

# 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 on the Thursday prior to the Board of Finance meeting.** Documentation received after that time will be processed at the next Board of Finance meeting. All documentation **MUST** comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

## Application

### Ross Fees

Name of Applicant  
22.77 Hourly      Faith, SD  
Yearly Salary      City, State Moving From  
060079  
Bureau of Human Resources Class Code

### Conservation Officer

New Position Title  
Rapid City, SD  
New Post of Duty (City)  
November 2012  
Employment Date with the State

### Game, Fish, and Parks

Agency Employed By  
December 2019  
Expected Month/Year of Move

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

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

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

Ross Fees  
Signature of Applicant

01/03/2020  
Date

## Authorization

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

Kelly R. Hepler  
Name of Authorized Agent

Cabinet Secretary  
Position/ Title of Authorized Agent

[Signature]  
Signature of Authorized Agent      Date

Game, Fish + Parks  
Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the  
State Board of  
Finance on

\_\_\_\_\_ Date

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

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



# SOUTH DAKOTA DEPARTMENT OF GAME, FISH AND PARKS

4130 ADVENTURE TRAIL | RAPID CITY, SD 57702

November 27, 2019

Ross Fees  
PO Box 262  
Faith, SD, 57626

Dear Ross,

Congratulations on your appointment as a Wildlife Conservation Officer for the Department of Game, Fish and Parks. Your new duty station will be Rapid City. Your hire date is 12/01/2019, and your hourly rate of pay will remain the same as there was no pay increase for transferring to Rapid City. Adam Geigle will serve as your immediate supervisor, and I serve as the Regional Conservation Officer Supervisor. Please let us know if you need assistance with anything.

Once you have relocated your residence to Rapid City, but no later than December 31, 2019 your assigned duty station will become your home station for purposes of travel reimbursement expenses. State rules allow the agency to pay per diem (meals & lodging) up to a maximum of 20 working days during this timeframe from December 1 – December 31, 2019 while you are relocating.

As discussed, you will be able to apply for household moving allowance for this transfer from the Board of Finance. You may contact a household mover or you may elect to rent a truck or trailer and move yourself and if approved, you may be reimbursed for these expenses. In addition, the state will reimburse you mileage (one way) to move your personal vehicle to your new duty station.

Again congratulations on your recent appointment. The Region One Staff is looking forward to working with you. The experience and professionalism that you possess will be a benefit to the wildlife and the citizens of South Dakota. Best of luck in your new assignment.

Sincerely,



Jim McCormick  
Regional Conservation Officer Supervisor

Cc: Judith Larson, HR  
Jeff Wilson, HR  
John Kanta; Rachel Comes

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### Application

Angel Duran-Garcia

Name of Applicant

\$65,541

Yearly Salary

Sioux Falls, SD

City, State Moving From

666654

Bureau of Human Resources Class Code

Sergeant

New Position Title

Belle Fourche, SD

New Post of Duty (City)

August, 2010

Employment Date with the State

DPS

Agency Employed By

January, 2020

Expected Month/Year of Move

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



Signature of Applicant

January 3, 2020

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.

Angela Lemieux

Name of Authorized Agent

Angela Lemieux 1/10/2020

Signature of Authorized Agent Date

Director of Admin. Services

Position/ Title of Authorized Agent

Dept. of Public Safety

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance



SOUTH DAKOTA  
DEPARTMENT  
OF PUBLIC SAFETY

prevention → protection → enforcement

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# SOUTH DAKOTA HIGHWAY PATROL

## DIVISION HEADQUARTERS

118 West Capitol Avenue · Pierre, South Dakota 57501

Telephone: 605-773-3105 Fax: 605-773-6046

Web: [dps.sd.gov/enforcement/highway\\_patrol/](http://dps.sd.gov/enforcement/highway_patrol/)

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January 2, 2020

Angel Duran-Garcia  
6005 W 40th St  
Sioux Falls SD 57106-3010

Dear Angel,

Congratulations on your recent promotion! This letter serves as official notice of your promotion to Sergeant for the Northern Plains Squad (Position 13-1070 (B)).

Effective December 24<sup>th</sup>, 2019 you will begin your new role as Sergeant for the Northern Plains Squad. Your hourly pay will increase to \$31.51 per hour and be reflected in your pay check dated January 16<sup>th</sup>, 2020. You will be eligible for an increase to the base pay for Sergeant after your one-year probation. Lt. Zac Bader will be your supervisor.

This promotion to the Sergeant comes with a transfer to the Northern Plains Squad area. Internally, you have been approved for a moving expense allowance. Please contact Amber Leyendecker at 605.773.5486 to make arrangements as soon as possible.

Angel, best of luck to you as you start this new chapter in your career!

Sincerely,

Colonel Rick Miller  
SD Highway Patrol  
SD Department of Public Safety

RM:cl

cc: Kennede Guptill, BHR  
Personnel File



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## Application

Myron Norman

Name of Applicant

74,787.15

Yearly Salary

Ft. Pierre, SD

City, State Moving From

Bureau of Human Resources Class Code

Lieutenant

New Position Title

Aberdeen, SD

New Post of Duty (City)

11-08-2010

Employment Date with the State

SDHP

Agency Employed By

January 2020

Expected Month/Year of Move

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Signature of Applicant

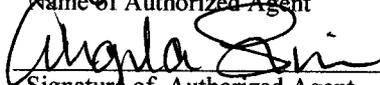
12-26-2019  
Date

## Authorization

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

Angela Lemieux

Name of Authorized Agent

  
Signature of Authorized Agent

Date

1/3/20

Dir of Admin. Services

Position/ Title of Authorized Agent

Dept of Public Safety  
Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance



SOUTH DAKOTA  
DEPARTMENT  
OF PUBLIC SAFETY

prevention - protection - enforcement

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# SOUTH DAKOTA HIGHWAY PATROL

DIVISION HEADQUARTERS

118 West Capitol Avenue · Pierre, South Dakota 57501

Telephone: 605-773-3105 Fax: 605-773-6046

Web: [dps.sd.gov/enforcement/highway\\_patrol/](http://dps.sd.gov/enforcement/highway_patrol/)

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December 2, 2019

Myron Norman  
715 Two Rivers St  
Ft Pierre SD 57532

Dear Myron,

Please accept this letter as "congratulations" and official notice of your appointment to Assistant District Commander of Administration for District 1. This position takes effect December 9, 2019.

Your salary will be \$74,787.15. At my discretion, you will be eligible for an increase to the base pay for Lieutenant at least 6 months after your appointment to Assistant District Commander.

Myron, please continue to foster relationships with troopers and your staff. As a Highway Patrol Lieutenant, you will be relied upon and trusted with a wide range of scenarios, from all directions.

Your continuing contribution in discussing and solving the command staff issues that confront the Highway Patrol is invaluable. I am confident we can collectively, as administrators, address the goals and objectives outlined in the agency's strategic plan.

Please feel free to contact me, should any questions arise.

Sincerely,

Colonel Rick Miller  
SD Highway Patrol  
SD Department of Public Safety

RM:cl

CC: Vanessa Garner, BHR  
Personnel File

LT NORMAN -

HAS A NICE  
RING!



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## Application

Garrett Wellman

Name of Applicant

65,540.80

Yearly Salary

666654

Bureau of Human Resources Class Code

Watertown

City, State Moving From

Sergeant

New Position Title

Pierre

New Post of Duty (City)

8/13/2013

Employment Date with the State

SDHP

Agency Employed By

02/20

Expected Month/Year of Move

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Signature of Applicant

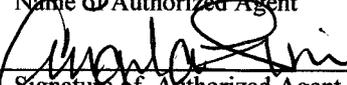
1/8/20  
Date

## Authorization

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Angela Lemieux  
Name of Authorized Agent

Director of Admin. Services  
Position/ Title of Authorized Agent

  
Signature of Authorized Agent

1/10/2020  
Date

Dept. of Public Safety  
Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance



SOUTH DAKOTA  
DEPARTMENT  
OF PUBLIC SAFETY

prevention — protection — enforcement

---

# SOUTH DAKOTA HIGHWAY PATROL

## DIVISION HEADQUARTERS

118 West Capitol Avenue · Pierre, South Dakota 57501

Telephone: 605-773-3105 Fax: 605-773-6046

Web: [dps.sd.gov/enforcement/highway\\_patrol/](http://dps.sd.gov/enforcement/highway_patrol/)

---

January 2, 2020

Garrett Wellman  
505 2<sup>nd</sup> Street NW  
Watertown SD 57201

Dear Garrett,

Congratulations on your recent promotion! This letter serves as official notice of your promotion to Sergeant of Training and Professional Standards (Position 13-1132 (A)).

