358.00

MEETING DETAILS

OTHER INFORMATION

Event Date: 11/15/19

Event Time: 8:00AM

Event Room: Entire Space

Guest Count: 100

An interest fee of 1.5% per month (18% per annum) is assessed on past due accounts.

1000 52053900 0300000

2019 All Staff Meeting

November 13, 2019 | Drifter's Event Center



Welcome 10:00

Deputy Secretary Kyle Holt

Remarks from the Governor 10:05-10:15

Governor Kristi Noem

Session Updates 10:15 - 10:30

Dani Hanson

Climatology Report 10:30-11:30

Laura Edwards

Lunch 11:30-12:00

Provided - Allyssa Presentation

Creating Positive Workplace Cultures 12:00 - 3:00

Charlotte Henley

To promote, protect, and preserve South Dakota agriculture for today and tomorrow.

2019 All Staff Meeting

November 13, 2019 | Drifter's Event Center



Welcome 10:00

Deputy Secretary Kyle Holt

Remarks from the Governor 10:05-10:15

Governor Kristi Noem

Session Updates 10:15 - 10:30

Dani Hanson

Climatology Report 10:30-11:30

Laura Edwards

Lunch 11:30-12:00

Provided - Allyssa Presentation

Creating Positive Workplace Cultures 12:00 - 3:00

Charlotte Henley

To promote, protect, and preserve South Dakota agriculture for today and tomorrow.

2019 All Staff Sign In

	Name	Location	Division
1	Lindy Gerrets	Pierre	COs
2	John Haskutz	Custer	SD Wildland Fire
3	Quentin Cordell	Hot Springs	SD Wildland Fire
4	James Bachelor	Custer	SD Wildland Fire
5	Jim Burk	Rapid	SDWF
6	Anthony Pritzkeg	Rapid	SDWF
7	August Schuetzner	Rapid	SDWF
8	Michael Steffen	Rapid	SDWF
9	Brady Rothschedl	Rapid	SDWF
10	Jo TORNOW	Rapid	SDWF
11	Dennis Sutterer	Rapid	SDWF
12	Rick Gerecht	Brookings	Ag Services
13	Adam Fritz	Rapid City	SDWF
14	Cassie Warren	" "	" "
15	Stef Garland	Pierre	Ag Services
16	Stef Garland	Pierre	Ag Services
17	Makayla Jungwirth	Redfield	Ag Services
18	Jana Runyan	Pierre	Ag SLS
19	Tiffany Thompson	Pierre	OS&E
20	Madeline Schumacher	Melbank	Ag Services
21	Heather Rogers	Melbank	Ag Services
22	Valene Mitchell	Pierre	Ag Services
23	JAY Esperance	RC	SDWF
24	Logan Braug	RC	SDWF
25	Garrett Christenson	Hot Springs	SDWF
26	MARCUS WARNKE	RC	RCF
27	Matthew JOHNSON	RC	RCF
28	Jason Schlafmann	RC	RCF
29	Danah Bair	Middell	RCF
30	Peggy Besch	Huron	Fair
31	Vince Jager	Huron	Fair
32	Linda Travis	Huron	Fair
33	Brad Burns	Huron	Fair
34	Ray Fubb	Rapid City	WILDLAND FIRE
35	Logan Scott	Rapid City	Wildland fire

2019 All Staff Sign In

	Name	Location	Division
36	Casey Glives	Rapid City	SDWFD
37	Bob [unclear]	Pierre	Ag Services
38	Kyle Holt	Pierre	OSEC
39	Dale Anderson	Pierre	Ag Services
40	Tamara Dicks	Rapid City	SD Wildland Fire
41	Albert Taylor	Rapid City	SD Wildland Fire
42	Elijah [unclear]	Rapid City	SD Wildland Fire
43	Ben Maisel	Rapid City	SD Wildland Fire
44	Jon [unclear]	Watertown	RCF
45	Pam Bergstrom	Mitchell	RCF
46	Josh Larson	Rapid City	RCF
47	Allyssa Gregory	Lead	RCF
48	Jared Gregory	RC	SD Wildland Fire
49	Pete [unclear]	RC	SD Wildland Fire
50	Joseph [unclear]	RC	SDWF
51	Doug Hargrave	Pierre	RCF
52	Jim [unclear]	Pierre	RCF
53	Stephen [unclear]	Pierre	Office of Sec.
54	Kevin [unclear]	Pierre	RCF
55	Barley Gullikson	Pierre	RCF
56	Nicole Prince	Pierre	RCF
57	Lorin Nease	Pierre	OSEC
58	Dani Hansson	Pierre	OSEC
59	Jeff [unclear]	Sioux Falls	Ag Services
60	Shirley Schrempf	Pierre	OOS
61	Chris Peterson	Pierre	Finance
62	Brenda Sievers	Upton	Ag Services
63	JD Farley	Yankton	Ag Services
64	Bill Smith	Pierre	RCF
65	Steve Legor	Rapid City	SDWF
66	Laura Edwards	Sioux	
67	Charlotte Henley	-	Speaker
68			
69			
70			

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

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

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

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

Application

Date: 11/21/2019 Agency: Agriculture
Agency Address: 523 E Capitol Ave Pierre, SD 57501
Agency Phone Number: 605.773.4027
Employee Requesting Reimbursement: Ashley Waibel
Total Amount of Reimbursement: \$216.00 total bill - \$144 requested for Pierre Employees
Date(s) of Expense: 10/08/2019
Event Leave Time: 8:00 am Event Return Time: 1:00 pm
Explanation of official business performed: Director's retreat & Strategic Planning meeting
Agenda & Attendance list with home station attached.

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

Ashley Waibel
Signature of Employee

11/21/2019
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.

Kim Vanneman
Name of Department/Office Head

Secretary of Agriculture
Position/Title of Agency Official

Kim V
Signature of Department/Office Head

11/21/2019
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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



Branding Iron Bistro

605-494-3333

brandingironbisto@icloud.com | http://BrandingIronBistro.com/

Invoice #000163

October 8, 2019

We appreciate your business.

Bill To

Tiffany Thompson
Tiffany.thompson@state.sd.us

Invoice Details

PDF created November 21, 2019
\$216.00

Payment

Due November 19, 2019
\$216.00

Item	Quantity	Price	Amount
Catering <i>Sandwich, soup, chips, and drinks</i>	18	\$12.00	\$216.00
Subtotal			\$216.00
Total Due			\$216.00

1000 52053900 0300000



Pay online

To pay your invoice go to <https://gosq.me/u/8Vfn8dyZ>

Or open your camera on your mobile device, and place the code on the left within the camera's view.

Director's Retreat

Name	Home Station
1 Kim Vanneman	Pierre
2 Kyle Holt	Pierre
3 Dani Hanson	Pierre
4 Taya Runyon	Pierre
5 Tom Gere	Pierre
6 Bill Smith	Pierre
7 Greg Josten	Rapid City
8 Peggy Besch	Huron
9 Candi Briley	Huron
10 Chris Petersen	Pierre
11 Ashley Waibel	Pierre
12 Rick Vallery	Pierre
13 Tiffany Thompson	Pierre
14 Lorrin Naasz	Pierre
15 Lindy Geraets	Pierre
16 Don Norton	Sioux Falls
17 Jo Tornow	Rapid City
18 Kalyn Eulberg	Pierre

12

2019 Director's Retreat

October 8, 2019 | Casey Tibbs Rodeo Center



Welcome

Secretary Kim Vanneman

Partnership Requests

Secretary Kim Vanneman

Employee Exit Interviews

Bill Smith & Greg Josten

Intranet Roll Out

Tiffany Thompson

Accomplishments and Future Goals

All

Lunch Provided

Lunch

Provided

To promote, protect, and preserve South Dakota agriculture for today and tomorrow.

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

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

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

Application

Date: 9/20/19 Agency: DOE - SPED
Agency Address: 800 Gnomus Drive
Agency Phone Number: 773-3678
Employee Requesting Reimbursement: Linda Turner, Wendy Trujillo,
Total Amount of Reimbursement: Krishn Jerome
Date(s) of Expense: 9/19/2019
Event Leave Time: 8:00am Event Return Time: 4:00pm

Explanation of official business performed: SD Advisory Panel for Children with disabilities mtg - Drifters in Ft Pierre, SD Working Lunch

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

Krishn Jerome
Signature of Employee

9/20/19
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.

Linda Turner / Benjamin F. Jones
Name of Department/Office Head

Secretary
Position/Title of Agency Official

Linda Turner
Signature of Department/Office Head

11/20/19
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.

SEP 18 2019

INVOICE



19 September 2019

477

Terms: Net 30

Drifters Bar and Grille

325 Hustan Ave
Fort Pierre, SD
605.220.5014

SD Department of Education

800 Governors Drive
Pierre, SD
605.773.3134

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
18	Lunch	14.00	252.00
1	Projector and Screen	50.00	50.00
1	Room Charge	175.00	175.00
	Food and Beverage Tax	7.50%	exempt
	Other Tax	6.50%	exempt
Final Balance			\$477.00

MEETING DETAILS

OTHER INFORMATION

Event Date: 9/19/19

Event Time: 8:00AM-5:00PM

Event Room: Starboard

Guest Count: 20

An interest fee of 1.5% per month (18% per annum) is assessed on past due accounts.

Minutes

SD Advisory Panel for Children with Disabilities

Drifter – Ft Pierre, SD
September 19th, 2019 from 8:30 to 4:00

Members Present

Erin Schons

MArie Ivers

Bernie Grimme

Stephanie Caron

Steve Helgeland

Heather Trefz

Brad Otten

Peggy Waltner

Jennifer Carda

Laura Johnson Frame

Kim Wadsworth

Larry Puthoff

Absent

Larry Ayres

Nicole Bacan

Kristi Eisenbraun

Dr Laura Johnson

DOE Staff

Wendy Trujillo

Linda Turner

Kristin Jerome

TAESE

Mark Gabrylczyk

Call to order 8:39 am

Approval of Agenda

Motion Marie Ivers

2nd Steve Helgeland

Approval of Minutes

Motion Peggy Waltner

2nd Brad Otten

Election of Officers

Chairperson – nominated – Erin Schons

Vice Chairperson – nominated – Larry Ayres

Motion to close nominations Linda Turner

2nd Bernie Grimmes

Motion for nomination carried

DOE Updates

Linda Turner discussed the Report Card and what is indicated on it. Laura Johnson Frame contributed some information as well. Report Card posted online.

Linda explained that we had a data retreat to help decide what we need to do each year going forward. PD days and other areas to assist with improved outcomes.

The title committee also assists with this.

Sped Ed interim committee met last month, financial costs and out of district placements and they will draft some recommendations. If they recommend legislation they will report to the next committee to move forward. In the next months we will know what they are recommending. Bills are starting to come together for 2020 legislature. Next time we will have those updaters.

Week of work for 10th grade students to do internships is now happening. New initiative.

Monitoring cycle, 5 year monitoring review going on right now. RDA is being incorporated. not just compliance.

State wide assessment, new this year, the science review panel in October. New platform they will be testing on.

Interagency agreement review

Linda Turner presenting

Agreement with BOR School for the Deaf and outreach services Due in 2020. DOC agreements 2017 last review next May 2020. DSS 2020 review. . . . DHS, DOL In January will have some more info. Early Childhood and Birth to 3, being worked on right now.

South Dakota Advisory Panel on Children with Disabilities

AGENDA

Drifters Conference Center: 325 Hustan Ave, Fort Pierre, SD 57532

September 19, 2019 8:30am – 4pm CT

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

Agenda:

Agenda Item	Presenter	Documents
Call meeting to order and Introductions	Chairperson – Erin Schons	Call to order 8:39
Approval of the agenda	Advisory Panel	Agenda motion Marie 2nd Steve
Approval of the minutes	Advisory Panel	motion Marie Peggy 2nd Brad
Public Comment	If you are interested in providing public comment, please send notification to Wendy.Trujillo@state.sd.us or call (605)773.3678	none
Election of Officers	Advisory Panel	Chair Erin motion Marie Vice " Larry motion (Bernie) 2nd Bernie

Present
Linda
Wendy
Kisha
Erin
Marie
Bernie
Stephanie -
Steve
Heather
Brad -
Peggy
Jennifer C.
Laura JF
Kim
Larry P.