Effective December 24<sup>th</sup>, 2019 you will begin your new role as Sergeant of Training and Professional Standards. Your hourly pay will increase to \$31.51 per hour and be reflected in your pay check dated January 16<sup>th</sup>, 2020. You will be eligible for an increase to the base pay for Sergeant after your one-year probation. Lt. Tony Maunu will be your supervisor.

This promotion to the Sergeant comes with a transfer to Pierre. Internally, you have been approved for a moving expense allowance. Please contact Amber Leyendecker at 605.773.5486 to make arrangements as soon as possible.

Garrett, best of luck to you as you start this new chapter in your career!

Sincerely,

Colonel Rick Miller  
SD Highway Patrol  
SD Department of Public Safety

RM:cl

cc: Kennede Guphill, BHR  
Personnel File



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300 E Capitol Ave  
Pierre SD 57501 Phone: 605-773-3537

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

**PLEASE NOTE:** The request and all supporting documentation must be received in the Office of the Secretary of State no later than 3:00 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>Nicholas Prokop</u>                | <u>Technology Engineer BIT</u>                      |
| Name of Applicant                     | New Position Title Agency Employed By               |
| <u>\$49,715.28 Brookings, SD</u>      | <u>Sioux Falls 4/2020</u>                           |
| Yearly Salary City, State Moving From | New Post of Duty (City) Expected Month/Year of Move |
|                                       | <u>12.9.19</u>                                      |
| Bureau of Human Resources Class Code  | Employment Date with the State                      |

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

|                        |                 |
|------------------------|-----------------|
| <u>Nicholas Prokop</u> | <u>12/12/19</u> |
| Signature of Applicant | Date            |

### Authorization

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

|                                    |                                     |
|------------------------------------|-------------------------------------|
| <u>Heather Perry</u>               | <u>Interim Commissioner</u>         |
| Name of Authorized Agent           | Position/ Title of Authorized Agent |
| <u>Heather Perry 12-12-19</u>      | <u>Bureau of Info &amp; Telcomm</u> |
| 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 |  |



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

December 9, 2019

Nicholas Prokop  
1525 Ohana Ave #4  
Brookings SD 57006  
Email: [nick.prokop@state.sd.us](mailto:nick.prokop@state.sd.us)

Dear Nick,

This letter is to confirm your appointment to the Cybersecurity/Technology Engineer I position with the Bureau of Information & Telecommunications (BIT) in Sioux Falls. Your employment will begin on December 9, 2019, at an hourly salary of \$23.81. Your immediate supervisor, Jim Edman, will contact you regarding your schedule on your first day of employment.

As discussed, the Bureau of Information & Telecommunications will pay up to one month's salary, approximately \$4,143.00, for actual moving expenses based on the rules established by the Board of Finance. Receipts are required and expenses must be eligible expenses. Attached, please find the guidelines for household moving allowances and the moving expense form. Please sign the Household Moving Allowance form and return it to me as soon as possible.

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

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

*You can log into the system using the below ID and password:*



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

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

Welcome to BIT. Please contact Jim Edman or me if you need anything.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Hildebrandt".

Eric Hildebrandt  
Human Resource Manager

cc/Supervisor

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Please check one:

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



### Application

|                                      |                                |                             |
|--------------------------------------|--------------------------------|-----------------------------|
| <u>GARY GACKSTETTER</u>              | <u>DIRECTOR/ASST DEPT HEAD</u> | <u>SDSU - VET SCIENCE</u>   |
| Name of Applicant                    | New Position Title             | Agency Employed By          |
| <u>\$151,505</u>                     | <u>FAIRFAX, VA</u>             | <u>BROOKINGS</u>            |
| Yearly Salary                        | City, State Moving From        | New Post of Duty (City)     |
| <u>00344</u>                         |                                | <u>MAY 2019</u>             |
| Bureau of Human Resources Class Code |                                | Expected Month/Year of Move |

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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>GARY GACKSTETTER</u> | <u>1/2/2020   13:59 CST</u> |
| Signature of Applicant  | Date                        |

### Authorization

The undersigned agent hereby certifies that the above 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 my knowledge and belief the request and authorization for reimbursement of actual household moving expenses are true and correct.

|                                  |                                     |
|----------------------------------|-------------------------------------|
| <u>JANE CHRISTOPHER-HENNINGS</u> | <u>DIRECTOR/DEPT HEAD</u>           |
| Name of Authorized Agent         | Position/ Title of Authorized Agent |
| <u>Jane Hennings</u>             | <u>SDSU - VET SCIENCE</u>           |
| Signature of Authorized Agent    | Agency of Authorized Agent          |
| <u>1/2/2020   15:45 CST</u>      |                                     |
| Date                             |                                     |

### Approval by State Board of Finance

|   |  |
|---|--|
| Approved by the<br>State Board of<br>Finance on | Signature of Secretary, State Board of Finance |
| _____   | _____  |
| Date  |  |

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



## **SOUTH DAKOTA STATE UNIVERSITY**

**Veterinary and Biomedical Sciences Department  
SD Animal Disease Research and Diagnostic Laboratory**

**DATE:** October 22, 2019

**TO:** Dr. Gary Gackstetter

**FROM:** Jane Christopher-Hennings, DVM, MS  
Head, Veterinary and Biomedical Sciences Dept/Director, ADRDL  
South Dakota State University

**RE:** Appointment with the Veterinary and Biomedical Sciences Department/Animal Disease Research and Diagnostic Laboratory, South Dakota State University

I am pleased to offer you, subject to approval by the President, an appointment as Director of the Professional Program in Veterinary Medicine and Assistant Department Head of Academic Programs in the Veterinary and Biomedical Science Department. The effective date of this appointment is 11/04/2019. Annual appointment dates are June 22 to June 21. Your salary is \$151,505 based on 12 months at 100%, which includes an administrative stipend of \$6,839. If for any reason, the Assistant Department Head duties are removed, your 12-month faculty salary would be based on 90% of the current Oklahoma Salary data for CIP 512401 Veterinary Medicine (DVM) at rank of Professor. Dr. Jane Christopher-Hennings is your direct supervisor. As with all employees, you will be evaluated annually.

The administrative employment offered herein shall be at the pleasure of the President and may be terminated without notice or cause. The administrative appointment shall commence on 11/04/2019 and shall not extend beyond 06/21/2020. The administrative employment may be renewed at the sole pleasure of the President. If the President elects to renew an administrative appointment, it may do so under whatever changed or additional terms and conditions it chooses.

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

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

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

completed on or before your first day of employment. BOR requires direct deposit of payroll checks for all employees.

As Director of the Professional Program in Veterinary Medicine and Assistant Department Head of Academic Programs in the Veterinary and Biomedical Science Department, your position is eligible for state benefits to include household moving allowance of up to 1-month salary as outlined in SDCL 3-9-12.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter, a signed copy of the enclosed agreement to assign Intellectual Property, and the Conflict of Interest Form (if applicable) to my attention no later than 10/31/2019, retaining a copy for your records.

cc: Supervisor

I accept the job offer outlined above.