TAESE
Mark

Linda to
close
Bernie 2nd
all eye

Agenda Items Cont...	Presenter	Documents
Department of Education Updates	Linda Turner Wendy Trujillo	
Interagency Agreement Reviews	Linda Turner	Interagency Agreements
Dispute Resolution Report 18-19	Wendy Trujillo	Handout
Annual Report	Wendy Trujillo	
Break 9:22 9:39 Advisory Panel Orientation	TAESE	1-1.5 hours
Lunch (11:45) 12:15		Drifters Conference Center
Personal Assistant Rate Approval	Wendy Trujillo	Motion 2nd Marie Eren
Priority Area: Setting new priority	TAESE Advisory Panel	2.5-3 hours
Meeting Take Away for Annual Report	Advisory Panel	
Next Meeting and Agenda Items	Advisory Panel	
Adjournment	Advisory Panel	

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.

~~email~~ wendy Amy & Whitney preferred
 email interpreter info for provided ones for Lanya.
 give her the black box & folders.

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

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

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

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

Application

Date: 11/27/19 Agency: Dept. of Education
Agency Address: 800 Governor's Drive
Agency Phone Number: 605.773.6400
Employee Requesting Reimbursement: Shannon Malone
Total Amount of Reimbursement: \$980
Date(s) of Expense: 9/25/19 + 9/26/19
Event Leave Time: 10 am Event Return Time: 5 pm
Explanation of official business performed: Title I Director's Workshop
was held on two days. The Director's workshop
is an opportunity for Title staff to provide training
on federal requirements and network on best practices.

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

Shannon Malone
Signature of Employee

11/27/2019
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.

Benjamin F. Jones
Name of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official

Benjamin F. Jones
Signature of Department/Office Head

12/2/19
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.

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

Invoice

Date	Invoice #
9/25/2019	4657

Bill To
Department of Education Shannon Molone

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
30	Food Sales Taco Bar + Cutlery + Drinks SD Sales Tax FOR 9/26/2019	14.00 7.50%	420.00 31.50 - NO
Total			\$451.50

Title Programs – Directors Meeting – September 26, 2019 Pierre, SD

Name (Used for Certificate)	Organization	Work E-mail Address	Signature
Anderson, Diane	Willow Lake 12-3	diane.anderson@K12.sd.us	
Bothun, Melissa	Lake Preston 38-3	Melissa.Bothun@k12.sd.us	
Campbell, Kara	McIntosh 15-1	kara.campbell@k12.sd.us	
Carmichael, Shawnda	Bison 52-1 Lemmon School Dist.	shawnda.carmichael@k12.sd.us	
Crosswait, Charlene	Menno 33-2	Charlene.k.Crosswait@k12.sd.us	
DeMers, Kim	Winner 59-2	kimberly.demers@k12.sd.us	
Duffek, Mike	Bon Homme 04-2	mike.duffek@k12.sd.us	
Hansen, Barbara	Tea Area School District	Barbara.Hansen@k12.sd.us	
Hohn, Lisa	Menno 33-2	lisa.l.hohn@k12.sd.us	
Johnson, Lonny	Montrose 43-2	lonny.johnson@k12.sd.us	
Johnson, Nancy	Tri-Valley 49-6	nancy.johnson@k12.sd.us	
Kaltenbach, Connie	Oglala Lakota County 65-1	connie.kaltenbach@k12.sd.us	
Kludt, Kimberly	Deubrook 05-6	kim.kludt@k12.sd.us	
Larson, Lisa	Kimball 07-2	lisa.larson@k12.sd.us	
Moeller, Teresa	White Lake 01-3	teresa.moeller@k12.sd.us	
Nussbaum, LeeAnn	Plankinton 01-1	leeann.Nussbaum@k12.sd.us	
Petersen, Cora	Eagle Butte 20-1	Cora.Petersen@k12.sd.us	
Peterson, Nichole	Rutland 39-4	Nichole.Peterson@k12.sd.us	
Powell, Andrea	Armour/Tripp-DeImont	Andrea.Powell@k12.sd.us	

Title Programs – Directors Meeting – September 26, 2019 Pierre, SD

Reierson, Knute	Frederick Miller School Selby 62-5	Knute.Reierson@k12.sd.us	<i>Knute Reierson</i>
Sadler, Naomi	Smee 15-3	naomi.sadler@k12.sd.us	<i>Naomi Sadler</i>
Shillingstad, Jay	Wall 51-5	jay.shillingstad@k12.sd.us	<i>Jay Shillingstad</i>
Sykora, Charles	McCook Central 43-7	Charles.Sykora@k12.sd.us	<i>Charles Sykora</i>
Thaler EdD, Cheryl		cheryl.thaler@k12.sd.us	<i>Cheryl Thaler</i>

Betsy Chapman - DOE

Martzil Becker - DOE

Louann John - DOE

Alan Thaler - DOE

Jennifer Palmer - DOE

Laura Johnson Frame - DOE

Laura Johnson Frame - SD DOE

Shannon Malone - SD DOE

Shannon Malone - SD DOE

23

14

Meal/Beverage Request

Event Title: Title I Director's Workshop

Dates of Event: 9.26.19

Location of Event: Library Commons

Number of People Attending: 25

Person to Contact About Request: Julie Elrod

Purpose of Event:
annual director's workshop/training

Funding Description	Company	Center	Fund Source	Sub Fund
2024	5203140-09	1232820	102	AS

Providing:

- Beverages
- Breakfast

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

- Lunch

Dates Providing : 9.26.19 Number of Meals _____ 25
 Approximate Cost: _____ 350.00 (Cannot exceed \$14 per person)

- Dinner

Dates Providing : _____ Number of Meals _____
 Approximate Cost: _____ (Cannot exceed \$20 per person)

Shannon Malone
Program Staff Signature

9/13/19
Date

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

Julie Elrod
Authorized Signature

9-17-19
Date

9/13/19

Leadership Team:

Due to the significant number of individuals that have registered for our 9/25/19 Title I Director's Workshop, we have had to add a second date and would like to request that we provide lunch for this group as well. In order to ensure we have the most captive audience we can and provide the amount of information necessary from each of the particular program offices, we would like to provide lunch so that the Director's can drive in the morning of and drive home at the completion of the workshop as to avoid being away from the school as little as possible. By having lunch catered in, this helps us to avoid the lunch hour traffic and provides an opportunity for Title I Directors to network with each other and with the DOE staff.

Thanks for your consideration!

Shannon

Payment Request

Division DESS Date 11/14/2019

Vendor Name Guadalajara Mexican Restaurant

Vendor Address 314 West Sioux Avenue Pierre, SD 57501

Contract Number Auditor Number

Partial Final

Service Dates of Contract Invoice

Description of invoiced goods and services:
 Inv. #4655 -- Catered Lunch for September 25, 2019 -- Title I Director's Workshop

NEED BOARD OF FINANCE APPROVAL

1099 Code	Company	Account/Grant Year	Center	Fund Source	Sub Fund	Expense Account
	2024	5203140-09	1232 820	102	AS	560.00
Total						560.00

Person to Contact about Request Julie Elrod

Approval

	<i>GMM 11.20.19</i>	<i>A. Hansen 11.26.19</i>		
Program Staff	Office Administrator	Division Director	Grants Management	Contract Manager

Accounting and Financial Reporting Use Only

Vendor ID _____ Invoice Number _____

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

Invoice

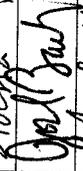
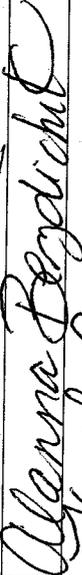
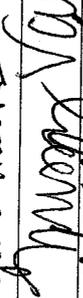
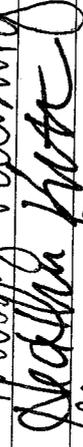
Date	Invoice #
9/25/2019	4655

Bill To
Department of Education Shannon Molone

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
40	Food Sales = Taco Bar + Cutlery + Drinks SD Sales Tax FOR 9/25/2019	14.00 7.50%	560.00T 42.00
Total			\$602.00

Title Programs – Directors Meeting – September 25, 2019 Pierre, SD

Name	Organization	Work E-mail Address	Signature
Arnoldy, Lorna	Lyman 42-1	lorna.arnoldy@k12.sd.us	
Bailey, Joel	Platte-Geddes 11-5	joel.bailey@k12.sd.us	
Becker, Michelle	West Central 49-7	Michelle.becker@k12.sd.us	
Bezdichek, Alanna	Sioux Valley 05-5	alanna.bezdichek@k12.sd.us	
Brown, Tamela	Chamberlain 07-1	tamela.brown@k12.sd.us	
Gillespie, Robin	Rapid City 51-4	robin.gillespie@k12.sd.us	
Gillette, Kristine	Corsica-Stickney	kristine.gillette@k12.sd.us	
Gottlob, James (Nick)	Spearfish	nick.gottlob@k12.sd.us	
Hanson, Wayne	Herreid 10-1	wayne.hanson@k12.sd.us	
Hatling, Julie	Belle Fourche 09-1	Julie.Hatling@k12.sd.us	
Hernes, Jodi	Canton 41-1	jodi.hernes@k12.sd.us	
Herr-Valburg, Melissa	Jones County 37-3	missy.valburg@k12.sd.us	
Hiltunen, Heather	Sioux Valley 05-5	heather.hiltunen@k12.sd.us	
Jacobson, Shawna	Howard 48-3	Shawna.jacobson@k12.sd.us	
Kaaz, Tammra	Bowdle 22-1	tami.kaaz@k12.sd.us	
Kosters, Tim	Lead-Deadwood 40-1	timothy.kosters@k12.sd.us	
Lohsandt, Dr. Marie	Howard 48-3	marie.lohsandt@k12.sd.us	
Miller, Jackie	Highmore-Harrold School D	jackie.miller@k12.sd.us	
Paulson, Barbara	Custer 16-1	barb.paulson@k12.sd.us	

Title Programs – Directors Meeting – September 25, 2019 Pierre, SD

Name	Organization	Work E-mail Address	Signature
Pettit, Ann	Douglas 51-1	ann.pettit@k12.sd.us	
Reder, Angela	Belle Fourche 09-1	angela.reder@k12.sd.us	Angela Reder
Ringgenberg, Jessica	Frederick Area 06-2	Jessica.Ringgenberg@k12.sd.us	Jessica Ringgenberg
Schultz, Summer	Dell Rapids 49-3	summer.schultz@k12.sd.us	Summer Schultz
Shelbourn, Jane	Todd County 66-1	jane.shelbourn@k12.sd.us	Jane Shelbourn
Smith, Shannon	Watertown 14-4	shannon.smith@k12.sd.us	Shannon Smith
Storley, Shad	Wagner Area	shad.storley@k12.sd.us	Shad Storley
Stover, Brenda	Redfield 56-4	brenda.stover@k12.sd.us	Brenda Stover
Tschosik, Paula	Frederick Area 06-2	Paula.Tschosik@k12.sd.us	Paula Tschosik
Van Regenmorter, Abi	De Smet 38-2	abi.vanregenmorter@k12.sd.us	Abi Van Regenmorter
Wirth, Dawn	Vermillion 13-1	dawn.wirth@k12.sd.us	Dawn Wirth

Jordan Vance - SPDOE

Alan Hanson

Alan Hanson DOE
DOE

Kevin Johnson Frame DOE

Shannon Malone SPDOE

Shannon Malone SPDOE

Kevin, Shari
K12.sd.us

Stracy
Kevin

Kevin Smidt Belle Fourche

Betsy Chapman - DOE

Metzger Becker DOE

Shannon-John - DOE

Denifer Plumok - DNG

Shannon Malone

Meal/Beverage Request

Event Title: Title I Director's Workshop

Dates of Event: 25-Sep-19

Location of Event: Library Commons

Number of People Attending: 40

Person to Contact About Request: Julie Elrod

Purpose of Event:
annual director's workshop/training

Company	Subobject	Center	Fund Source	Sub Fund
2024	5203140-09	1232820	102	AS

Providing:

Beverages

Breakfast

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

Lunch

Dates Providing : 9.25.2019 Number of Meals 40
 Approximate Cost: 560.00 (Cannot exceed \$14 per person)

Dinner

Dates Providing : _____ Number of Meals _____
 Approximate Cost: _____ (Cannot exceed \$20 per person)

Shannon Malone
 Program Staff Signature

8/28/19
 Date

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

Julie Elrod
 Authorized Signature

9/3/19
 Date

8/28/19

Leadership Team -

The Title I Team will be hosting our annual Title I Director's Workshop on 9/25/19. In order to ensure we have the most captive audience we can and provide the amount of information necessary from each of the particular program offices, we would like to provide lunch so that the Director's can drive in the morning of and drive home at the completion of the workshop as to avoid being away from the school as little as possible. By having lunch catered in, this helps us to avoid the lunch hour traffic and provides an opportunity for Title I Directors to network with each other and with the DOE staff.