Larry Hochstetler DVM 23 Oct 19

Signature of Appointee

Encl: Intellectual Property Policy

Intellectual Property Form signed

Conflict of Interest Form signed

(not required for CSA appointments)

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### Application

|   |  |   |
|---|--|---|
| <u>Danielle Haskett Jennings</u><br>Name of Applicant | <u>Assistant Professor</u><br>New Position Title   | <u>South Dakota State</u><br>Agency Employed By |
| <u>\$68,500</u><br>Yearly Salary                      | <u>Livermore, CA</u><br>City, State Moving From    | <u>Brookings</u><br>New Post of Duty (City)     |
| <u>00800</u><br>Bureau of Human Resources Class Code  | <u>8-22-2020</u><br>Employment Date with the State | <u>June 2020</u><br>Expected Month/Year of Move |

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Danielle Haskett Jennings  
Signature of Applicant

12/18/2019  
Date

### Authorization

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

Robert Watrel  
Name of Authorized Agent

Department Head, Geography  
Position/ Title of Authorized Agent

Robert Watrel  
Signature of Authorized Agent Date

SDSU  
Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State Board of Finance on

\_\_\_\_\_ Date

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



# SOUTH DAKOTA STATE UNIVERSITY

Department of Geography and Geospatial Sciences

SE 9554

Date: December 17, 2019

To: Danielle Haskett Jennings

FROM: Bob Watrel, Department Head and Associate Professor

RE: Appointment with the Department of Geography, South Dakota State University

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as a tenure-track Assistant Professor in the Department of Geography. The effective date of this appointment is August 22, 2020. Annual appointment dates are August 22<sup>nd</sup> to May 21<sup>st</sup>. Your salary is \$68,500 based on nine months at 100% time. I, Bob Watrel, am your direct supervisor. As with all employees, you will be evaluated annually. This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime.

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

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota State University. This offer is contingent on the university's verification of credentials and other information required by law and/or university policies, including but not limited to a criminal background check. Withholding statements (W-4's) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from the Payroll Office (Morrill Hall/Administration Building Rm 306). Your portion of these forms must be completed on or before your first day of employment. BOR requires direct deposit of payroll checks for all employees.

As a tenure-track Assistant Professor, your position is eligible for state benefits to include household moving allowance of up to 1 month salary as outlined in SDCL 3-9-12. A Household Moving Allowance form and instructions have been attached. Please sign the form on the "Signature of Applicant" line, date it, and return with your signed acceptance of this job offer.

As part of your start-up package, you will have access to \$25,000 of Geography & Geospatial Sciences funds from which to build your research program. You will also be provided space for a Paleolimnology and Environmental Change Lab (PECL) and help acquire some equipment.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter, a signed copy of the enclosed agreement to assign Intellectual

Property, and the Conflict of Interest Form to my attention no later than August 1, 2019, retaining a copy for your records.

Cc: Charlene Wolf-Hall, Dean of the College of Natural Sciences  
Human Resources

I accept the job offer outlined above.

*Danielle Haskett Jennings*  
*Signature of Appointee*

Encl: Intellectual Property Policy  
Intellectual Property Form  
Conflict of Interest Form  
Expectations of Employment Document  
Household Moving Allowance

**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: 12/19/19 Agency: GOED  
Agency Address: 711 E WELLS AVE PIERRE SD 57501  
Agency Phone Number: 605 773 4633  
Employee Requesting Reimbursement: ERIC SIEMERS  
Total Amount of Reimbursement: ~~72.18~~ 60.18 plus tax 18% 10.83 = 71.01  
Date(s) of Hosting Expense: 12/12/19

Receipts Attached:  Y  N

Explanation of official business performed: AVALON MANUFACTURING VISITING SIOUX FALLS. THEY HAVE PLANS TO MOVE THEIR PLANT TO SIOUX FALLS BY 2021. LUNCH BREAK DURING REAL ESTATE TOURS. (3) AVALON, (1) SDF, (1) GOED

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

[Signature]  
Signature of Employee

12/19/19  
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.

Steve Wistra  
Name of Department/Office Head

Secretary of GOED  
Position/Title of Agency Official

[Signature]  
Signature of Department/Office Head

1-7-20  
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.**

Blue Rock Bar & Grill

Blue Rock Bar & Grill

Server: Tracy 12/12/2019  
Table 63/1 1:33 PM  
Guests: 1 40009

Coke 2.49  
Diet Coke 2.49  
Water (3 @0.00) 0.00  
Lunch Trio 0.00  
1/2 Turkey B A 8.00  
Lunch Trio 0.00  
1/2 Cuban 8.00  
Lunch Trio 0.00  
1/2 Philly 8.00  
Surf/Turf Salad 15.00  
Fltbrd Buuf Chi 12.00

Subtotal 55.98  
Tax 4.20

Total 60.18

**Balance Due 60.18**

Thank you for choosing  
Blue Rock Bar & Grill  
4021 N. Bobhala Dr  
Sioux Falls, SD 57107  
605-271-2500

Server: Tracy DOB: 12/12/2019  
01:34 PM 12/12/2019  
Table 63/1 4/40009

SALE

MASTERCARD 2097158  
Card #XXXXXXXXXXXX7749  
Magnetic card present: Yes  
Card Entry Method: S

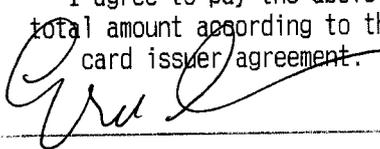
Approval: 47640B

Amount: \$60.18

+ Tip: 12.00

= Total: 72.18

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

X 

Thank you for choosing  
Blue Rock Bar & Grill  
4021 N. Bobhala Dr  
Sioux Falls, SD 57107  
605-271-2500

Customer Copy

**State Hosting Reimbursement Request - SDCL 3-9-2.1**

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

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

**Application**

Date: 1.13.20  
Agency Address: 711 E. Wells Ave Agency: Dept. of Tourism  
Agency Phone Number: 605.773.3301  
Employee Requesting Reimbursement: Alexa Dorn for Sheraton hotel  
Total Amount of Reimbursement: \$60.00  
Date(s) of Hosting Expense: Oct. 17, 2019  
Receipts Attached: Y/N  
Explanation of official business performed: Hosted guests from United Airlines China Trade Fair tour for breakfast. See attached list.

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

Signature of Employee

Date

*Alexa Dorn*

1.13.20

**Authorization**

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

Name of Department/Office Head

Position/Title of Agency Official

Signature of Department/Office Head

Date

James Hagen  
*[Signature]*

Dept. Secretary  
1.13.20

**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.



Sheraton Sioux Falls  
1211 N. West Avenue  
Sioux Falls, SD 57104  
Tel: 605-331-0100  
Fax: 605-373-1033

SD Dept Of Tourism  
711 E wells  
Pierre, SD 57501  
United States

Page Number 1  
AR Account 17884  
Statement Date 01-13-2020

---

STATEMENT

---

| Date      | Description                                     | Charge | Credit | Balance |
|-----------|---|--------|--------|---------|
| 17-OCT-19 | 710205/Folio<br>***SF CVB Breakfast Direct Bill | O64.52 | -4.52  | 60.00   |

---

|         |         |         |         |         |
|---------|---------|---------|---------|---------|
| Current | Over 30 | Over 60 | Over 90 | Balance |
|         |         | 60.00   |         | 60.00   |

---

Names:

1. Fion Qin Wan- Shenzhen New View Global Travel Service
2. Crystal Wu – Success Way International Inc.
3. Leon Ling Sun- China International Travel Service
4. Ray Lei Zhang- G.Z. Meiya E Commerce International Business Travel Service

Sheraton Sioux Falls  
 1211 N West Ave  
 Sioux Falls, SD 57104  
 United States  
 Tel: 605-331-0100 Fax: 605-373-1033



SF CVB Breakfast Direct Bill O  
 3992 Sheraton Sioux Falls Internal Fu  
 1211 West Ave North  
 Sioux Falls SD 57104  
 United States of America  
 SF2071-SF CVB Breakfast Direct Bill O

Page Number : 1 Invoice Nbr Invoice Nbr  
 Guest Number : 710205  
 Follo ID : A  
 Arrive Date : 1-Oct-19  
 Depart Date : 05-Oct-19  
 No. Of Guest :  
 Room Number :  
 Marriott Bonvoy Number :

Copy

| Date      | Reference | Description          | Charges (USD) | Credits (USD) |
|-----------|-----------|----------------------|---------------|---------------|
| 17-Oct-19 |           | Falling Water Grille | \$ 15.00      |               |
| 17-Oct-19 |           | Falling Water Grille | \$ 15.00      |               |
| 17-Oct-19 |           | Falling Water Grille | \$ 15.00      |               |
| 17-Oct-19 |           | Falling Water Grille | \$ 15.00      |               |
| 17-Oct-19 |           | Direct Bill          |               | -60.00        |

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

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

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

**Application**

Date: 12-18-19 & 12-19-19 Agency: BIT  
Agency Address: 700 Governor's Drive  
Agency Phone Number: 773-4165  
Employee Requesting Reimbursement: Please See Attached List 22 Employees  
Total Amount of Reimbursement: \$ 528.00  
Date(s) of Expense: 12-18-19 & 12-19-19  
Event Leave Time: 8:00 AM Event Return Time: 5:00 PM  
Explanation of official business performed: Directors M-2's meet with Consultant

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.

Heather Perry  
Name of Department/Office Head

Interim Commissioner  
Position/Title of Agency Official

Heather Perry  
Signature of Department/Office Head

1/9/2020  
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.

## **Etzkorn, Sarah**

---

**From:** Etzkorn, Sarah  
**Sent:** Thursday, January 9, 2020 8:56 AM  
**To:** Etzkorn, Sarah  
**Subject:** Employee's attending 2 day workshop

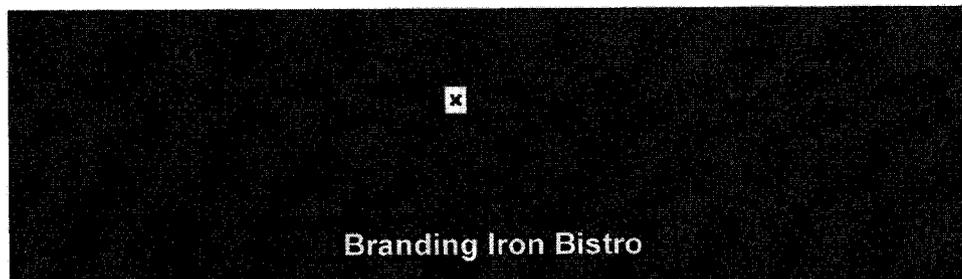
Heather Perry  
Tony Ray  
Deanne Booth  
Wayne Hayden-Moreland  
Amanda Jost  
Pat Snow  
Jim Edman  
Miguel Penaranda  
Jeff Pierce  
Deb Dufour  
Bonnie Bauder  
Deni Kromarek  
Tom Wempe  
Scott Kromarek  
Elijah Rodriguez  
Lonnie Stoltenburg  
Scott Leiferman  
Harold Bruce  
Brian Wood  
Severn Ashes  
Charli Gill  
John Baranek

**Sarah Etzkorn**  
**BIT**  
**Executive Administrative Assistant**  
**700 Governors Drive**  
**Pierre, SD 57501**  
**605-773-4165**

**Etzkorn, Sarah**

---

**From:** Branding Iron Bistro <invoicing@messaging.squareup.com>  
**Sent:** Tuesday, December 24, 2019 9:39 AM  
**To:** Etzkorn, Sarah  
**Subject:** [EXT] You received a new invoice (#000199)



New Invoice

**\$528.00**

Due on December 31, 2019

**Pay Invoice**

---

**December 18th and 19th**

Invoice #000199

December 24, 2019

**Bill To**

Sarah Etzkorn

State of South Dakota

sarah.etzcorn@state.sd.us

605-870-0946

---

We appreciate your business.

---

**Catering**

**\$264.00**

(\$12.00 ea.) x 22  
December 18  
22 People  
Chicken and Rice

**Catering** **\$264.00**

(\$12.00 ea.) x 22  
December 19th  
22 people  
Scalloped Potatoes and Ham

---

**Subtotal** **\$528.00**

**Total Due** **\$528.00**

**Branding Iron Bistro**

brandingironbisto@icloud.com

605-494-3333

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Square Privacy Policy | Security



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

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

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

**Application**

Date: 1/06/2020 Agency: SD GFP  
Agency Address: 523 E. Capitol Ave, Pierre SD 57501  
Agency Phone Number: 605-223-7660  
Employee Requesting Reimbursement: Ross Fees  
Total Amount of Reimbursement: ~~\$901.24~~ 500.00  
Date(s) of Expense: 12/01/2019 to 12/31/2019  
Event Leave Time: \_\_\_\_\_ Event Return Time: \_\_\_\_\_  
Explanation of official business performed: Duties as a WCO for  
Central district. Moving costs to duty station.

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.

Ross Fees  
Signature of Employee

1/06/2020  
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

Game, Fish & Parks  
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.**





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

4130 ADVENTURE TRAIL | RAPID CITY, SD 57702

November 27, 2019

Ross Fees  
PO Box 262  
Faith, SD, 57626

Dear Ross,

Congratulations on your appointment as a Wildlife Conservation Officer for the Department of Game, Fish and Parks. Your new duty station will be Rapid City. Your hire date is 12/01/2019, and your hourly rate of pay will remain the same as there was no pay increase for transferring to Rapid City. Adam Geigle will serve as your immediate supervisor, and I serve as the Regional Conservation Officer Supervisor. Please let us know if you need assistance with anything.

Once you have relocated your residence to Rapid City, but no later than December 31, 2019 your assigned duty station will become your home station for purposes of travel reimbursement expenses. State rules allow the agency to pay per diem (meals & lodging) up to a maximum of 20 working days during this timeframe from December 1 – December 31, 2019 while you are relocating.

As discussed, you will be able to apply for household moving allowance for this transfer from the Board of Finance. You may contact a household mover or you may elect to rent a truck or trailer and move yourself and if approved, you may be reimbursed for these expenses. In addition, the state will reimburse you mileage (one way) to move your personal vehicle to your new duty station.

Again congratulations on your recent appointment. The Region One Staff is looking forward to working with you. The experience and professionalism that you possess will be a benefit to the wildlife and the citizens of South Dakota. Best of luck in your new assignment.

Sincerely,

Jim McCormick  
Regional Conservation Officer Supervisor

Cc: Judith Larson, HR  
Jeff Wilson, HR  
John Kanta; Rachel Comes

Game Fish and Parks

Employee Reimbursement

Beth

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: \_\_\_\_\_ ACTION: \_\_\_\_\_ 01/12/2020 21:51:09

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

=====
EMP VOUCHER NBR: \_\_\_\_\_ Z060RB07 DATE: 12/30/2019 MODEL: \_\_\_\_\_

EMP SHORT NAME : FEESROSSW \_\_\_\_\_ FEES, ROSS W CURR: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_ 145086 \_\_\_\_\_ FAITH CM/DM : I

TRAVEL BEG DATE: \_\_\_\_\_ 12/01/2019 \_\_\_\_\_ APPROVAL NBR: \_\_\_\_\_ MULTI PYMT: N

TERMS CODE: \_\_\_\_\_ PYMT DUE DATE: 01/12/2020 DO NOT USE : \_\_\_\_\_

REMIT MSG: \_\_\_\_\_ TRAVEL FROM 12/01-12/30/2019 \_\_\_\_\_

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

LINE AMOUNT/PERCENT EXP CO ACCOUNT CENTER PROJ-CO NUMBER
VAT QUANTITY UNIT ITEM NUMBER ITEM DESCR PRORATE (T F A D) USE 99 IRC
0001 \_\_\_\_\_ 440.00 001 3122 52031500 \_\_\_\_\_ 0610110

\_\_\_\_\_ N N N N \_\_\_\_\_

0002 \_\_\_\_\_ 120.00 001 3122 52031400 \_\_\_\_\_ 0610110

\_\_\_\_\_ N N N N \_\_\_\_\_

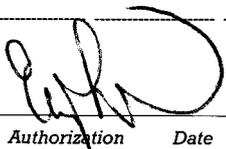
0003 \_\_\_\_\_

0004 \_\_\_\_\_

: \_\_\_\_\_ : \_\_\_\_\_
: \_\_\_\_\_ GROSS AMOUNT: \_\_\_\_\_ 560.00

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

\_\_\_\_\_  
Claimant Date Authorization Date 01/12/2020



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

12033052

**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: Dec 3, 2019 Agency: GFP Fort Sisseton Historic Park  
Agency Address: 11907 Northside Dr., Lake City SD 57247  
Agency Phone Number: 605-448-~~4~~5474  
Employee Requesting Reimbursement: Ken's Super Fair Foods  
Total Amount of Reimbursement: \$196.44  
Date(s) of Expense: Dec 3<sup>rd</sup> 4<sup>th</sup> 2019  
Event Leave Time: \_\_\_\_\_ Event Return Time: \_\_\_\_\_  
Explanation of official business performed: Annual Maintenance Meeting

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

[Signature]  
Signature of Employee

Dec 3, 2019  
Date

Authorization

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

Kelly R. Hepler  
Name of Department/Office Head

Cabinet Secretary  
Position/Title of Agency Official

[Signature]  
Signature of Department/Office Head

12/20/19  
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.