Thanks for your consideration!

Shannon

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: December 4, 2019 Agency: Dept of Environment & Natural Resources
Agency Address: Foss Building, 523 E. Capitol Avenue, Pierre, SD
Agency Phone Number: 605.773.5559
Employee Requesting Reimbursement: Hunter Roberts
Total Amount of Reimbursement: \$128.75
Date(s) of Expense: November 20, 2019
Event Leave Time: 11:45 a.m. Event Return Time: 1:00 p.m.
Explanation of official business performed: working lunch meeting between Game Fish & Parks, Department of Agriculture, and Department of Environment & Natural Resources.
Attendees: Kelly Hepler, Kevin Robling, Tony Leif, Chris Petersen, Tom Kirschenmann, Kim Vanneman, Kyle Holt, Danielle Hanson, Hunter Roberts, Jeanne Goodman.

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

December 4, 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.

Hunter Roberts
Name of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official


Signature of Department/Office Head

December 4, 2019
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

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

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

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

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

Application

Date: 11/20/19 Agency: SD GFP
Agency Address: 523 E Capitol Ave, Pierre, SD 57501
Agency Phone Number: 605-223-7666
Employee Requesting Reimbursement: Taniya Bethke
Total Amount of Reimbursement: \$ 68.91
Date(s) of Expense: 11/20/19
Event Leave Time: 11:30AM Event Return Time: 1:00pm
Explanation of official business performed: team meeting. working lunch involved ice breaker and foundational questions in preparation for personality testing and professional development.

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.

Taniya Bethke
Signature of Employee

11/21/19
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

12/6/19
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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



Education Team Gathering Agenda 11.20.2019-11.21.2019

Wednesday 11.20.2019

12:00 PM Meet at Perkins (Working Lunch)

- Icebreaker
- Team check-in
- Foundation questions for personality testing

1:00-5:00 PM Meet at Ft. Pierre Office in North Conference Room

- Introduce overall team characteristics found in 16 Personalities test
- Identify team strengths and weaknesses
- Overview of individual personality test characteristics
- 1-on-1 interviews with team mates
 - Complete 1-on-1 questionnaires for each 20-minute rotation
 - On the rotation where you sit out, overview your snapshot and fill out Team Time Questionnaire
- Review findings
- Team goal-setting.
- Education Plan pre-work

Thursday 11.21.2019

8:30 AM Meet at Ft. Pierre Office in the North Conference Room

- Identify areas where help is needed
- Identify action items that may need to be developed or included
- Education Plan Roadmaps to Success
- R3 Plan Brainstorming session

Local Staff participants:

- Taniya Bethke
- Maggie Lindsey
- Kelly Ford
- Heather Villa

Out of town Staff participant:

- Patrice Klotzbach

PERKINS RESTAURANT & BAKERY
 Store #2627
 217 East Hustan Avenue
 Ft. Pierre, SD 57532
 (605) 223-2470

781 DANIELLE

Tbl 67/1 Chk 2415 Gst 5
 Nov20'19 12:17PM

*** SEAT # 1 ***

1 PLTR- SSG BISC	10.49
1 SKIL- EVERY	9.99
IFN - BLUE \$\$	0.99
1 SKIL- HIB SHRM	12.29
1 *LUNCH TRIO	9.99
1 CH CRISP MELT	11.49
3 * SODA @ 2.09	6.27
1 JUICE LARGE	2.59
3 *WATER	0.00
TAX 4.81 AMT DUE	68.91

***** All *****

SUBTOTAL	64.10
TAX	4.81
01:04PM AMT DUE	68.91

 TAKE HOME SOME
 FRESH BAKERY
 TODAY!

Join MYPERKINS email club
 for exclusive offers and get

20 PERCENT OFF

Valid at participating
 locations
 Excludes online orders
 Not valid with other specials
 or discounts

Sign up today at
www.perkinsrestaurants.com
 or text PERKS to 41208



PERKINS RESTAURANT & BAKERY
 Store #2627
 217 East Hustan Avenue
 Ft. Pierre, SD 57532
 (605) 223-2470

Date: Nov20'19 01:09PM
 Card Type: MC/VISA
 Acct #: XXXXXX XXXXX7355
 Card Entry: SWIPED
 Trans Type: PURCHASE
 Trans Key: GFT010637940932
 Auth Code: 020881
 Check: 2415
 Table: 67/1
 Server: 781 DANIELLE

Subtotal: **68.91**

Tip _____

Total _____

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

GUEST COPY

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

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

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

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

Application

Date: 11-20-19 Agency: Department of Labor and Regulation
Agency Address: 123 West Missouri Ave., Pierre, SD 57501
Agency Phone Number: 605-773-3101
Employee Requesting Reimbursement: see attached
Total Amount of Reimbursement: \$ 175.58
Date(s) of Expense: 10-29-19
Event Leave Time: 8:00 AM Event Return Time: 4:00 PM
Explanation of official business performed: DLR Leadership Meeting

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

Signature of Employee

Date

Authorization

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

Marcia Hultman
Name of Department/Office Head

DLR Cabinet Secretary
Position/Title of Agency Official

M. Hultman
Signature of Department/Office Head

11.26.19
Date

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.

INVOICE



31 October 2019

Terms: Net 30

451.5

Drifters Bar and Grille

325 Hustan Ave

Fort Pierre, SD

605.220.5014

SD Labor and Regulation

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
43	Plated Lunch	10.50	451.50
	Food and Beverage Tax	7.50%	exempt
	Other Tax	6.50%	exempt

Final Balance \$451.50

MEETING DETAILS

OTHER INFORMATION

Event Date: 10/29/19

Event Time: 8:00AM-5:00PM

Event Room: Hull

Guest Count: 43

An interest fee of 1.5% per month (18% per annum) is assessed on past due accounts.

2019 DLR LEADERSHIP TEAM MEETING
Tuesday, October 29 from 8:00 a.m. – 4:00 p.m.
Drifter's Conference Center, Fort Pierre

8:00 – 9:00	WELCOME/OPENING REMARKS	Secretary Hultman
	INTRODUCTIONS	All
	<ul style="list-style-type: none">▪ Name▪ Position, Years of Service▪ "One thing most people don't know about you..."	
9:00 – 10:30	ORGANIZATIONAL CULTURE AND BUILDING STRONG TEAMS	Mike Henke
10:30 – 10:45	Break	
10:45 – 11:45	RECRUITMENT, ONBOARDING AND RETENTION STRATEGIES Moderator: Dawn Dovre Panel: Bret Afdahl, Larry Deiter, Dawn Williams	
11:45 – 12:30	Lunch (provided)	
12:30 – 1:00	TEAM BUILDING ACTIVITY	Kendra Ringstmeyer
1:00 – 1:30	NOEM ADMINISTRATION UPDATES	Josh Shields
1:30 – 2:15	BHR UPDATES	Deb Olson
2:15 – 2:30	Break	
2:30 – 4:00	RALLY YOUR COMMUNICATION MOJO	Brenda Clark Hamilton
4:00	Closing	Secretary Hultman

RECEIVED

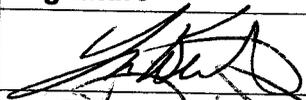
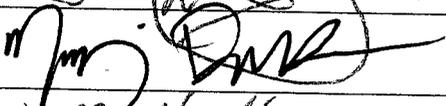
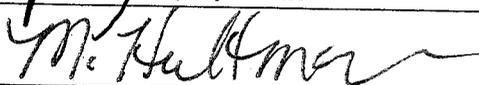
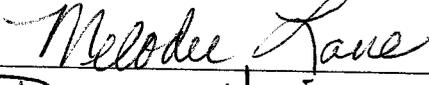
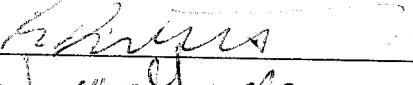
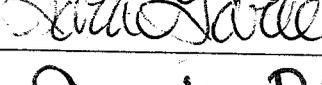
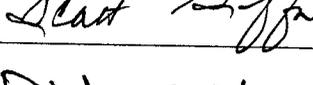
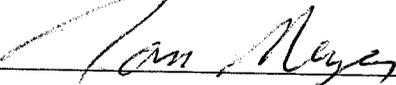
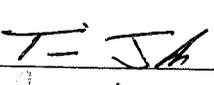
NOV 15 2019

LABOR & REGULATION
ADMIN SERVICES

2019 DLR LEADERSHIP RETREAT SIGN-IN SHEET

Meeting:	2019 DLR Leadership Retreat	Meeting Date:	October 28, 2019
		Place/Room:	Drifters, Pierre

Name	Home Station	Signature
Amber Mulder	Sioux Falls	<i>Amber Mulder</i>
Andrew Szilvasi	Pierre	<i>Andrew Szilvasi</i> -
Bill McEntaffer	Pierre	<i>Bill McEntaffer</i> -
Bret Afdahl	Pierre	<i>Bret Afdahl</i> -
Dan Nelson	Pierre	Did not attend *
Daniel Hart	Vermillion	<i>D. Hart</i>
Dawn Dovre	Pierre	<i>Dawn Dovre</i> 101 -
Dawn Williams	Aberdeen	<i>Dawn Williams</i>
Devon Bartscher	Mitchell	<i>Devon Bartscher</i>
Emily Ward	Pierre	<i>Emily Ward</i> 101 -
Frank Marnell	Pierre	<i>Frank Marnell</i> -
Graham Oey	Sioux Falls	<i>Graham Oey</i>
Jason Himrich	Rapid City	<i>Jason Himrich</i>
Jill Kruger	Pierre	<i>Jill Kruger</i> -
Johanna Nickelson	Pierre	did not attend lunch (went home sick) *
Jonathan Englund	Spearfish	<i>Jonathan Englund</i>
Kara Palmer	Rapid City	<i>Kara Palmer</i>
Kendra Ringstmeyer	Pierre	<i>Kendra Ringstmeyer</i> -
Lacey Johnson	Yankton	<i>Lacey Johnson</i>

Name	Home Station	Signature
Larry Deiter	Pierre	
Lisa Johnson	Watertown	
Mackenzie Decker	Pierre	
Marcia Hultman	Pierre	 101 -
Mark Anderson	Pierre	Did not attend (sick) *
Mary Grode	Aberdeen	
Matthew Pearson	Aberdeen	
Maureen Klaudt	Sioux Falls	
Melodee Lane	Aberdeen	
Pauline Heier	Aberdeen	
Robin Wallum	Huron	
Russ Stewart	Aberdeen	
Sara Garbe	Sioux Falls	
Sarah Petrik	Pierre	
Scott Geffre	Aberdeen	
Scott Kelly	Pierre	Did not attend *
Scott Kwasniewski	Brookings	
Susan Johnson	Pierre	
Tom Meyer	Aberdeen	
Travis Jordan	Pierre	

Brenda

Iowa

Brenda Jean Hamel

19

6

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

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

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

Application

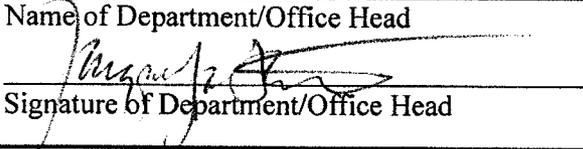
Date: 12/09/19 Agency: SDRS
Agency Address: 222 E. Capitol Ave, Pierre, SD 57501
Agency Phone Number: 605-773-3731
Employee Requesting Reimbursement: _____
Total Amount of Reimbursement: \$330.75
Date(s) of Expense: 12/5/19
Event Leave Time: 8:30 a.m. Event Return Time: 4:00 p.m.
Explanation of official business performed: SDRS Retirement Board Meeting
Required all board members, consultants, and staff to not leave during lunch.