**Agenda:**

**December 3rd**

**10am – noon**

- Review Risk Management Audits from this past year, what are we learning? What are we struggling with?
- Work Place Safety – How are we doing?

**Lunch** – Provided on site

**12:30pm – 2pm**

- Applying paint stripper to floor of Commanding Officer's Quarters – product needs to sit over night

**2:30pm to 5pm**

- Walk through conversations on Park Shops, Residence/volunteer/work camper/seasonal housing tasks, cold storage, bone yards
- Ali will arrange for some after hour tour of some of the Fort not always open for public.

**Supper on own** – Eden, Lake City have options

**December 4th**

**8am – 10am**

- Breakfast (provided by Ali onsite)
- Camping Cabins – concepts, maintenance trends, modern cabin concept, lodging, camp sites

**10am – noon**

- Work on COQ floors, walls, trim, doors
- Prep for Tung Oil application
- Removal of interpretive barrier walls

**Noon – 12:30 pm** Lunch (Ali will provide onsite)

**12:30pm – stopping point (3:30 -4pm ish)**

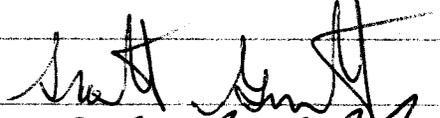
- Continue work on floors and walls.

# Dec 3, 2019 Regional Maintenance Meeting

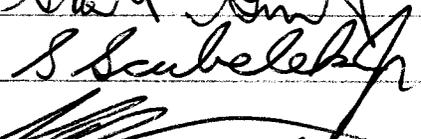
Print Name

Sign Name

Scott Gustaf



Stan Scubelek



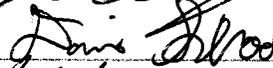
Shane Swenson



Derek Mishke



Matt Nelson



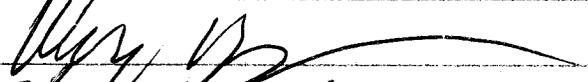
David Schoo



Chad Morgan



Steve Kurkowski



William Collignon



Thomas Dakin



Logan Jurgens



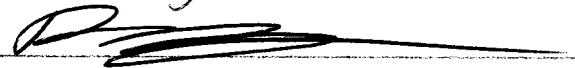
Ken Almer



Jeff Sechafey



Tony Quail



Wyatt Jones

Dec 4, 2019 Regional Maintenance Meeting

Print Name:

For Almos  
Tony Quail  
Wyatt Jones  
William Collinson  
Steve Kurkko  
Chal Morgan  
David Schou  
Derek Mashke  
Shane Swenson  
Scott Gustaf  
Logan Jurens  
Matt Nelson  
Thomas Peters

Sign Name:

For Almos  
Tony Quail  
Wyatt Jones  
William Collinson  
Steve Kurkko  
Chal Morgan  
David Schou  
Derek Mashke  
Shane Swenson  
Scott Gustaf  
Logan Jurens  
Matt Nelson  
Thomas Peters

State of South Dakota  
**VOUCHER**  
 Direct Invoice

DALAINE

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: \_\_\_\_\_ ACTION: \_\_\_\_\_ 12/17/2019 09:31:59

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

=====

INVOICE NUMBER : \_\_\_\_\_ 13823 DATE: 12/02/2019 MODEL: \_\_\_\_\_

VENDOR SHORT NM: KENSFOODFAIR \_\_\_\_\_ KENS SUPERMARKETS INC CURR : \_\_\_\_\_

VENDOR NUMBER : \_\_\_\_\_ 12033052 01 BRITTON CM/DM : I

PO REFERENCE : \_\_\_\_\_ APPROVAL NBR: \_\_\_\_\_ MULTI PYMT: N

TERMS CODE: 001 PYMT DUE DATE: \_\_\_\_\_ DO NOT USE : \_\_\_\_\_

REMIT MSG: \_\_\_\_\_ FORT\_SDGFP \_\_\_\_\_

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

| LINE | AMOUNT/PERCENT | EXP | CO   | ACCOUNT  | CENTER        | PROJ-CO NUMBER |
|------|----------------|-----|------|----------|---------------|----------------|
| 0001 | 196.44         | 001 | 3125 | 52053900 | 0620120       |                |
|      |                |     |      |          |               | N N N N        |
| 0002 |                |     |      |          |               |                |
| 0003 |                |     |      |          |               |                |
| 0004 |                |     |      |          |               |                |
|      |                |     |      | :        |               |                |
|      |                |     |      | :        | GROSS AMOUNT: | 196.44         |

-----

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

-----

\_\_\_\_\_  
 Claimant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Authorization

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Authorization

\_\_\_\_\_  
 Date



STATE OF SOUTH DAKOTA  
OFFICE OF THE GOVERNOR

KRISTI NOEM | GOVERNOR

January 8, 2020

Board of Finance  
Secretary of State  
500 East Capitol Ave, Suite 204  
Pierre, SD 57501

RE: Excess Out-of-State Lodging

Please accept this letter as this Office's request for approval of excess out-of-state lodging for the governor's security detail, Jordan Melius. On October 28, 2019, Jordan was a member of the security detail tending to the governor when she was on official state business attending a meeting in Las Vegas, NV. Normally, lodging expenses are paid for with the governor's travel credit card. On this trip, however, there were issues with the credit card, and Jordan had to pay for the room herself.

When on detail, security members do not have a choice of where to stay as they must always be near the governor. By the time the issue with the governor's travel card was known, it was too late to make a request for excess lodging.

I am requesting approval from the State Board of Finance to exceed the rate for out-of-state lodging so Jordan may be reimbursed the full cost of her lodging expense. In the alternative, please accept this letter as a hardship request. Please let me know if you need any further information.

Sincerely,

A handwritten signature in black ink, appearing to be "Tom Hart", written over a horizontal line.

Tom Hart  
General Counsel

TH:mn



# THE VENETIAN® | THE PALAZZO®

L A S V E G A S

3325 Las Vegas Blvd. S.  
Las Vegas, NV 89109

| DATE                   | REFERENCE NO. | DESCRIPTION                | CHARGES | PAYMENTS/<br>CREDITS (-) | BALANCE |
|------------------------|---------------|----------------------------|---------|--------------------------|---------|
| 10/28/19               | 437659107536  | RESORT FEE                 | 51.02   |                          |         |
| 10/28/19               | 437659108771  | RESORT FEE - \$45 PLUS TAX | 289.00  |                          |         |
|                        |               | ROOM CHARGE PA20717        | 38.67   |                          |         |
|                        |               | TAX2                       |         |                          |         |
| 10/29/19               | 437662523303  | FD MASTERCARD              |         | 378.69                   |         |
| FOLIO BALANCE          |               |                            |         |                          | .00     |
| TOTAL BILLED TO SUITE  |               |                            |         |                          | 378.69  |
| TOTAL DEPS/PYMTS/CRDTS |               |                            |         |                          | 378.69- |

JORDAN MELIUS

Suite #: PA 20717  
 Type: KK  
 Guests: 1  
 Res #: 437591388687  
 Arrival: 10/28/2019  
 Departure: 10/29/2019

Folio Type: 5  
 Folio ID: 437652310432  
 Page #: 01



**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

January 3, 2020

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

Board of Finance:

Brian Garbisch attended the 2019 Intermountain Forest Association Annual Meeting in Denver, Colorado on December 16 – 18, 2019. Brian was provided with a phone number to get the discounted rate when booking a hotel room where the conference was being held. Unfortunately, this resulted in a service fee of \$12.99 being charged.

Our staff has been made aware that the Auditor's Office will not be able to reimburse these fees per the December 17, 2019 email from Marianne. We are asking that this service charge be covered as it happened prior to the change.

Thank you for your consideration of this matter.

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

Kim Vanneman  
Secretary of Agriculture

Cc: Ashley Waibel

Encl.