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

Signature of Employee Date

Authorization

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

Jacque Storm Deputy Director
Name of Department/Office Head Position/Title of Agency Official
 12/9/2019
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.

INVOICE



06 December 2019

330.75

PAYMENT DUE UPON RECEIPT

Drifters Bar and Grille

325 Hustan Ave
Fort Pierre, SD
605.220.5014

SD Retirement

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
27	Lunch	12.25	330.75
	Food and Beverage Tax	7.50%	exempt
	Other Tax	6.50%	exempt
Final Balance			\$330.75

MENU DETAILS

OTHER INFORMATION

Event Date: 12/5/19

Event Time: 8:00AM

Event Room: Hull and Port

Guest Count: 25-30

Lunch was provided at the SDRS Board meeting on December 5th for the following people:

Travis Almond
Jacque Storm
Doug Fiddler
Paul Schrader
Larry Langer
Jane Beer
Brittnie Adamson
Michelle Humann
Dawn Smith
Cheri Wittler
Karl Alberts
James Appl
Penny Brunken
Liza Clark
Kathy Greeneway
Laurie Gustafson
Jim Hansen
James Johns
Myron Johnson
Kevin Merrill
KJ Peterson
Justice Mark Salter
Darin Seeley
Eric Stroeder
Glen Vilhauer
Matt Clark
Tammy Otten

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

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

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

Application

Date: 11/14/19 Agency: Secretary of State
Agency Address: 500 E. Capitol Ave., Pierre, SD 57501
Agency Phone Number: 605-773-3537
Employee Requesting Reimbursement: Please see attached sign-in sheet
Total Amount of Reimbursement: \$157.91
Date(s) of Expense: 11/6/19 and 11/7/19
Event Leave Time: 8:00am (11/6/19) Event Return Time: 5:00pm (11/7/19)
Explanation of official business performed: The Secretary of State's office hosted an election training for all county auditors and chief office personnel. This training is hosted every two years in preparation of the upcoming primary and general elections. Secretary of State election staff were required to staff the event in its' entirety, including the two lunches being requested here.

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.

Steve Barnett
Signature of Employee

11-14-19
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 Barnett
Name of Department/Office Head

Sec. of State
Position/Title of Agency Official

Steve Barnett
Signature of Department/Office Head

11-14-19
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.

Auditor	Susan	Urban	1	✓
Auditor	Jill	Hanson	1	✓
Auditor	Angie	Hicks	1	✓
Auditor	Tamara	Brunken	1	✓
Deputy Auditor	Carla	Kopp	1	✓
Deputy Finance Officer	Kristen	Witchey	1	✓
Finance Assistant II	Jenna	Byrd	1	✓
Auditor	Cathy	McNickle	1	✓
Deputy Auditor	Jeanette	McClain	1	✓
Auditor	Pamela	Petrak	1	✓
Auditor	Yvette	Isburg	1	✓
Auditor	Elaine	Jensen	1	✓
Office Manager	Lindsey	Graslie	1	✓
Election Administration	Becky	Anderson	1	✓
Auditor	Lisa	Perman	1	✓
Deputy Auditor	Lona	Mickelson	1	✓
Auditor	Danielle	Rolston	1	✓
Deputy Auditor	Brittany	Leasure	1	✓
Auditor	Christine	Tarbox	1	✓

Deputy Auditor	Carol	Warkenthien	1	✓
Auditor	Carri	Crum	1	✓
Deputy Auditor	Nicole	Klunder	1	✓
Deputy Auditor	Jessica	Beringer	1	✓
Auditor	Cindy	Brugman	1	✓
Elections Deputy	Alissa	Harte	1	✓
Auditor	Tammy	Bertolotto	1	✓
Deputy Auditor	Nellie	Edinger	1	✓
Deputy Auditor	Debra	Holt	0	X
Deputy Auditor	Bobbie	Johnson	0	Carve ✓
Auditor	Terri	Cornelison	1	✓
Auditor	Susan	Kiepke	1	✓
Deputy Auditor	Tonya	Meaney	1	✓
Auditor	Bonnie	Fosheim	1	X
Deputy Auditor	Janet	Marx	1	✓
Auditor	Mary	Korth	1	✓
Deputy Auditor	Brittaneae	Collins	1	✓
Auditor	Kyrie	Lemburg	1	✓
Auditor	Phyllis	Barker	1	✓
Deputy Auditor	Crystal	Bruinsma	1	✓
Auditor	Keith	Schurr	1	✓

	Election							
	Administrative							
	Assistant	Bobbie	Janis	1	✓			
	Deputy Auditor	Stacy	Schmidt	1	✓			
	Deputy Auditor	Jill	Schulte	1	✓			
	Auditor	Karen	Layher	1	✓			
	Deputy Auditor	Kathy	Folk	1	✓			
	Deputy Auditor	Stephanie	Pauli	1	✓			
	Auditor	Julie	Bartling	1	✓			
	Auditor	Carla	Smith	1	✓			
	Deputy Auditor	Amanda	Frink	1	✓			
	Auditor	Dixie	Opdahl	1	✓			
	Auditor	Doug	DeBoer	1	✓			
	Auditor	Lesa	Trabing	1	✓			
	Auditor	Kathy	Glines	0	X			
	Finance Officer	Jane	Naylor	1	✓			
	Deputy Auditor	Jennifer	Deyo	1	✓			
	Deputy Auditor	Kylie	Stoddard	1	✓			
	Deputy Auditor	Michelle	Herrboldt	1	✓			
	Auditor Clerk	Leandra	Mogck	1	✓			
	Auditor	Marilyn	Ring	1	✓			
	Auditor	Vicki	Wilson	1	✓			
	Assistant Auditor	Samantha	DeKay	1	✓			
	Deputy Auditor	Teresa	Fonder	1	✓			

Auditor	Janice	Whitney	1	✓
Deputy Auditor	Kerri	Venard	1	✓
Auditor	Jennifer	Barnard	1	✓
Deputy Auditor	Echo	Steffensen	1	✓
Auditor	Robertta "Bobbi"	Janke	1	✓
Deputy Auditor	Paula	Barrick	1	✓
Deputy Auditor II	Erin	Tisdall	1	✓
Auditor	Brenda	McGruder	1	✓
Deputy Auditor	Robin	Lucero	1	✓
Deputy Auditor	Krystal	Stulken	1	✓
Deputy Auditor	Kimberly	Atkins	1	✓
Auditor	Marlene	Sweeter	1	✓
Election Specialist	Kayla	Roemen	1	✓
Deputy Auditor	Sheri	Lund	1	✓
Auditor	Deb	Halverson	1	✓
Deputy Auditor	Kalli	Houchin	1	✓
Auditor	Megan	Biel	1	✓
Deputy Auditor	Shelby	Thompson	1	✓
Deputy Auditor	Savannah	Person	1	✓
Auditor	Geralyn	Sherman	1	✓
Deputy Auditor	Michele	Eichacker	1	X
Deputy Auditor	Laura	Schultz	1	✓
Auditor	Lindley	Howard	1	✓
Deputy Auditor	Trisha	Erdmann	1	✓
Auditor	Lisa	Schieffer	1	✓
Auditor	Jenny	Galbraith	1	✓

Deputy Auditor	Noella	Red Hawk	0	X
Auditor	Susan	Connor	1	✓
Auditor	Bob	Litz	1	✓
Deputy Auditor	Anna	Schreurs	1	✓
Auditor	Kristina	Krull	1	✓
Deputy Auditor	Debra	Patterson	0	X
Auditor	Cindy	Mohler	1	✓
Election Supervisor	Lori	Severson	1	✓
Deputy Auditor	Mary	Israel	1	✓
Finance Officer	Sylvia	Chapman	1	✓
Auditor	Shawna	Shaw	1	✓
Deputy Auditor	Nichole	Archer	1	✓
Auditor	Dawn	Sattler	1	✓
Deputy Auditor	Kristi	Fritz	1	✓
Auditor	Diane	Larson	1	✓
Deputy Auditor	Barb	Regynski	1	✓
Auditor	Theresa	Hodges	1	✓
Deputy Auditor	Tammy	Suchor	1	✓
Auditor	Phil	Burtch	1	✓
Auditor	Susan	Lamb	1	✓
Deputy Auditor	Kelli	Stephens	1	✓
Auditor	Barb	DeSersa	1	✓
Deputy Auditor	Terri	Fisher	1	✓
Deputy Auditor	Heather	Schroeder	1	✓
Auditor	Sheila	Hageman	1	✓

Auditor	Jackie	Sieverding	1	✓
Deputy Auditor	Brenda	Pierce	1	✓
Deputy Auditor	Tracy	Breske	1	✓
Auditor	Rebecca	Krein	1	✓
Deputy Auditor	Marcie	Keller	1	✓
Auditor	Patty	Hojem	1	✓
Auditor	Cindy	Longbrake	1	✓
Deputy Auditor	Stacey	Lemke	1	✓

Total Walworth Deputy Auditor Eva Cagones

SOS Staff * only Wed. lunch

Steve Barnett	✓	Rachel Soulek	✓
Kea Warne	✓	Rory Mennenger	✓
Christine Lehrkamp	✓	Bailey Tibbs	✓
Jason Lutz	✓		

* only wed. lunch

7 lunches from SOS office

Ate both days

	0
	110

Breakfast

Doug Sunde, SeaChange	both days	✓
Shelly Angen, SeaChange	both days	✓
Nate Clark, ES&S	both days	✓
Mike Hoversteen, ES&S	both days	✓
Tom Eichacker, ES&S	both days	✓
Tim Neyhart, SD Advocacy Services	not attending	X
CJ Moit, SD Advocacy Services	Wednesday only	✓

Dave Sonheim, DHS late both days

Matthew Speer, DHS	Wednesday only	Scott L. Davis, Protective Security Advisor-SD, Cybersecurity & Infrastructure Security Agency
Brandon Campea, BPro	Thursday only	Shelly Pfaff, SD Coalition of Citizens with Disabilities

116 attendees from the counties

	132
	129

SD only ✓



**RAMKOTA
HOTEL**

& CONFERENCE CENTER
920 W Sioux Ave
Pierre, SD 57501

Telephone: (605) 224-6877

Secretary of State
500 E Capitol
Pierre, SD 57501
United States

Folio No. 1005BS
Account No. C-CITY

11/06/19	Banquet Tax Ex Room Rent	169.49	0.00
11/06/19	Banquet Tax Exempt Food	1,445.86	0.00
11/06/19	Banquet Breaks Tax Exemp	118.26	0.00
11/06/19	Banquet TaxEx Equip Rent	135.59	0.00
11/06/19	Service Charge Tax Exemp	336.46	0.00
11/07/19	Banquet Tax Ex Room Rent	169.49	0.00
11/07/19	Banquet Tax Exempt Food	1,994.19	0.00
11/07/19	Banquet TaxEx Equip Rent	135.59	0.00
11/07/19	Service Charge Tax Exemp	413.87	0.00

Totals for Sub-Folio: 1 **4,918.80** 0.00

Totals for Account #: 1005BS **4,918.80** 0.00

Account Balance Due **4,918.80**

Aged Balances for Account #: 1005BS

Current Period	Period Ending 14-Oct-19	Period Ending 14-Sep-19	Period Ending 15-Aug-19	Period Ending 16-Jul-19
4,918.80	0.00	0.00	0.00	0.00

Signature: _____

Banquet Check

Pierre Ramkota Hotel & Conference Center

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

Date of Functions	11/6/2019	Room	Lobby, Convention
Organization	Secretary of State - County Auditor Election	Time	07:00 AM - 06:00 PM
Contact Person	Rachel Soulek	Function Type	Meeting
Address	500 E Capitol Ave, Ste 204 Pierre, SD 57501	Salesperson	Chad Botts
		Set For	136 Guarantee 132
		Post As	Secretary of State - County Auditor Elec
Telephone	605-773-5003	Fax	605-773-6580
		Today's Date	11/6/2019 BEO # 731337

Summary of Charges

Quantity	Menu	Unit	Total
Actual			
1	B & C Rental (Valued at \$350.00) **Lowered Per Contract**	\$200.00	\$200.00
	A Rental **Waived with Meals**	\$300.00	
1	Lav Mic (GALLERY BC)	\$40.00	\$40.00
2	Portable Screen - 6 ft x 8 ft (GALLERY BC)	\$20.00	\$40.00
1	Projector (GALLERY BC)	\$40.00	\$40.00
	WAIVED 1 PROJECTOR DUE TO LOW QUALITY OF IMAGE		
1	Splitter Box and Cords to connect Projectors (GALLERY BC)	\$40.00	\$40.00
	Handheld Wireless Microphone (Valued at \$50.00) **Waived** (GALLERY BC)	\$25.00	\$.00
5	Fresh Brewed Coffee & Water (per gallon) **5 gallons of coffee & 1 water container** (LOBBY) **REFILL BEVERAGES AS NEEDED**	\$27.91	\$139.55
	Water Containers (GALLERY BC)	\$.00	\$.00
	REFILL WATER (GALLERY BC & LOBBY)	\$.00	\$.00
*132	Taco Bar LUNCH BUFFET - 1 LINE (GALLERY A) Seasoned Ground Beef with soft and hard shells Toppings sour cream, diced tomatoes, shredded cheese, shredded lettuce, black olives,	\$11.16	\$1,473.12

Wednesday
Lunch

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

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

Banquet Check

Pierre Ramkota Hotel & Conference Center

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

Date of Functions	11/6/2019	Room	Lobby, Convention
Organization	Secretary of State - County Auditor Election	Time	07:00 AM - 06:00 PM
Contact Person	Rachel Soulek	Function Type	Meeting
Address	500 E Capitol Ave, Ste 204 Pierre, SD 57501	Salesperson	Chad Botts
		Set For	136 Guarantee 132
		Post As	Secretary of State - County Auditor Elec
Telephone	605-773-5003	Fax	605-773-6580
		Today's Date	11/6/2019 BEO # 731337

Summary of Charges

Quantity	Menu	Unit	Total
	taco sauce, Tortilla Chips & Salsa, coffee, water		
	1 GLUTEN FREE MEAL		
<i>Wednesday</i> *50	Brownies **CUT IN HALF**	\$2.33	\$116.50
<i>Lunch</i> *50	Rice Krispy Treats **CUT IN HALF**	\$2.33	\$116.50
	REFILL WATER (GALLERY BC & LOBBY)	\$0.00	\$0.00

Sub-Total	\$2,205.67
Service Charge	\$0.00
Tax	\$0.00
Total	\$2,205.67

Deposits Received

Grand Total	\$2,205.67
--------------------	-------------------

$132 @ \$12.93 = \$1,706.12$

Details

Service Charge	Service Charge 2			
\$0.00	\$0.00			
Tax 1	Tax 2	Tax 3	Tax 4	Flat Tax
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Total Charges & Payment Instructions

Credit Card # _____ Expiration xx/xx Cardholder . _____

Accounting _____ Check #: _____ BEO Id 731337

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

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

Banquet Check

Pierre Ramkota Hotel & Conference Center

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

Date of Functions	11/7/2019	Room	Lobby, Convention
Organization	Secretary of State - County Auditor Election	Time	07:30 AM - 05:00 PM
Contact Person	Rachel Soulek	Function Type	Meeting
Address	500 E Capitol Ave, Ste 204 Pierre, SD 57501	Salesperson	Chad Botts
		Set For	136 Guarantee 129
		Post As	Secretary of State - County Auditor Elec
Telephone	605-773-5003	Fax	605-773-6580
		Today's Date	11/7/2019 BEO # 731338

Summary of Charges

Quantity	Menu	Unit	Total
Actual			
1	B & C Rental (valued at \$350.00) **Lowered**	\$200.00	\$200.00
	A Rental **Waived with Meals**	\$300.00	
1	Lav Mic (GALLERY BC)	\$40.00	\$40.00
2	Portable Screen - 6 ft x 8 ft (GALLERY BC)	\$20.00	\$40.00
1	Projector (GALLERY BC)	\$40.00	\$40.00
	WAIVED 1 PROJECTOR DUE TO LOW QUALITY OF IMAGE		
1	Splitter Box and Cords to connect Projectors (GALLERY BC)	\$40.00	\$40.00
	Handheld Wireless Microphone (Valued at \$50.00) **Waived** (GALLERY BC)	\$25.00	\$0.00
110	Doughnut Shop Assorted Glazed, Raised and Cake Doughnuts, **5 gallons of coffee & 1 water container** (LOBBY) **REFILL BEVERAGES AS NEEDED**	\$5.58	\$613.80
	Water Containers (GALLERY BC)	\$0.00	\$0.00
	REFILL WATER (GALLERY BC & LOBBY)	\$0.00	\$0.00
129	Pasta Buffet LUNCH BUFFET - 1 LINE (GALLERY A) Penne Pasta, Cheese Tortellini, Alfredo Sauce, Red Meat Sauce, Italian Garden Salad, Breadsticks	\$11.16	\$1,439.64

Thursday
Breakfast
123 @ \$4.99 =
\$ 613.80

Thursday
Lunch

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

Client Signature _____	Title _____	Date _____
-------------------------------	--------------------	-------------------

Banquet Check

Pierre Ramkota Hotel & Conference Center

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

Date of Functions	11/7/2019	Room	Lobby, Convention
Organization	Secretary of State - County Auditor Election	Time	07:30 AM - 05:00 PM
Contact Person	Rachel Soulek	Function Type	Meeting
Address	500 E Capitol Ave, Ste 204 Pierre, SD 57501	Salesperson	Chad Botts
		Set For	136 Guarantee 129
		Post As	Secretary of State - County Auditor Elec
Telephone	605-773-5003	Today's Date	11/7/2019 BEO # 731338
Fax	605-773-6580		

Summary of Charges

Quantity	Menu	Unit	Total
	Actual		
	coffee & water on the tables		
	1 GLUTEN FREE MEAL		
Thursday * 120	Popcorn	\$.93	\$111.60
Lunch * 90	Cookies	\$2.09	\$188.10
	Sub-Total		\$2,713.14
	Service Charge		\$.00
	Tax		\$.00
	Total		\$2,713.14
	Deposits Received		
	Grand Total		\$2,713.14

Thursday * 120 Popcorn
Lunch * 90 Cookies

129 @ \$13.48 = \$1739.34

Details

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

Total Charges & Payment Instructions

Credit Card # _____ Expiration xx/xx Cardholder . _____

Accounting _____ Check #: _____ BEO Id 731338

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

Client Signature _____ Title _____ Date _____



DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291
PHONE: 605-773-3495
FAX: 605-773-5246
WEBSITE: dss.sd.gov

December 9, 2019

South Dakota State Board of Finance

SUBJECT: LODGING REIMBURSEMENT EXCEPTION REQUEST

Dear Members of the Board,

A member of my staff Sara Spisak was required to travel to Pierre from Sioux Falls for the Division of Medical Services biannual staff meeting on Tuesday, October 29, 2019 beginning at 8 AM CT. She made a reservation at the Ramkota for the state rate for the night of Monday, October 28, 2019. Upon arrival at the Ramkota on the night of October 28, 2019, staff informed Sara that they were out of state rate rooms and that her room would be billed at the federal government rate instead. Staff at the Ramkota assisted by trying to locate other state rate rooms in Pierre, but no other state rate rooms were available for the night of October 28, 2019. Due to the time of her arrival, Sara was unable to obtain prior approval for the federal government rate.

Receipts for the expenses in question are attached. Please let us know if you have questions or require anything further.

Sincerely,

A handwritten signature in black ink that reads 'William C. Snyder'. The signature is written in a cursive style with a large, sweeping 'S' at the end.

William Snyder
Director, Division of Medical Services
Department of Social Services



**RAMKOTA
HOTEL**

& CONFERENCE CENTER

920 W Sioux Ave

Pierre, SD 57501

Telephone: (605) 224-6877

Sara Spisak
SD 57106
United States

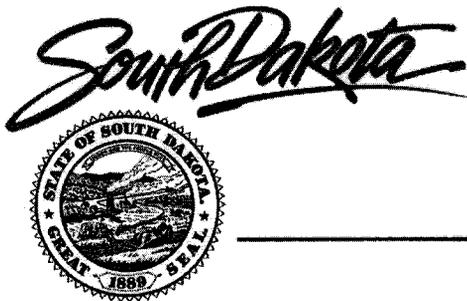
Folio No. 1024FL
Room No. 1102
Arrival 28-Oct-2019
Depart 29-Oct-2019
Rate/Package FED
No In Party 1

Date	Description	Charges	Payments
10/28/19	Room Revenue	93.00	0.00
10/28/19	Sales Tax	6.04	0.00
10/28/19	Tourism Tax	1.39	0.00
10/28/19	Lodging Tax	0.93	0.00
10/28/19	Local Bid	2.00	0.00
10/29/19	Visa Payment	0.00	103.36
Totals for Sub-Folio: 1		103.36	103.36
Totals for Reservation #: 1024FL		103.36	103.36
Reservation Paid in full - Thank You			0.00

Total Tax: 8.36

Signature: _____

RECEIVED
NOV 06 2019
DIV MEDICAL SERVICES



BOARD OF REGENTS

306 EAST CAPITOL AVENUE, SUITE 200
PIERRE, SOUTH DAKOTA 57501-2545
(605) 773-3455/FAX (605) 773-5320
www.sdbor.edu

OFFICE OF THE EXECUTIVE DIRECTOR

December 9, 2019

State Board of Finance
Capitol Building
500 East Capitol Avenue, Suite 204
Pierre, SD 57501-5070

Members of the Board of Finance,

I am writing to ask for an exception to the hotel per diem rate for Erica Boomsma, the 2019 South Dakota Teacher of the Year. As part of the award for the Teacher of the Year, the Board of Regents provides a stipend, and in exchange, the Teach of the Year visits the five schools of education within the Board of Regents System and gives presentations to students. In addition, as part of her contract with the Board of Regents for this stipend, the Board also pays for travel expenses.

When making her visit to USD on November 17-18, 2019, Ms. Boomsma stayed at a hotel in Vermillion for one night. She asked for, and was told she was given the state rate at the Best Western Vermillion Inn, which is listed on the Bureau of Administration's website as a hotel accepting the state rate. Not being a state employee, Ms. Boomsma did not realize at the time that she was actually charged a higher rate of \$95/night + tax, as opposed to the state rate of \$70/night + tax. It was only when she submitted her receipt for reimbursement that our office realized the error.

Due to fact that Ms. Boomsa is only travelling due to an award she has received, and is doing a great service to our institutions by making these presentations, we do not want to burden her with the extra expense. The Board of Regents would ask that the State Board of Finance grant the exception to the hotel per diem rate and allow the state to reimburse the difference in cost.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul B. Beran".

Paul B. Beran
Executive Director & CEO
South Dakota Board of Regents

Best Western Vermillion Inn

(605) 624-8333

Best Western - Vermillion Inn
701 W. Cherry Street
Vermillion, SD 57069

bestwestern.vermillioninn@gmail.com

C/O 11/18/2019 04:15 AM SG

Room # 114-A

Conf # 62271

Arrival 11/17/19

Departure 11/18/19

Registered To:

Boomsma, Erica
x
HURON, SD 57350

Room Type NQQ-2 QUEEN NO SMOKING

Guests 2 / 0

(605) 354-3153

Payment Visa/Master

Acct XXXX-XXXX-XXXX-9816

Posting Date	Oper	AcctCode	Description	From	Reference	Amount
11/17/19	SG	RC	ROOM CHRG REVENUE			\$95.00
11/17/19	SG	9	CITY TAX			\$1.90
11/17/19	SG	91	STATE TAX			\$4.28
11/17/19	SG	92	OCCUPANCY TAX			\$0.95
11/17/19	SG	93	TOURISM TAX			\$1.43
11/17/19	SG	95	BID TAX			\$2.00
11/18/19	SG	VS	PAYMENT VISA/MC		9816 - 844657	(\$105.56)

Balance Due	\$0.00
--------------------	---------------

IF A DEBIT CARD WAS PROCESSED UPON CHECKIN, ANY UNUSED FUNDS WILL BE RELEASED 5-10 DAYS AFTER DEPARTURE. THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

*Each Best Western® branded hotel is independently owned and operated.