STATE OF SOUTH DAKOTA  
TRAVEL PAYMENT DETAIL

NAME Brian Garbisch  
ADDRESS 3305 West South Street, Rapid City, SD 57702

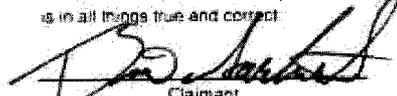
ORGANIZATION Resource Conservation and Forestry  
BUDGET ENTITY \_\_\_\_\_

| Invoice ID   | Date   | Employee No   | Return Date | Adv           | Exp           | License No         | Home Station           |            |                          |
|--------------|--|---------------|-------------|---------------|---------------|--------------------|------------------------|------------|--------------------------|
|              | 12/19/2019   | 127846        | 12/18/2019  |               |               | FC307              | Rapid City             |            |                          |
| Dates Mo/Day | Description of Travel, Destination<br>Misc Expense, DOT Coding | Time<br>Leave | Return      | Auto<br>Miles | Trans<br>Cost | Overnight<br>Meals | Non-Over-<br>Ngt Meals | Lodging    | Miscellaneous<br>Expense |
| 12-16        | Rapid City - Denver, CO<br>IFA meeting                         | 9:00 AM       |             |               |               | \$48.00 ✓          |                        | \$129.37 ✓ | \$5.00 ✓                 |
| 12-17        | Denver, CO<br>IFA meeting                                      |               |             |               |               | \$56.00 ✓          |                        | \$129.37 ✓ | \$5.00 ✓                 |
| 12-18        | Denver, CO - Rapid City<br>IFA meeting                         |               | 2:00 PM     |               |               | \$28.00 ✓          |                        |            |                          |
| SUBTOTALS    |  |               |             |               |               |                    |                        |            |                          |
|              |  |               |             | 0             | \$0.00        | \$130.00           | \$0.00                 | \$258.74   | \$10.00                  |

PURPOSE OF TRAVEL: Attend annual Intermountain Forest Association meeting in Denver

|                         |          |
|-------------------------|----------|
| <b>GRAND TOTAL</b>      | \$398.74 |
| <b>APPLY TO ADVANCE</b> |          |
| <b>AMOUNT</b>           |          |
| <b>REIMBURSABLE</b>     | \$398.74 |

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

  
Claimant

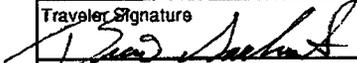
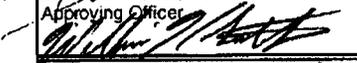
12/19/19  
Date

  
Authorization

12/19/19  
Date

Authorization

Date

|   |  |                                     |                                      |                   |                 |
|---|--|-------------------------------------|--------------------------------------|-------------------|-----------------|
| <b>SOUTH DAKOTA TRAVEL REQUEST<br/>BOA FLEET &amp; TRAVEL MANAGEMENT<br/>SFN 01239-0002</b> |  | Department<br><b>Agriculture</b>    | Program<br><b>Forest Stewardship</b> |                   |                 |
|   |  | Division<br><b>RC&amp;F</b>         | In-State<br>Out-of-State <b>X</b>    |                   |                 |
| Billing Center Code<br><b>0322 400-300</b>  | Method of Travel<br><b>State vehicle</b> |                                     | Est. Miles (Personal Vehicle)        |                   |                 |
| Traveler's Name (Last, First, MI)<br><b>Garbisch, Brian, L</b>                              |  | Office Phone<br><b>605-394-6092</b> | Home Phone<br><b>605-381-4933</b>    |                   |                 |
| Purpose of Travel<br><b>Attend the 2017 Intermountain Forest Association meeting</b>        |  |                                     | License Number<br><b>BC047</b>       |                   |                 |
| <b>JOURNEY INFORMATION</b>  |  |                                     |                                      |                   |                 |
| Journey Number  | Origin                                   | Odometer Reading                    | Departure Date                       | Departure Time    | AM or PM        |
|   | <b>Rapid City</b>                        |                                     | <b>12/16/2019</b>                    | <b>0800</b>       | <b>AM</b>       |
| Segment   | Destination                              |                                     |                                      |                   |                 |
| 1.  | <b>Denver, CO</b>                        |                                     | <b>12/18/2019</b>                    | <b>0800</b>       | <b>AM</b>       |
| 2.  |  |                                     |                                      |                   |                 |
| 3.  |  |                                     |                                      |                   |                 |
| 4.  |  |                                     |                                      |                   |                 |
| 5.  |  |                                     |                                      |                   |                 |
| 6.  |  |                                     |                                      |                   |                 |
| 7.  |  |                                     |                                      |                   |                 |
| 8.  |  |                                     |                                      |                   |                 |
| <b>Required: Return to Origin</b>   |  | Final Reading                       | Return Date and Time                 |                   |                 |
|   |  |                                     | <b>12/18/19 1500</b>                 |                   | <b>PM</b>       |
| Comments/Vehicle Problems/Repairs   |  |                                     |                                      |                   |                 |
|   |  |                                     |                                      |                   |                 |
| <b>COST ESTIMATES FOR OUT OF STATE TRAVEL</b>   |  |                                     |                                      |                   |                 |
| Transportation  | Meals                                    | Lodging                             | Misc. Fees                           | Total             |                 |
| <b>\$380.00</b>   | <b>\$130.00</b>                          | <b>\$240.00</b>                     | <b>\$0.00</b>                        | <b>\$750.00</b>   |                 |
| General Funds   |  | Federal Funds                       |                                      | Other Funds       | Non-State Funds |
| <b>\$750.00</b>   |  | <b>\$0.00</b>                       |                                      |                   |                 |
| <b>SIGNATURES</b>   |  |                                     |                                      |                   |                 |
| Note: Driver MUST sign to certify he/she holds a valid driver license.                      |  |                                     |                                      |                   |                 |
| Traveler Signature  | Date                                     | Driver License Number               |                                      | Expiration Date   |                 |
|          | <b>12/12/19</b>                          | <b>180260</b>                       |                                      | <b>09/28/2020</b> |                 |
| Approving Officer   | Date                                     | Approving Officer                   |                                      | Date              |                 |
|          | <b>12-4-19</b>                           |                                     |                                      |                   |                 |
| <b>AGENCY TRAVEL COORDINATOR USE</b>  |  |                                     |                                      |                   |                 |
| Coordinator Name  |  | Date of Entry                       |                                      | Mode              |                 |
|   |  |                                     |                                      |                   |                 |
| Comments  |  |                                     |                                      |                   |                 |
| Ride Share Contact  |  | Office Phone                        |                                      | Home Phone        |                 |
|   |  |                                     |                                      |                   |                 |
| <b>FLEET AND TRAVEL MANAGEMENT USE - FOR HIGH MILEAGE REQUEST ONLY</b>                      |  |                                     |                                      |                   |                 |
| Approval Signatures   |  | Date                                | Comments                             |                   |                 |
|   |  |                                     |                                      |                   |                 |
| Authorization Number  |  |                                     |                                      |                   |                 |
|   |  |                                     |                                      |                   |                 |

## South Dakota Department of Agriculture Travel Request

**Travel Requested:** 2019 Intermountain Forest Association Annual Meeting

**Location:** Denver, CO

**Date of Travel:** December 16 - 18, 2019

**Department:** South Dakota Department of Agriculture, Division of Resource Conservation & Forestry

**Name:** Brian Garbisch

**Purpose/Reason:** Attend the 2019 Intermountain Forest Association Annual Meeting.

|                      |                          |          |
|----------------------|--------------------------|----------|
| <b>General Funds</b> | Registration/Course Fees | \$0.00   |
|                      | Air Travel               | \$0.00   |
| 100 <del>50%</del>   | Hotel                    | \$240.00 |
|                      | Meals                    | \$130.00 |
|                      | Car Rental               | n/a      |
|                      | Miscellaneous Costs      | \$0.00   |
|                      | State vehicle            | \$380.00 |

**Total** **\$750.00**

|                               |                          |        |
|-------------------------------|--------------------------|--------|
| <b>Federal or Other Funds</b> | Registration/Course Fees | \$0.00 |
|                               | Air Travel               | \$0.00 |
| <del>50%</del><br>0%          | Hotel                    | \$0.00 |
|                               | Meals                    | \$0.00 |
|                               | Car Rental               | n/a    |
|                               | Miscellaneous Costs      | \$0.00 |
|                               | State vehicle            | \$0.00 |

**Total** **\$0.00**

**Grand Total** **\$750.00**

State of South Dakota  
Department of Agriculture  
Resource Conservation & Forestry

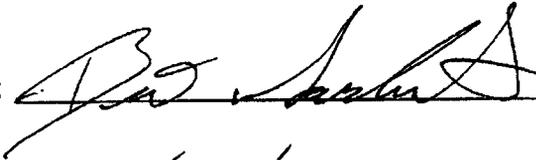
Name of Workshop Intermountain Forest Association

Date(s) of Workshop December 17, 2019

Location Denver, CO

"I understand that if I do not attend the workshop for a reason other than through no fault of my own that I am responsible for reimbursing the state for any portion of this registration fee which is non-refundable."

Print Name: Brian Garbisch

Signature:  \_\_\_\_\_

Date Signed: 11/25/19

## Garbisch, Brian

---

**From:** Josten, Greg  
**Sent:** Tuesday, November 19, 2019 9:22 PM  
**To:** Ben Wudtke  
**Cc:** Garbisch, Brian  
**Subject:** RE: [EXT] IFA Denver Meeting

Hi Ben,

Thanks for the invitation. I won't be able to attend, but Brian Garbisch is making plans to be there. Please send any applicable information to him.

Thanks,  
Greg



Gregory J Josten, CF  
State Forester  
South Dakota Department of Agriculture  
Resource Conservation & Forestry Division  
3305 West South Street  
Rapid City, SD 57702  
Direct: 605.394.2279  
Cell: 605.381.4083  
[sdda.sd.gov](http://sdda.sd.gov)

---

**From:** Ben Wudtke <[bwudtke@hills.net](mailto:bwudtke@hills.net)>  
**Sent:** Thursday, November 14, 2019 5:04 PM  
**To:** Josten, Greg <[Greg.Josten@state.sd.us](mailto:Greg.Josten@state.sd.us)>  
**Subject:** [EXT] IFA Denver Meeting

Greg,

I have been working on finalizing the date for the IFA meeting in Denver. Long story, but we originally had it scheduled for December 18<sup>th</sup>. However, I was notified that Brian Ferebee was no longer available for December 18<sup>th</sup> but was available on the 17<sup>th</sup>. After checking with folks, we changed the date of our meeting with the Forest Service to December 17<sup>th</sup>. As you know, Brian's schedule has become somewhat irrelevant now but after some discussions, the acting Regional Forester will keep the date of the 17<sup>th</sup>. It would be great to have you, or a representative from South Dakota, at the meeting. The meeting will be at the DoubleTree hotel at 3203 Quebec St in Denver. I have attached a draft agenda, but it may change slightly ahead of the meeting. Feel free to call or email with any questions or discussion.

Thanks,  
Ben

*Ben Wudtke*  
*Executive Director*  
*Intermountain Forest Association*  
*605-341-0875*

Intermountain Forest Association  
Meeting with Region 2 US Forest Service  
Doubletree, Denver  
December 18, 2019  
Agenda

- 8:00 am Meeting room will be open with coffee and pastries
- 8:30 Call to Order  
Opening Comments – Adam Gahagan and Brian Ferebee
- 8:45 FY 2019 Accomplishments  
FY 2020 Planned Program  
Update 5 year outlook on the R2 program  
Regional Staffing  
BLM  
    FY 2019 Accomplishments  
    FY 2020 Planned Program
- 10:00 Congressional Reports
- 10:30 Break
- 10:45 Lumber Markets
- 11:15 Tools and Efficiencies:  
    Environmental Analysis and Decision Making Draft Rule  
    GNA  
    Update on Forest Products Modernization  
    ESA Rule  
Issues:  
    POL Merch Factor  
    RMRI  
    Forest Plan Revisions  
    Lynx (Science team, need for new amendment)  
    Timber Subject to Agreement
- Noon Lunch
- 1:00 pm Issues, continued:
- 1:30 pm Breakout Groups
- 2:15 pm Report outs from breakout sessions
- 2:45 pm Next steps
- 3:00 pm Closing comments and adjourn

Intermountain Forest Association  
Meeting with Region 2 US Forest Service  
Doubletree, Denver  
December 17, 2019  
Agenda

- 8:00 am Meeting room will be open with coffee and pastries
- 8:30 Call to Order  
Anti-trust Statement  
Opening Comments
- 8:45 FY 2019 Accomplishments  
FY 2020 Planned Program  
Update 5 year outlook on the R2 program  
Regional Staffing  
BLM  
    FY 2019 Accomplishments  
    FY 2020 Planned Program
- 10:00 Congressional Reports
- 10:30 Break
- 10:45 Lumber Markets
- 11:15 Tools and Efficiencies:  
    Environmental Analysis and Decision Making Rule  
    GNA  
    Update on Forest Products Modernization  
    ESA Rule  
Issues:  
    POL Merch Factor  
    Lessons From the Project Planning and Objection Process  
    RMRI  
    Forest Plan Revisions  
    Lynx
- Noon Lunch
- 1:00 pm Issues, continued:
- 1:30 pm Breakout Groups
- 2:15 pm Report outs from breakout sessions
- 2:45 pm Next steps
- 3:00 pm Closing comments and adjourn

# Your booking is confirmed!

## CONFIRMATION

Itinerary Number: R1782155315

### Room King Size Bed

Swimming Pool \$96 per night

Cancellation Policy

Pay Now

Check-In: Monday, December 16, 2019

Check-Out: Wednesday, December 18, 2019

Nights: 2

Guests: brian garbisch, 1 Adult, 0 Children

Rooms: 1

Description: **Property Location**

When you stay at DoubleTree by Hilton Hotel Denver in Denver, you'll be in a shopping district, within a 5-minute drive of Johnson and Wales University and Northfield...

[Read More](#)

Customer Name: brian L garbisch

Customer Email: brian.garbisch@state.sd.us

Customer Phone: +16053946092

Subtotal: \$193.20

Taxes & Fees: \$52.55

Service Fee: \$12.99

Total Cost: \$258.74

Billing Name: brian L garbisch

CC Type: MasterCard

CC Number: XXXX-XXXX-XXXX-5491

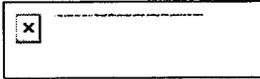
## CANCELLATION POLICY

Each room in this reservation is subject to the hotel's cancellation policy which is: Cancellations before 12/12/2019, 10:00 AM (America/Denver) are fully refundable. Bookings cancelled after 12/12/2019, 10:00 AM (America/Denver) are non-refundable. There is no refund for no-shows or early checkouts. The \$12.99 USD fee included in the total is non-refundable. We do not charge any additional change or cancellation fees.

**Garbisch, Brian**

---

**From:** ReservationCounter.com <confirmations@mail.reservationcounter.com>  
**Sent:** Thursday, December 19, 2019 7:30 AM  
**To:** Garbisch, Brian  
**Subject:** [EXT] Receipt | DoubleTree by Hilton Hotel Denver | Itinerary Number: R1782155315



DoubleTree by Hilton Hotel Denver  
3203 Quebec St  
Denver, CO, 80207  
US

Support: 888-978-6518

Customer Information

|                       |                          |             |
|-----------------------|--------------------------|-------------|
| <b>brian garbisch</b> | <b>Arrival:</b>          | 12/16/19    |
| 9960 Morning Glory Ct | <b>Departure:</b>        | 12/18/19    |
| Summerset, SD, 57718  | <b>Itinerary Number:</b> | R1782155315 |
| US                    | <b>Page No:</b>          | 1 of 1      |

| <b>Date</b> | <b>Description</b>                                     | <b>Charges</b> | <b>Credits</b> |
|-------------|--|----------------|----------------|
| 12/09/19    | HOTEL* BOOK ONLINE<br>(MasterCard xxxx-xxxx-xxxx-5491) |                | \$258.74       |
| 12/16/19    | Room King Size Bed - 1 Room                            | \$96.60        |                |
| 12/17/19    | Room King Size Bed - 1 Room                            | \$96.60        |                |

---

NOTE: All incidentals and other charges will be separately handled upon check-out.

|                      |          |          |
|----------------------|----------|----------|
| <b>Subtotal:</b>     | \$193.20 |          |
| <b>Taxes + Fees:</b> | \$52.55  |          |
| <b>Service Fee:</b>  | \$12.99  |          |
| <b>Total:</b>        | \$258.74 | \$258.74 |

---

**Due at Hotel:** \$0.00

Thank you for making your booking through Reservation Counter. To make additional reservations online, manage your account, or view your statement please visit [ReservationCounter.com](http://ReservationCounter.com)

Terms of Use | Policies  
Copyright 2019 Reservation Counter.  
All Rights Reserved.