Signature



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

October 21, 2019

Secretary of State
SD Board of Finance
500 East Capitol Avenue
Pierre, SD57501

Board of Finance:

Loren Noess, State Fair Commissioner, attended the State Fair August 28th – September 2nd, 2019

Loren rented a camper and stayed on the fairgrounds at a rate of \$117.99 per night.

We are asking for approval to reimburse Loren for the additional \$42.99 per night for a total of \$214.95.

Thank you for your consideration of this matter.

A handwritten signature in black ink, appearing to read "Kim Vanneman", with a long horizontal flourish extending to the right.

Kim Vanneman
Secretary of Agriculture

Cc: Ashley Waibel

Encl.

State of South Dakota
Travel Payment Detail

(Not Valid Unless Accompanied By Approved Voucher)

Name: Loren Poese

Invoice ID	Date	Employee ID Number	Return Date	Advance	Expense	License No.	Home Station
	8/28/19	137802	9/2/19			WJK 83	Sioux Falls
Date Mo./Day	Description of Travel Destination, Miles, Misc. Expense Etc.	Time		Auto Miles	Trans. Cost	Meals	Miscellaneous Lodging Expense
8/28/19	Travel from Sioux Falls To Huron and Back To Sioux Falls To Attend	12 noon		124	52.08	20-	117.99
8/29/19	the SD State Fair					40-	117.99
8/30/19						40-	117.99
8/31/19						40-	117.99
9/1/19						40-	117.99
9/2/19				124	52.08	20-	

SUBTOTALS				248	104.16	200-	589.95	
							GRAND TOTAL	894.11
							APPLY TO ADVANCE	
							AMOUNT	
							REIMBURSABLE	894.11

Purpose of Travel: To Attend the SD State Fair

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.

Loren Poese
Claimant

Date

Peggy Beck
Authorization

Authorization

10-3-19
Date

Date

Trailer / Pop-Up Rental Agreement

Renter LOREN NOESS		Phone Number		Cell	
Address 512 E SHADOW CREEK LN		City SIOUX FALLS		State SD Zip 57108	
Driver's License No.		State		Exp. Date	
Employer		Address		Phone Number	
Renter's Insurance Carrier		Agent		Phone Number	
Additional Drivers:		Name		Age	
RV Type WHITE HAWK 266RK		State		Vehicle Number #0275	
Time Out 12:00 AM		Date 08/28/2019		Date	
Time Due In 11:59 PM		Date 09/03/2019		Deposits Received	
Time Actual In 9:55 AM		Date		Reservation Deposit	
Mileage Out		Mileage In 0		Damage Deposit (cash or check only)	
Total Time		Total Mileage 0		\$	
		At Time of Check Out		At Time of Check In	
Gas Tank Charge		GAL. @ \$		Hours @	
LP Tank Charge		GAL. @ \$		Days @	
Holding Tank Charge		Weeks @		Actual Hours @	
Cleaning Charge		Est. Miles @		Actual Days @	
Gas Included <input type="checkbox"/> YES <input type="checkbox"/> NO		Mileage Determined By:		Actual Weeks @ \$895.00	
Maximum Occupants		Manufactures Installed Odometer		Actual Miles @	
Generator Charge		Per Hour In Total		Package Rental	
The attached Terms and Conditions are part of this Agreement.		Tax %		Package Rental	
Overtime \$		<input type="checkbox"/> Daily Whichever		Sub-Total	
Posted Rate \$		<input type="checkbox"/> Hourly is Greater		Sub-Total	
NO SMOKING		Renter Accepts Responsibility for		Tax %	
NO PETS		\$0.00 Deductible per Occurrence		Tax %	
		for Physical Damage to the Vehicle		\$ 87.60	
TAKEN		RETURNED		Gas Charge	
TAKEN		RETURNED		LP Charge	
() RD Reflectors		() Hitch		Tank Charge	
() Flares		() Hose, Water		Cleaning Charge	
() Fire Extinguisher		() Hose, Sewer		Generator Charge	
() Spare Tire		() Brake Connection		\$	
() Electric Cord		() Resistor		Deposit Due	
() Gas Bottle & Reg.		() Mirrors		\$ 350.00	
() Keys		() Ball		Total Tour Charge	
() Jacks		() El Plug		\$	
() Safety Chains		() License Plate		Less Deposit	
() H-Springs		() I have carefully examined the wheel		\$	
()		() and hitch and find them to be		Total Advance	
()		() satisfactory to me.		Charges	
()		() RENTERS INITIALS:		\$	
This Vehicle may be equipped with an outside fuel station. If so, you are prohibited from placing in the fuel station any fuel that is octane-rated higher than 87. If any substance other than 87 octane fuel is placed in the fuel station, you will pay us the full cost of removing and lawfully dumping that substance plus the cost of cleaning the fuel station.		You have notified Your insurance agent of Your intention to haul the trailer Vehicle. You have been advised by Your agent that Your liability and property damage insurance covers risk of loss to the trailer Vehicle and Your risk of liability for injury or damage to others or their property, and Your insurance policy has been endorsed accordingly.		Due at Check In	
The outside fuel station is full at time of rental. If you fail to return the Vehicle with a full fuel station, you will pay us a refueling fee of \$25, plus the cost of fuel you used but did not replace.		Your deposits may be credited against the rental charges due us.		\$ 1332.60	
By signing below you acknowledge that you have been given an opportunity to read the Term and Conditions of this Agreement before being asked to sign. Your signature authorizes us to process a credit card voucher for all charges due us under this agreement, including later payment of any traffic, toll or parking violations assessed against the Vehicle.				Exterior Damage	
X		X		Interior Damage	
Renter		Renter		\$	

Traver, Linda

From: Schrempp, Jennifer
Sent: Thursday, September 26, 2019 5:49 PM
To: Traver, Linda
Subject: RE: camping

\$117.99.

From: Traver, Linda <Linda.Traver@state.sd.us>
Sent: Thursday, September 26, 2019 8:59 AM
To: Schrempp, Jennifer <Jennifer.Schrempp@state.sd.us>
Subject: camping

Jennifer

My mind is slipping. I have a commissioner that rented a camper during the fair. Remind me again of the amount that we pay a day for camper rental.

Thanks



Linda Traver
Program Assistant
South Dakota Department of Agriculture
South Dakota State Fair Division
1060 3rd ST SW
Huron, SD 57350
Direct: 605.353.7340
Fax: 605.353.7348
www.sdstatefair.com



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

October 21, 2019

Secretary of State
SD Board of Finance
500 East Capitol Avenue
Pierre, SD57501

Board of Finance:

Gary Sharp, State Fair Commissioner, attended the State Fair August 27th – September 2nd, 2019

The Best Western of Huron hotel charged a rate of \$125 per night plus tax and is not willing to honor the State Rate of \$75.00.

We are asking for approval to reimburse Gary Sharp for the additional \$50 per night plus tax for a total of \$327.

Thank you for your consideration of this matter.

Kim Vanneman
Secretary of Agriculture

Cc: Ashley Waibel

Encl.

Hotel Total Breakout:

125.00 per night

11.25 sales tax (9%)

2.00 occupancy tax

\$138.25 Per night times 6 nights = \$829.50

Hotel Excess Requested to be approved:

50.00 per night

4.50 sales tax (9%)

\$54.50 per night times 6 nights = \$327.00

State of South Dakota
 Travel Payment Detail
 (Not Valid Unless Accompanied By Approved Voucher)

Name: Gary Sharp

Invoice ID	Date	Employee ID Number	Return Date	Advance	Expense	License No.	Home Station	
	8/27/19	158085	9/2/19			3D1522	Bath	
Date Mo./Day	Description of Travel Destination, Miles, Misc. Expense Etc.	Time		Auto Miles	Trans. Cost	Meals	Miscellaneous	
		Leave	Return				Lodging	Expense
8/27/19	Travel -from Bath To Huron and back To	5:30pm		45	39.90		138.25	
8/28/19	Bath To Attend the SD State Fair					40 -	138.25	
8/29/19						40 -	138.25	
8/30/19						40 -	138.25	
8/31/19						40 -	138.25	
9/1/19						40 -	138.25	
9/2/19			5:00pm	45	39.90	20 -		
SUBTOTALS				190	79.80	220 -	829.50	

Purpose of Travel To Attend the SD State Fair

GRAND TOTAL	1129.30
APPLY TO ADVANCE	
AMOUNT REIMBURSABLE	1129.30

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.

Gary Sharp
 Claimant

8-30-19
 Date

Peggy Beck
 Authorization

10-3-19
 Date

Authorization

Date

Best Western of Huron
2000 Dakota Ave. S
Huron, SD 57350
605-352-2000

Folio#: 91007
Sharp, Gary
39353 133 St
Bath, SD 57427
Company:

Room: 212
Arrival: 8/27/2019
Departure: 9/2/2019

Trans #	Date	Posting Description	Charges	Payments	Balance
433080	8/27/2019	Rm: 212 User Override	\$138.25	\$0.00	\$138.25
433403	8/28/2019	Rm: 212 User Override	\$138.25	\$0.00	\$276.50
433517	8/29/2019	Rm: 212 User Override	\$138.25	\$0.00	\$414.75
433672	8/30/2019	Rm: 212 User Override	\$138.25	\$0.00	\$553.00
433822	8/31/2019	Rm: 212 User Override	\$138.25	\$0.00	\$691.25
433970	9/1/2019	Rm: 212 User Override	\$138.25	\$0.00	\$829.50
434299	9/2/2019	American Express	\$0.00	\$829.50	\$0.00
				Balance:	\$0.00

Membership Tier: Gcci
Membership#: 6006637474630845
Method of Pay: Credit Card

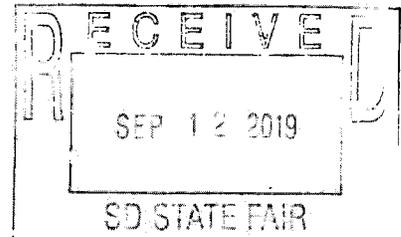
Signature:

[Empty signature box]

Folio Summary

Previous Balance:	\$0.00
Room Charges:	\$750.00
Other Charges/Credits:	\$0.00
Phone Charges:	\$0.00
Tax:	\$79.50
Less Payments:	\$829.50
Total Amount Due:	\$0.00

Each Best Western® branded hotel is independently owned and operated.





DEPARTMENT OF CORRECTIONS

ADMINISTRATION

3200 East Highway 34
c/o 500 East Capitol Avenue
Pierre, SD 57501-5070
Phone: (605) 773-3478
Fax: (605) 773-3194

December 9, 2019

Board of Finance
Secretary of State of South Dakota
500 E. Capitol Ave., Suite 204
Pierre, SD 57501

Please accept this letter as the Department of Corrections' request for approval of excess lodging for South Dakota DOC Correctional Officer Jeremy Wendling. CO Wendling is assigned to the State Penitentiary in Sioux Falls. The Deputy Warden at Mike Durfee State Prison in Springfield requested assistance from other DOC Wardens as they were short-handed. CO Wendling volunteered. The Deputy Warden informed him that he was approved for a hotel in Yankton while he was working at Springfield. The CO interpreted this to mean the specific hotel they typically stay at (the Kelly Inn) was approved so he did not seek prior approval for the additional amount. The Deputy Warden meant any hotel (that offers state rates) was approved. The Deputy Warden was not specific. The Kelly Inn in Yankton does not accept state rates for weekend stays. The room rate for this weekend stay on Saturday 11/9/19 is \$100.99. We will communicate with all employees who may stay in Yankton that room rates must be pre-approved for weekend stays if they exceed the state rate (see attached memo).

I am requesting approval from the State Board of Finance to exceed the state rate to pay this hotel bill which was direct billed to the DOC. Please let me know if you need any further information.