If you'd like to unsubscribe and stop receiving these emails [click here](#).



3203 Quebec Street • Denver, CO 80207  
 Phone (303) 321-3333 • Fax (303) 329-5233  
 For reservations across the nation  
 www.doubletree.com or 1-800-222-TREE

**Name & Address**

GARBISCH, BRIAN  
 123123  
 MM AK 13545  
 UNITED STATES OF AMERICA

Room 842/NK1  
 Arrival Date 12/16/2019 5:48:00 PM  
 Departure Date 12/18/2019

Adult/Child 1/0  
 Room Rate

Rate Plan: HB2  
 HH #  
 AL:  
 Car:

Confirmation Number: 86315792

12/18/2019



| DATE       | REFERENCE | DESCRIPTION    | AMOUNT    |
|------------|-----------|----------------|-----------|
| 12/16/2019 | 9754382   | PARKING- GUEST | \$5.00    |
| 12/17/2019 | 9755080   | PARKING- GUEST | \$5.00    |
| 12/18/2019 | 9755249   | MC *5491       | (\$10.00) |
|            |           | **BALANCE**    | \$0.00    |



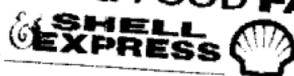
|                                     |   |
|-------------------------------------|---|
| ACCOUNT NO.<br>MC *5491             |   |
| CARD MEMBER NAME<br>GARBISCH, BRIAN |   |
| ESTABLISHMENT NO. & LOCATION        | ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT |
| CARD MEMBER'S SIGNATURE<br>X        |   |

|                              |                                  |
|------------------------------|----------------------------------|
| DATE OF CHARGE<br>12/18/2019 | FOLIO NO./CHECK NO.<br>2135660 A |
| AUTHORIZATION<br>04681Z      | INITIAL                          |
| PURCHASES & SERVICES         |                                  |
| TAXES                        |                                  |
| TIPS & MISC.                 |                                  |
| TOTAL AMOUNT                 | -10.00                           |

PAYMENT DUE UPON RECEIPT

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

# Ken's SUPER FAIR FOODS & FOOD FAIR



## Food Fair

Britton, SD 57430  
(605) 448-2291

Store:3

Cashier: BAILEY

12/02/19

17:40:33

Member card number: 5474

|                      |               |
|----------------------|---------------|
| AL SAVE SAUSAGE ROLL | 2.55 TF       |
| AL SAVE SAUSAGE ROLL | 2.55 TF       |
| AL SAVE SAUSAGE ROLL | 2.55 TF       |
| AL SAVE SAUSAGE ROLL | 2.55 TF       |
| AL SAVE SAUSAGE ROLL | 2.55 TF       |
| 3LB YELLOW ONIONS    | 1.99          |
| SHREDDED LETTUCE     | 3.49          |
| WHOLLY GUAC CLS 7.5  | 3.99          |
| 0.87 lb @ 1 lb /     | 1.99          |
| TOMATO ON THE VINE   | 1.73          |
| 1 @ 2/ 7.00          |               |
| LOUISA CHS TORTELINI | 3.50 TF       |
| 1 @ 2/ 7.00          |               |
| LOUISA CHS TORTELINI | 3.50 TF       |
| 1 @ 2/ 7.00          |               |
| LOUISA CHS TORTELINI | 3.50 TF       |
| 1 @ 2/ 7.00          |               |
| LOUISA CHS TORTELINI | 3.50 TF       |
| BST CH MX VEG        | 2.29 TF       |
| BST CH MX VEG        | 2.29 TF       |
| BST CH MX VEG        | 2.29 TF       |
| KENS 2% MILK         | 3.89 TF       |
| 1 @ 2/ 5.00          |               |
| BST-CH BTR AA QTRS   | 2.50 TF       |
| BST-CH SHRD MLD CHDR | 9.55 TF       |
| 1 @ 2/ 5.00          |               |
| BST-CH BTR AA QTRS   | 2.50 TF       |
| KR FINE SHRED PARM   | 5.35 TF       |
| ORG VAL WHIPPING CR  | 4.85 TF       |
| DEANS PURE SOUR CRM  | 1.99 TF       |
| COCKTAIL BUNS        | 2.19 TF       |
| DINNER ROLLS         | 2.39 TF       |
| BAKERY               | 1.69 TF       |
| GROUND BEEF 85%      | 37.12 TF      |
| SANTITAS             | 2.00 TF       |
| SANTITAS             | 2.00 TF       |
| SANTITAS             | 2.00 TF       |
| ER TACO SEASONING    | .99 TF        |
| ER TACO SEASONING    | .99 TF        |
| KNORR R&S TACO       | 1.99 TF       |
| KNORR R&S TACO       | 1.99 TF       |
| KNORR R&S TACO       | 1.99 TF       |
| ER TACO SEASONING    | .99 TF        |
| ER TACO SEASONING    | .99 TF        |
| KNORR R&S TACO       | 1.99 TF       |
| KNORR R&S TACO       | 1.99 TF       |
| KNORR R&S TACO       | 1.99 TF       |
| KEB ZESTA SALTINES   | 1.99 TF       |
| KEB ZESTA SALTINES   | 1.99 TF       |
| KNORR R&S TACO       | 1.99 TF       |
| ER TACO SEASONING    | .99 TF        |
| ER TACO SEASONING    | .99 TF        |
| BST CH PET DC TOMATO | 2.55 TF       |
| BST CH TOMATO PASTE  | 1.09 TF       |
| PACE CHUNKY SALSA MI | 4.45 TF       |
| CRM LASAGNA          | 2.75 TF       |
| CRM LASAGNA          | 2.75 TF       |
| BST CH PET DC TOMATO | 2.55 TF       |
| BST CH PET DC TOMATO | 2.55 TF       |
| BST CH CRUSH TOMATO  | 2.75 TF       |
| BST CH CRUSH TOMATO  | 2.75 TF       |
| BST CH CRUSH TOMATO  | 2.75 TF       |
| BST-CH TOMATO SOUP   | 2.65 TF       |
| BST CH TOMATO SOUP   | .99 TF        |
| PACE SALSA MILD      | 3.69 TF       |
| BST-CH SLC RIPE OLIV | 2.35 TF       |
| BST CH TOMATO PASTE  | 1.09 TF       |
| MRS GRM BLK BEAN     | 1.49 TF       |
| MRS GRM BLK BEAN     | 1.49 TF       |
| BST CH BLK BEANS     | .99           |
| BST CH TOMATO PASTE  | 1.09 TF       |
| ORTEGA CHILES DICED  | 2.49 TF       |
| ORTEGA CHILES DICED  | 2.49 TF       |
| SUBTOTAL             | 196.44        |
| TOTAL TAX            | .00           |
| <b>TOTAL</b>         | <b>196.44</b> |
| House Charge         | TENDER 196.44 |
| Cash                 | CHANGE .00    |

Only Invoice Available

NUMBER OF ITEMS 66

|                        |        |
|------------------------|--------|
| EXEMPT TAX ID 1234     |        |
| T1 ITEM VALUE EXEMPTED | 196.44 |
| T1 TAX EXEMPTED        | 12.77  |
| T2 ITEM VALUE EXEMPTED | .00    |
| T2 TAX EXEMPTED        | .00    |
| T3 ITEM VALUE EXEMPTED | .00    |
| T3 TAX EXEMPTED        | .00    |
| T4 ITEM VALUE EXEMPTED | .00    |
| T4 TAX EXEMPTED        | .00    |

|                                 |               |
|---------------------------------|---------------|
| Charge Account Previous Total   | 258.59        |
| Charge Account Charge           | 196.44        |
| <b>Charge Account New Total</b> | <b>455.03</b> |

Trx:138    Term:2    Store:3    17:44:04

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