Sincerely,

Candace L. Snyder
Director of Operations
SD Department of Corrections



DEPARTMENT OF CORRECTIONS

ADMINISTRATION

3200 East Highway 34
c/o 500 East Capitol Avenue
Pierre, SD 57501-5070
Phone: (605) 773-3478
Fax: (605) 773-3194

MEMORANDUM

TO: All Employees

FROM: *Constance L. Snyder*
Director of Operations

DATE: 12/09/19

SUBJECT: Hotel Rates Exceeding State Rate

State employees performing work-related duties who may need to stay in a hotel on a weekend stay or during the summer in the Black Hills need to be aware that hotel rates on weekends and in certain locations may exceed the state allowable rate. For example, the Kelly Inn in Yankton does not offer state rates on weekends. During the summer often finding a hotel offering state rates is difficult. The employee should attempt to locate a hotel that offers state rates. If they get rates from three hotels that exceed the state rate, they should provide the hotel names and rates to DOC Administration finance staff in Pierre who will obtain approval from the auditor's office to be reimbursed at a higher rate. This approval from the auditor's office must be obtained prior to booking the room.

There is a list of hotels offering state rates on BOA's website. Typically, the weekend and seasonal exceptions to the state rate are listed. <https://boa.sd.gov/fleet-travel/lodging-at-staterates.aspx>

The employee is always responsible for verifying that the state rate is being charged at the time a reservation is made.

Thank you.

5:01:02:39. Reimbursement at higher rates. A state employee may be reimbursed at higher rates than the applicable out-of-state or in-state rates for travel, lodging, or meals if the state auditor determines that the higher rates would result in a savings to the state. Prior approval of travel expenses by the state auditor is required if a state employee is to be reimbursed at higher rates.

Best Western Kelly Inn Yankton
1607 E. Highway 50
Yankton, SD 57078

Fax: 605-665-4318
Email: yanktonres@kellyinns.com

Phone: 605-665-2906

Web:



Invoice

Guest Name: [REDACTED]
Contact: Smith, Betty
DEPT OF CORRECTIONS - PIERRE
3200 E HWY 34
SUITE 8
Pierre, SD 57501-5070
United States

Invoice #: 215374
Account Name: DEPARTMENT OF CORRECTIONS - PIERRE
Account #: 94
Confirmation #: 215563
Invoice Printed: Tuesday, December 3, 2019 8:35:35 AM
[REDACTED]

Phone: 605-773-6872
E-mail:

Department	Date	Reference	Voucher	Folio	Charge	Credit
ROOM	11/9/2019	Auto Posted		258254	\$98.99	
TXOC	11/9/2019	Auto Posted		258254	\$2.00	
RMTX	11/9/2019	Auto Posted		258254	\$8.91	
Sub Total						
DR	11/10/2019	From Account #258254 Jeremy Wendling		215374	\$109.90	
Payments						
Current Balance:					\$109.90	

Only Invoice Available

Only Invoice Available

12/6
Gave Copy to Candy - letter to Board

Smith, Betty (DOC)

From: Wendling, Jeremy
Sent: Friday, December 6, 2019 11:49 AM
To: Smith, Betty (DOC)
Subject: Re: BW Kelly Inn Yankton

Deputy warden from Springfield told me I had approval to get room since I was working down there

Get [Outlook for iOS](#)

On Fri, Dec 6, 2019 at 11:47 AM -0600, "Smith, Betty (DOC)" <Betty.Smith@state.sd.us> wrote:

Jeremy,

I have a hotel folio from Best Western Kelly Inn Yankton. They charged \$98.99 for 11/09/2019. Do you have an approval email from Marianne Gabriel for the higher rate?

Thanks,

Betty A. Smith
DOC Administration
3200 E Hwy 34
Pierre, SD 57501
605-773-6872
fax 605-773-6810

Smith, Betty (DOC)

From: Karberg, Kris
Sent: Friday, December 6, 2019 12:31 PM
To: Smith, Betty (DOC)
Subject: RE: BW Kelly Inn Yankton

I told him he was approved to get a hotel room Per My boss (Fluke). I would have thought that he was going to a place taking the state rate. I did not mention a specific hotel in any of my correspondence with Sgt. Wendling. So to answer your question, no I did not get any approval for a higher rate.

Kristofer Karberg
Deputy Warden
Mike Durfee State Prison
Springfield, SD
Office: 605-369-2201 ext. 1304433
Cell: 605 906-5401
kris.karberg@state.sd.us

From: Smith, Betty (DOC) <Betty.Smith@state.sd.us>
Sent: Friday, December 6, 2019 11:54 AM
To: Karberg, Kris <Kris.Karberg@state.sd.us>
Subject: FW: BW Kelly Inn Yankton

Kris,
Jeremy said you gave him the approval for hotel at Kelly Inn, did you get the email approval from Marianne Gabriel? He said he is also staying there this weekend. He is going to contact her for this weekend just to be sure he has the approval for the higher rate.

Betty A. Smith
DOC Administration
3200 E Hwy 34
Pierre, SD 57501
605-773-6872
fax 605-773-6810

From: Smith, Betty (DOC)
Sent: Friday, December 6, 2019 11:48 AM
To: Wendling, Jeremy <Jeremy.Wendling@state.sd.us>
Subject: BW Kelly Inn Yankton

Jeremy,
I have a hotel folio from Best Western Kelly Inn Yankton. They charged \$98.99 for 11/09/2019. Do you have an approval email from Marianne Gabriel for the higher rate?
Thanks,

Betty A. Smith
DOC Administration

Smith, Betty (DOC)

From: Karberg, Kris
Sent: Friday, December 6, 2019 12:34 PM
To: Smith, Betty (DOC)
Subject: FW: Weekend

This was the email to Sgt. Wendling regarding hotels. Just told him he was approved for a hotel room to work at springfield.

Kristofer Karberg
Deputy Warden
Mike Durfee State Prison
Springfield, SD
Office: 605-369-2201 ext. 1304433
Cell: 605 906-5401
kris.karberg@state.sd.us

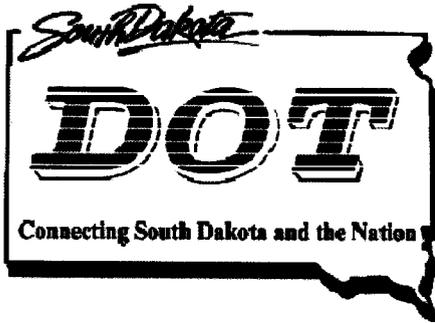
From: Wendling, Jeremy <Jeremy.Wendling@state.sd.us>
Sent: Wednesday, November 6, 2019 11:36 AM
To: Karberg, Kris <Kris.Karberg@state.sd.us>
Subject: RE: Weekend

How many more you need

From: Karberg, Kris <Kris.Karberg@state.sd.us>
Sent: Wednesday, November 6, 2019 11:36 AM
To: Wendling, Jeremy <Jeremy.Wendling@state.sd.us>
Subject: Weekend

Any more takers for this weekend? You are approved for hotel room.

Kristofer Karberg
Deputy Warden
Mike Durfee State Prison
Springfield, SD
Office: 605-369-2201 ext. 1304433
Cell: 605 906-5401
kris.karberg@state.sd.us



Department of Transportation

Office of the Secretary

700 E Broadway Avenue
Pierre, South Dakota 57501-2586
PHONE: 605/773-3265
FAX: 605/773-3921

December 10, 2019

Board of Finance
Secretary of State of South Dakota
500 East Capitol Ave Ste 204
Pierre, SD 57501-5070

Please accept this letter as the Department's request for payment to be made to Super 8 for lodging for state employees in their home station and per diem for the individuals. The requested amounts and affected employees are:

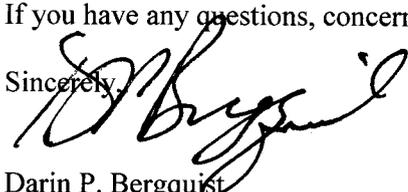
Jim Lolley - \$150.00
Gene Hight - \$150.00
Jake Krogman - \$150.00
Ronnie Hight - \$150.00
Josh Gullickson - \$150.00

On November 29th, it was discussed and determined that having several staff from our Murdo Crew who currently reside in the town of White River, (Roughly 25 miles to the south on US 83), stay in a hotel in Murdo as we had very serious concerns if the employees went home that night to White River they would not be able to get back to Murdo to deal with winter conditions on I90 the next morning. Having these individuals stay in a hotel in their home station and be available to plow the roads the next day was in the best interests of the travelling public. I90 did end up getting closed at midnight on Friday and without the above-mentioned individuals being present where they were in Murdo, we would not have been able to get out on the roads to get them cleaned off. Additionally, because they were there Saturday Night into Sunday, they were also able to get out on the road considerably sooner and get I90 back open much sooner as well.

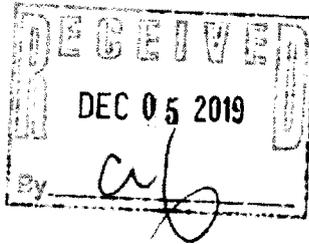
The Department is requesting reimbursement for these employees for their hotel expenses even though they were in their home station. The weather conditions and the pressure of getting the roads open early the next morning required they stay in town as opposed to returning to their home and potentially not being able to return the next morning. These were state employees performing services for the state and dealing with extenuating circumstances at the direction of their supervisor.

If you have any questions, concerning this request please do not hesitate to contact me.

Sincerely,



Darin P. Bergquist
Secretary



SUPER 8 MURDO

PO BOX 220
MURDO, SD 57559 US
Phone: (605) 669-2437
Fax: (605) 669-2937
Email: murdosuper8@yahoo.com
Hotel ID: 03571
Printed: 12/1/2019 3:46:30 AM

Folio (Detailed)

Name: DOT, WINNER
Gullickson, Josh

ORIGINAL INVOICE

Confirmation Number: 86476EC019915
ACCOUNT/ INVOICE#: 181-765805
Receivable Account Number: 19120122317775

Room: 224 Room Type: NQQ1, 2 QUEENS NSMK Nights: 2 Guests: 1/0
Rate Plan: SGV Daily Rate: \$75.00 + \$0.00 Tax GTD: DR - DIRECT BILL
Arrival: 11/29/2019 (Fri) Departure: 12/1/2019 (Sun) *WINNER SD DOT

Room Rate:
11/29/2019 (Fri) - 11/30/2019 (Sat) \$75.00 + \$0.00 Tax per night.

Date	Code	Description	Amount	Balance
11/29/2019	RM	ROOM CHARGE	\$75.00	\$75.00
11/30/2019	RM	ROOM CHARGE	\$75.00	\$150.00
11/30/2019	DR	DOT, WINNER [*WINNER SD DOT]	(\$150.00)	\$0.00

Summary

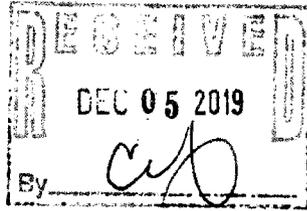
Room	Tax	F&B	Other	CC	Cash	DB
\$150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$150.00)

Wyndham Rewards members earn valuable points on qualifying stays at nearly 7,000 hotels around the world. Points can be redeemed for free nights, gift cards, merchandise and more. If you're not already a member, join at the front desk, visit us at www.wyndhamrewards.com or call 1-866-WYN-RWDS.

Guest Signature:

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind. "We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt Out/ Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."

___ I will not smoke in this smoke free hotel, the fine will be a \$250.00 cleaning fee. ___ Undeclared pet subject to a \$100.00 cleaning fee.



SUPER 8 MURDO

PO BOX 220
MURDO, SD 57559 US
Phone: (605) 669-2437
Fax: (605) 669-2937
Email: murdosuper@yahoo.com
Hotel ID: 03571
Printed: 12/1/2019 3:46:54 AM

Folio (Detailed)

Name: DOT, WINNER

Hight, Ronnie

ORIGINAL INVOICE

Confirmation Number: 86476EC019914
ACCOUNT/ INVOICE# : 150-065722
Receivable Account Number: 19120122317775

Room: 225 Room Type: NQQ1, 2 QUEENS NSMK Nights: 2 Guests: 1/0
Rate Plan: SGV Daily Rate: \$75.00 + \$0.00 Tax GTD: DR - DIRECT BILL
Arrival: 11/29/2019 (Fri) Departure: 12/1/2019 (Sun) *WINNER SD DOT

Room Rate:

11/29/2019 (Fri) - 11/30/2019 (Sat) \$75.00 + \$0.00 Tax per night.

Date	Code	Description	Amount	Balance
11/29/2019	RM	ROOM CHARGE	\$75.00	\$75.00
11/30/2019	RM	ROOM CHARGE	\$75.00	\$150.00
11/30/2019	DR	DOT, WINNER [*WINNER SD DOT]	(\$150.00)	\$0.00

Summary

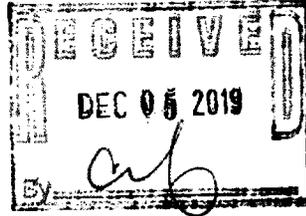
Room	Tax	F&B	Other	CC	Cash	DB
\$150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$150.00)

Wyndham Rewards members earn valuable points on qualifying stays at nearly 7,000 hotels around the world. Points can be redeemed for free nights, gift cards, merchandise and more. If you're not already a member, join at the front desk, visit us at www.wyndhamrewards.com or call 1-866-WYN-RWDS.

Guest Signature:

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind. "We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt Out/ Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."

I will not smoke in this smoke free hotel, the fine will be a \$250.00 cleaning fee. Undeclared pet subject to a \$100.00 cleaning fee.



SUPER 8 MURDO

PO BOX 220
MURDO, SD 57559 US
Phone: (605) 669-2437
Fax: (605) 669-2937
Email: murdosuper@yahoo.com
Hotel ID: 03571
Printed: 12/1/2019 3:45:39 AM

Folio (Detailed)

Name: DOT, WINNER

Hight, Tenny

ORIGINAL INVOICE

Confirmation Number: 86476EC019913
ACCOUNT/ INVOICE#: 134-277142
Receivable Account Number: 19120122317775

Room: 226 Room Type: NQQ1, 2 QUEENS NSMK Nights: 2 Guests: 1/0
Rate Plan: SGV Daily Rate: \$75.00 + \$0.00 Tax GTD: DR - DIRECT BILL
Arrival: 11/29/2019 (Fri) Departure: 12/1/2019 (Sun) *WINNER SD DOT

Room Rate:

11/29/2019 (Fri) - 11/30/2019 (Sat) \$75.00 + \$0.00 Tax per night.

Date	Code	Description	Amount	Balance
11/29/2019	RM	ROOM CHARGE	\$75.00	\$75.00
11/30/2019	RM	ROOM CHARGE	\$75.00	\$150.00
11/30/2019	DR	DOT, WINNER [*WINNER SD DOT]	(\$75.00)	\$75.00
11/30/2019	DR	DOT, WINNER [*WINNER SD DOT]	(\$75.00)	\$0.00

Summary

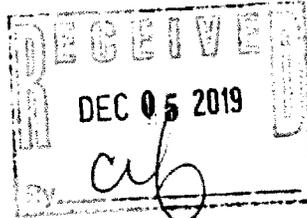
Room	Tax	F&B	Other	CC	Cash	DB
\$150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$150.00)

Wyndham Rewards members earn valuable points on qualifying stays at nearly 7,000 hotels around the world. Points can be redeemed for free nights, gift cards, merchandise and more. If you're not already a member, join at the front desk, visit us at www.wyndhamrewards.com or call 1-866-WYN-RWDS.

Guest Signature:

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind. "We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt Out/ Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."

I will not smoke in this smoke free hotel, the fine will be a \$250.00 cleaning fee. Undeclared pet subject to a \$100.00 cleaning fee.



SUPER 8 MURDO

PO BOX 220
MURDO, SD 57559 US
Phone: (605) 669-2437
Fax: (605) 669-2937
Email: murdosuper8@yahoo.com
Hotel ID: 03571
Printed: 12/1/2019 3:48:16 AM

Folio (Detailed)

ORIGINAL INVOICE

Name: DOT, WINNER

Kroqman, Jake

Confirmation Number: 86476EC019912
ACCOUNT/ INVOICE# : 119-929104
Receivable Account Number: 19120122317775

Room: 227 Room Type: NQQ1, 2 QUEENS NSMK Nights: 2 Guests: 1/0
Rate Plan: SGV Daily Rate: \$75.00 + \$0.00 Tax GTD: DR - DIRECT BILL
Arrival: 11/29/2019 (Fri) Departure: 12/1/2019 (Sun) *WINNER SD DOT

Room Rate:

11/29/2019 (Fri) - 11/30/2019 (Sat) \$75.00 + \$0.00 Tax per night.

Date	Code	Description	Amount	Balance
11/29/2019	RM	ROOM CHARGE	\$75.00	\$75.00
11/30/2019	RM	ROOM CHARGE	\$75.00	\$150.00
11/30/2019	DR	DOT, WINNER [*WINNER SD DOT]	(\$75.00)	\$75.00
11/30/2019	DR	DOT, WINNER [*WINNER SD DOT]	(\$75.00)	\$0.00

Summary

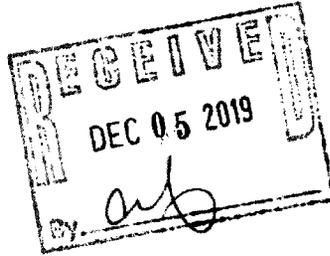
Room	Tax	F&B	Other	CC	Cash	DB
\$150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$150.00)

Wyndham Rewards members earn valuable points on qualifying stays at nearly 7,000 hotels around the world. Points can be redeemed for free nights, gift cards, merchandise and more. If you're not already a member, join at the front desk, visit us at www.wyndhamrewards.com or call 1-866-WYN-RWDS.

Guest Signature:

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind. "We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt Out/ Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."

___ I will not smoke in this smoke free hotel, the fine will be a \$250.00 cleaning fee. ___ Undeclared pet subject to a \$100.00 cleaning fee.



SUPER 8 MURDO

PO BOX 220
MURDO, SD 57559 US
Phone: (605) 669-2437
Fax: (605) 669-2937

Email: murdosuper8@yahoo.com
Hotel ID: 03571

Printed: 12/1/2019 3:49:13 AM

Folio (Detailed)

ORIGINAL INVOICE

Name:	DOT, WINNER <i>Lokey, Jim</i>	Confirmation Number:	86476EC019911
Address:	PO BOX 771 WINNER, SD 57580 US	ACCOUNT/ INVOICE# :	103-580208
		Receivable Account Number:	19120122317775

Room:	228	Room Type:	NQQ1, 2 QUEENS NSMK	Nights:	2	Guests:	1/0
Rate Plan:	SGV	Daily Rate:	\$75.00 + \$0.00 Tax	GTD:	DR - DIRECT BILL		
Arrival:	11/29/2019 (Fri)	Departure:	12/1/2019 (Sun)		*WINNER SD DOT		

Room Rate:
11/29/2019 (Fri) - 11/30/2019 (Sat) \$75.00 + \$0.00 Tax per night.

Date	Code	Description	Amount	Balance
11/29/2019	RM	ROOM CHARGE	\$75.00	\$75.00
11/30/2019	RM	ROOM CHARGE	\$75.00	\$150.00
11/30/2019	DR	DOT, WINNER [*WINNER SD DOT]	(\$75.00)	\$75.00
11/30/2019	DR	DOT, WINNER [*WINNER SD DOT]	(\$75.00)	\$0.00

Summary

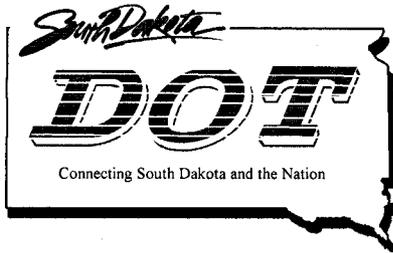
Room	Tax	F&B	Other	CC	Cash	DB
\$150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$150.00)

Wyndham Rewards members earn valuable points on qualifying stays at nearly 7,000 hotels around the world. Points can be redeemed for free nights, gift cards, merchandise and more. If you're not already a member, join at the front desk, visit us at www.wyndhamrewards.com or call 1-866-WYN-RWDS.

Guest Signature:

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind. "We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt Out/ Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."

I will not smoke in this smoke free hotel, the fine will be a \$250.00 cleaning fee. Undeclared pet subject to a \$100.00 cleaning fee.



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

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

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

Subject: Uncollectible Accounts

Date: December 02, 2019

KB

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

Your favorable consideration is requested.

Attachment

Date Delinquent	Account #	Last Name	First Name	Principal	Remaining Balance 1241008
Board of Finance Write Offs					
10/06/2013	14264	Collins	William	107.38	107.38
10/06/2013	14265	Lofton	Robert	140.58	140.58
11/02/2013	14279	Avila	Pablo	1,163.83	1,163.83
11/02/2013	14281	Lohmann	John	1,795.40	1,795.40
11/15/2013	14291	Noyed	Sonya	1,265.44	1,265.44
12/18/2013	14312	Feezor	Christopher	306.37	306.37
					4,779.00

Debt Write Off Request

State of South Dakota Board of Finance

When complete, 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 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.

Name: William Collins

Requested Write Off Amount: 107.38

Date Debt Became Delinquent: 10/06/2013

(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 107.38

Current Amount Due: 107.38

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: 
Name: Kellie Beck
Address: 700 E Broadway Ave Pierre, SD 57501
Telephone: 605-773-4863
Email: kellie.beck@state.sd.us

Agency/Institution: Department of Transportation

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

Debt Write Off Request

State of South Dakota Board of Finance

When complete, 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 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.

Name: Robert Lofton

Requested Write Off Amount: 140.58

Date Debt Became Delinquent: 10/06/2013
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 140.58

Current Amount Due: 140.58

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: 
Name: Kellie Beck
Address: 700 E Broadway Ave Pierre, SD 57501
Telephone: 605-773-4863
Email: kellie.beck@state.sd.us

Agency/Institution: Department of Transportation

Approval by State Board of Finance

Approved by the
State Board of
Finance on _____
Date

Signature of Secretary, State Board of Finance

Debt Write Off Request

State of South Dakota Board of Finance

When complete, 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 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.

Name: Pablo Avila

Requested Write Off Amount: 1,163.83

Date Debt Became Delinquent: 11/02/2013
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 1,163.83

Current Amount Due: 1,163.83

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: 

Name: Kellie Beck

Agency/Institution: Department of Transportation

Address: 700 E Broadway Ave Pierre, SD 57501

Telephone: 605-773-4863

Email: kellie.beck@state.sd.us

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

Debt Write Off Request

State of South Dakota Board of Finance

When complete, 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 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.

Name: John Lohmann

Requested Write Off Amount: 1,795.40

Date Debt Became Delinquent: 11/02/2013
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 1,795.40

Current Amount Due: 1,795.40

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: 

Name: Kellie Beck

Agency/Institution: Department of Transportation

Address: 700 E Broadway Ave Pierre, SD 57501

Telephone: 605-773-4863

Email: kellie.beck@state.sd.us

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

Debt Write Off Request

State of South Dakota Board of Finance

When complete, 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 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.

Name: Sonya Noyed

Requested Write Off Amount: 1,265.44

Date Debt Became Delinquent: 11/15/2013

(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 1,265.44

Current Amount Due: 1,265.44

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

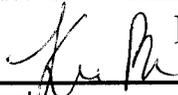
Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: 

Name: Kellie Beck

Agency/Institution: Department of Transportation

Address: 700 E Broadway Ave Pierre, SD 57501

Telephone: 605-773-4863

Email: kellie.beck@state.sd.us

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

Debt Write Off Request

State of South Dakota Board of Finance

When complete, 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 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.

Name: Christopher Feezor

Requested Write Off Amount: 306.37

Date Debt Became Delinquent: 12/18/2013
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 306.37

Current Amount Due: 306.37

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: 

Name: Kellie Beck

Agency/Institution: Department of Transportation

Address: 700 E Broadway Ave Pierre, SD 57501

Telephone: 605-773-4863

Email: kellie.beck@state.sd.us

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance