

# State Board of Finance Meeting Agenda

Tuesday, May 19, 2020  
2:00 p.m.

Call in information: 1 312 626 6799  
Meeting ID: 835 9717 2659  
Password: 018153

- A) Call to order
- B) Approve monthly meeting agenda
- C) Approve minutes from the meeting on April 21, 2020
- D) State Transfers
  - Department of Game, Fish, and Parks
    - Calvin Meyer
    - Jason Nelson
- E) Professional Recruitment
  - Department of the Military
    - Mark Koepke
  - Department of Corrections
    - Mateya Huggins
  - Northern State University
    - Michael J. Schmidt
  - South Dakota State University
    - Cadi Kadlecek
    - Goran Mitrovich
    - Jon Stauff
    - Alison Wilson
  - University of South Dakota
    - Christopher Adamson
    - James E. Quigley
- F) Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2
  - Bureau of Information and Telecommunications
    - BIT directors strategic planning meeting held on February 4, 2020 in Pierre.
    - BIT director strategic planning meeting held on March 6, 2020 in Pierre.
  - Department of Game, Fish, and Parks
    - Wildlife Damage Management meeting held on December 6, 2019 in Pierre.
    - Game, Fish, and Parks leadership and strategic planning meeting held on January 6, 2020 in Pierre.
    - Missouri River Waterfowl Refuge meeting held on December 19, 2019 in Pierre.
    - Wildlife training officer course for Josh Vanden Bosch for the months of February and March 2020.
    - Commission meeting held on March 5, 2020 in Pierre.
- G) Action Items
  - Department of Agriculture is requesting excess in-state lodging rate reimbursement for Katie Nold's stay in Brookings on January 19, 2020.
  - Department of Health is requesting excess in-state lodging rate reimbursement for Melinda Zeimet's stay in Sioux Falls during March 9-10, 2020.

NOTE: *This meeting is being held in a physically accessible place. Individuals needing assistance, Pursuant to the Americans with Disabilities Act, should contact the Secretary of State's Office at (605) 773.3537 in advance of the meeting to make any necessary arrangements.*

H) Debt Write Off Requests

- South Dakota School of Mines & Technology is requesting twenty-four debt write offs totaling \$37,196.00.

I) Public Comment

J) Adjournment

# Household Moving Allowance\*

## State of South Dakota

\*For moves less than 50 miles only

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

Calvin Meyer

Name of Applicant

44345.60

Yearly Salary

90312

Bureau of Human Resources Class Code

Watertown, SD

City, State Moving From

Conservation Officer

New Position Title

Webster, SD

New Post of Duty (City)

SDGFP

Agency Employed By

07/19

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.

Calvin Meyer  
Signature of Applicant

2/13/2020  
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.

Kelly R Hepler  
Name of Authorized Agent

K Hepler 4/27/20  
Signature of Authorized Agent Date

Department Secretary  
Position/ Title of Authorized Agent

GFP  
Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the  
State Board of  
Finance on

\_\_\_\_\_ Date

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

Note: This form is for moves of less than 50 miles only. When completed, retain one copy in employee personnel file and attach original to voucher to be sent to Auditor's Office.



# SOUTH DAKOTA DEPARTMENT OF GAME, FISH AND PARKS

523 EAST CAPITOL AVE | PIERRE, SD 57501

July 20<sup>th</sup>, 2019

Calvin Meyer  
219 E 6<sup>th</sup> Ave.  
Apt 1  
Webster, SD 57274

Dear Calvin,

This letter will serve as official confirmation of your appointment to one of the conservation officer positions with the Department of Game, Fish & Parks, Wildlife Division. Your salary has been established at \$21.32 per hour, or \$44,345.60 annually.

You will be assigned to the Webster duty station. Moving expenses is allowed and will be reimbursed to established limits. I will serve as your immediate supervisor in the Webster duty station. You will be required to travel to Webster on July 20<sup>th</sup>, 2019, for your first day of work.

Congratulations on your appointment to a rewarding and challenging position. I look forward to working with you.

Sincerely,

Tim McCurdy  
District Conservation Officer Supervisor  
Division of Wildlife

## 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

<u>JASON NELSON</u> Name of Applicant	<u>NATURALIST</u> New Position Title	<u>GAME, FISH &amp; PARKS</u> Agency Employed By
<u>33,000</u> Yearly Salary	<u>MORRIDGE, SD</u> City, State Moving From	<u>6/17</u> Expected Month/Year of Move
<u>GH</u> Bureau of Human Resources Class Code	<u>5/24/17</u> Employment Date with the State	

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

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

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

[Signature]  
Signature of Applicant

6/7/17  
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>Kelly R. Hepler</u> Name of Authorized Agent	<u>Cabinet Secretary</u> Position/ Title of Authorized Agent
<u>[Signature]</u> Signature of Authorized Agent	<u>GFP</u> Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the  
State Board of  
Finance on

4/29/20  
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

4500 SOUTH OXBOW | SIOUX FALLS, SD 57106

5/23/17

Jason Nelson  
721 3<sup>rd</sup> Ave. W.  
Mobridge, SD 57601

Dear Jason:

We would be honored if you would join our team at SD Game, Fish and Parks as our outreach naturalist. We can offer you \$16.12/hr. and payment of moving expenses. Your starting date will be May 24.

You will report for work to Thea Miller Ryan, Director of The Outdoor Campus. The address is 4500 S. Oxbow Ave., Sioux Falls, SD 57106-4114.

We will provide uniform shirts and you will be responsible for providing khaki colored shorts or pants and footwear. A current South Dakota fishing license will also be required.

We're looking forward to having you join our team!

Sincerely,

A handwritten signature in black ink, appearing to read "Thea Miller Ryan". The signature is written in a cursive style and is enclosed within a hand-drawn oval.

Thea Miller Ryan  
Director, The Outdoor Campus

## 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

Mark Koepke

Name of Applicant

66,816.00

Yearly Salary

Jamestown ND

City, State Moving From

804003

Bureau of Human Resources Class Code

Engineer III

New Position Title

Rapid City

New Post of Duty (City)

02/11/2020

Employment Date with the State

Military

Agency Employed By

February 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.

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.

Mark Koepke

Signature of Applicant

2/3/20

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.

LTC Martin R. Yost

Name of Authorized Agent

[Signature] 18 Feb 20

Signature of Authorized Agent Date

[Signature] Director CFMO

Position/ Title of Authorized Agent

Department of the Military

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

January 31, 2020

Mark Koepke  
1314 2<sup>nd</sup> Ave NE  
Jamestown, NE 58401

Dear Mr. Koepke,

This letter is to confirm your acceptance of the Engineer II position with the Department of the Military. The starting salary is \$32.00 per hour and will begin on February 25, 2020.

As discussed, the Department of Military will pay a \$2,500.00 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:

**Employee ID –**


**Employee Password –**

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

In compliance with the Immigration Reform and Control Act of 1986, the State of South Dakota hires only citizens and nationals of the United States and aliens authorized to work in the United States. Upon reporting to work, you will be required to provide two forms of 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 such as your driver's license and social security card. 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 the Military! If you have any questions relating to your employment, please contact me or Tammy Binger or in the Pierre Human Resources office at (605) 773-4714.

Sincerely,



Deb Olson  
Human Resource Manager

cc: Cullen Jorgensen  
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

<u>Mateya Huggins</u>	<u>Correctional Officer</u>	<u>DOC/Womens Prison</u>
Name of Applicant	New Position Title	Agency Employed By
<u>35746.56</u>	<u>Pierre SD</u>	
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
<u>060336</u>	<u>4-27-2020</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.

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.

<u>Mateya Huggins</u>	<u>4-16-2020</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>DEPT OF CORRECTIONS SECRETARY</u>
Name of Authorized Agent	Position/ Title of Authorized Agent
<u>Mike Leidholt</u>	<u>DOC</u>
Signature of Authorized Agent	Agency of Authorized Agent

### Approval by State Board of Finance

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



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

---

April 16, 2020

Mateya Huggins  
999 Fortino Blvd Lot 119  
Pueblo CO 81008

Dear Mateya:

Welcome to the Department of Corrections!!! This letter will serve as a written follow up to our verbal offer of employment as a Correctional Officer position with the South Dakota Women's Prison at an hourly rate of \$17.12. The effective date will be Monday April 27, 2020. Please report to the South Dakota Women's Prison at 8:00am.

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.


Casual dress attire is preferred.

This offer is contingent upon negative drug screening results.

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 South Dakota Women's 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  
SD Women's Prison  
Mike Durfee State Prison  
Department of Corrections

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

### Application

Michael J Schmidt  
 Name of Applicant

Head Football Coach  
 New Position Title

Northern State  
 Agency Employed By

\$110,000  
 Yearly Salary

West Salem WI  
 City, State Moving From

Aberdeen SD  
 New Post of Duty (City)

May 2020  
 Expected Month/Year of Move

12/15/20  
 Employment Date with the State

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

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

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.

Michael J Schmidt  
 Signature of Applicant

4/28/20  
 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.

Veronica Paulson  
 Name of Authorized Agent

Vice President for Finance & Administration  
 Position/ Title of Authorized Agent

Veronica Paulson 4/28/2020  
 Signature of Authorized Agent Date

Northern State University  
 Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
 Board of Finance on

\_\_\_\_\_  
 Date

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



northern *State* university  
MEMORANDUM

DATE: December 18, 2019  
TO: Mike Schmidt  
FROM: Timothy M. Downs, President *T. Downs*  
RE: Appointment with Athletics, Northern State University

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Head Football Coach in the Athletic Department. The effective date of this appointment is December 11, 2019. Annual appointment dates are July 22, 2019, through June 21, 2020. Your salary is ~~\$58,592.00~~ <sup>63,800</sup> (\$110,000/annual) based on eleven (11) months at 100% time. Josh Moon will be your direct supervisor. As with all employees, you will be evaluated annually.

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 December 11, 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. Additionally, a violation of NCAA regulations shall be cause for disciplinary or corrective action as set forth in the provisions of the NCAA enforcement procedures, including suspension without pay or termination of employment for significant or repetitive violations.

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 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 Northern State University. Withholding statements (W-4's) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from the Human Resources Office. 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 Head Football Coach, your position is eligible for state benefits to include household moving allowance of up to one (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 a signed copy to the attention of Human Resources, Northern State University, 1200 South Jay Street, Aberdeen, SD 57401-7198, no later than December 31, 2019, retaining a copy for your records.

I accept the job offer outlined above.

*Michael J. Schmidt*  
Signature

*12/19/19*  
Date

# Moving Allowance State of South Dakota

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

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

Please check one:

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

**Request and all supporting documentation must be received in the Office of the Secretary of State, Board of Finance, 500 E. Capitol Ave, Pierre, SD 57501, no later than 10 business days prior to the Board of Finance meeting. After that time, the request will be processed at the next Board of Finance meeting. All requests are subject to the Bureau of Human Resources policies regarding protection of personally identifiable information.**

## Application

Cadi Kadlecek

Name of Applicant

Coordinator of Programs, Events and Promotions

New Position Title

South Dakota State University

Agency Employed By

\$49,500

Franklin, Tn

Brookings, South Dakota

June 2020

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

SE 6124  
Bureau of Human Resources Class Code

May 5, 2020

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.

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.

Cadi Kadlecek  
Signature of Applicant

May 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.

Rebecca Bott-Knutson

Name of Authorized Agent

Dean

Position/ Title of Authorized Agent

South Dakota State University

Van D. and Barbara B. Fishback Honor's College

Agency of Authorized Agent

DocuSigned by:

Rebecca Bott

5/4/2020 | 11:00 CDT

Signature of Authorized Agent

Date

## Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

## MEMORANDUM

DATE: May 1, 2020

TO: Cadi Kadlecek

FROM: Rebecca Bott-Knutson, Dean, Van D. and Barbara B. Fishback Honors College  
South Dakota State University

RE: Appointment with Van D. and Barbara B. Fishback Honors College, South Dakota State University

On behalf of South Dakota State University (SDSU), I am pleased to offer you, subject to approval by the President, an appointment as Coordinator of Programs, Events, and Promotions in the Honors College. The effective date of this appointment is May 5, 2020. Annual appointment dates are June 22 to June 21. Your salary is \$49,500 based on 12 months at 100% time. I am your direct supervisor. As with all employees, you will be evaluated annually.

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

You are required to provide an *official* transcript for your highest degree within 30 days of accepting this position. As denoted in SDBOR Policy 4:34, the SDBOR manages employee-created intellectual property. The provisions of this policy are enclosed. In addition to the intellectual properties, and in accordance with SDBOR Policy 4:35 on conflicts of interest, there is also enclosed a conflict of interest form that you must complete in full. Please review the policies and forms, sign the forms where indicated, and return the forms fully executed 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 SDBOR and of SDSU. This offer is contingent on SDSU's verification of credentials and other information required by law and/or SDBOR and SDSU policies, including but not limited to a criminal background check. Withholding statements (W-4's) and United States employment eligibility verification documents (I-9) are available from the Payroll Office. Your portion of these forms must be completed on or before your first day of employment. The SDBOR requires direct deposit of payroll checks for all employees.

As Coordinator of Programs, Events, and Promotions, your position is eligible for state benefits to include household moving allowance of up to 1-month salary as outlined in SDCL 3-9-12. A Household Moving Allowance form and instructions have been enclosed.

You will report to work remotely through May 31<sup>st</sup>, 2020, and should set up VPN access for your computer. You will be provided a university computer to use for university-related business for the duration of your employment at SDSU. As negotiated, you will be permitted to work flexible hours through May 15<sup>th</sup>, and for a two-week period surrounding the time of your relocation to Brookings, SD at a date to be determined. You are expected to complete work related to your employment during these times, but will work with your direct supervisor to establish a flexible schedule which accommodates the needs of Honors College and you for the time periods defined in this paragraph.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing and dating below and returning this signed memo, a signed copy of the enclosed Agreement to Assign Intellectual Property, and a signed copy of the Conflict of Interest Form to my attention no later than May 4, 2020, retaining a copy of these documents for your records.

Rev. 4-13-2020

cc: Supervisor  
Human Resources

I accept the job offer outlined above.

Cash Kadlock May 8, 2020

*Signature of Appointee & Date Signed*

Encl: Intellectual Property Policy and Intellectual Property Form  
Conflict of Interest Policy and Form  
Household Moving Allowance Form & Instructions

Rev. 4-13-2020

## 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

Goran Mitrovich

Name of Applicant

43,680.00

Yearly Salary

Elk River MN

City, State Moving From

04-CSA OT Eligible Employee

Bureau of Human Resources Class Code

Training Specialist

New Position Title

Brookings SD

New Post of Duty (City)

March 2, 2020

Employment Date with the State

SDSU

Agency Employed By

Feb/Mar 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.

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.

DocuSigned by:  
Goran Mitrovich  
Signature of Applicant

2/12/2020 | 09:48 CST

Date

### Authorization

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

Michael Adelaine

Name of Authorized Agent

Vice President of Technology and Security

Position/ Title of Authorized Agent

DocuSigned by:  
Michael Adelaine 3/10/2020 | 13:51 CDT

Signature of Authorized Agent

Date

South Dakota State University

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance



**MEMORANDUM**

DATE: 2/12/2020  
TO: Goran Mitrovich  
FROM: Shouhong Zhang, Director  
South Dakota State University  
RE: Appointment with Instructional Design Services, South Dakota State University

COPY

I am pleased to offer you, subject to approval by the President, an appointment as Training Specialist in Instructional Design Services. The effective date of this appointment is March 2, 2020. Your hourly rate is \$21.00 at 100% time. Shouhong Zhang is your direct supervisor.

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 80 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.

Each employee must serve a probationary period before becoming a status Civil Service employee. A written review of your performance should be completed by you and your supervisor at the midpoint and towards the conclusion of your probationary period. After becoming a status employee, your performance will be formally reviewed once per year.

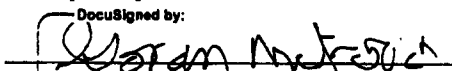
The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota State University. This offer is contingent on the University's verification of credentials and 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. 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 Training Specialist, your position is eligible for state benefits to include household moving allowance of up to 1-month salary as outline 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 to my attention no later than February 13, 2020, retaining a copy for your records.

cc: Supervisor  
Human Resources

I accept the job offer outlined above.

DocuSigned by:  
  
EEDEEA9FA37F469...  
Signature of Appointee & Date Signed

## 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

Jon Stauff

Name of Applicant

AVP International Affairs

New Position Title

SDSU

Agency Employed By

130,000

Yearly Salary

Toms River, NJ

City, State Moving From

Brookings

New Post of Duty (City)

August 22, 2019

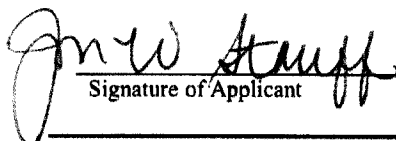
Employment Date with the State

August/2019

Expected Month/Year of Move

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

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

  
Signature of Applicant

4/23/2020  
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.

Dennis D. Hedge

Name of Authorized Agent

Provost and Vice President for Academic Affairs

Position/ Title of Authorized Agent

 7/22/19

Signature of Authorized Agent Date

South Dakota State University

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
Board of Finance on

\_\_\_\_\_  
Date

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



**SOUTH DAKOTA STATE UNIVERSITY**

*Office of Academic Affairs*

July 15, 2019

Jon Stauff  
1012 Scarlet Oak Avenue  
Toms River, NJ 08755

Dear Dr. Stauff:

I am pleased to offer you, subject to approval by the President of South Dakota State University, an appointment to the position of Assistant Vice President for International Affairs. The effective date of this appointment is August 22, 2019, and shall not extend beyond June 21, 2020. This appointment may be renewed at the sole pleasure of the President. If the President elects to renew an administrative appointment, he may do so under whatever changed or additional items and conditions he chooses. Annual appointment dates are June 22<sup>nd</sup> through June 21<sup>st</sup>.

Your salary for this administrative (NFE) position shall be at the rate of \$130,000 per 12 months. Specific duties will be discussed and assigned by me as your immediate supervisor. As with all employees, you will be evaluated annually. As Assistant Vice President for International Affairs, you are eligible for state benefits to include household moving allowance of up to 1-month salary as outlined in SDCL 3-9-12. A Household Moving Allowance form and instructions have been enclosed. Please sign the form on the "Signature of Applicant" line, date it, and return with your signed acceptance of this job offer. You will also have status as Adjunct Professor in the School of American and Global Studies while appointed as Assistant Vice President for International Affairs at South Dakota State University.

Currently, your designation carries no assigned instructional or research duties. Upon the agreement of your supervisor, you may be allowed to assume specific teaching or research responsibilities at your request with no pay in addition to your administrative salary, provided that you satisfactorily discharge all of your administrative duties. Notwithstanding the foregoing, the University hereby expressly reserves the right to assign specific teaching or research responsibilities to you. If you are required to accept specific teaching or research responsibilities in addition to your administrative responsibilities, compensation for such responsibilities will be subject to negotiation at that time.

This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime. The employment offered herein is subject to and governed by the laws of the State of South Dakota, the policies, rules and regulations of the South Dakota Board of Regents and of South Dakota State University. The provisions of such laws, policies, rules and regulations are deemed to be terms of this contract as though these were fully set forth herein. This offer is contingent on the

Office of Academic Affairs

1012 Scarlet Oak Avenue, Toms River, NJ 08755 | 609.875.4444 | www.sdstate.edu

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

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

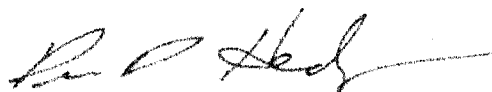
Laws, policies, rules and regulations are subject to modification in the routine course of legislative, judicial and administrative activities. Where the legislature or other governmental authorities, including the South Dakota Board of Regents, amend laws, policies, rules or regulations or adopt new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

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

If you desire to accept this offer of employment, please sign and return this letter to me at the address above no later than **July 29, 2019**. If this offer is not signed and returned by this date, you will be regarded as having rejected employment by South Dakota State University.

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

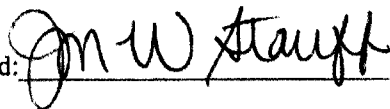
Sincerely,



Dennis D. Hedge, Provost and Vice President

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

Signed:



Date:

7/15/19

# 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

Alison Wilson

Name of Applicant

67,500

Yearly Salary

Norman, OK

City, State Moving From

Bureau of Human Resources Class Code

Assistant Professor

New Position Title

Brookings, SD

New Post of Duty (City)

August 22, 2020

Employment Date with the State

SDSU

Agency Employed By

August 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

1/23/2020

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.

Jay Trenhaile

Name of Authorized Agent

Jay Trenhaile

Signature of Authorized Agent

5/5/2020 | 15:36 PDT

Date

Department Head, Teaching, Learning & Leadership

Position/ Title of Authorized Agent

South Dakota State University

Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State

Board of Finance on \_\_\_\_\_



South Dakota  
State University

## MEMORANDUM

DATE: January 14, 2020

TO: Alison Wilson

FROM: Jay Trenhail, Department Head/Professor  
South Dakota State University

RE: Appointment with Teaching, Learning and Leadership Department, South Dakota State University

I am pleased to offer you, subject to approval by the President, an appointment as Assistant Professor in the Teaching, Learning and Leadership Department. The effective date of this appointment is August 22, 2020. Annual appointment dates are August 22<sup>nd</sup> through May 21<sup>st</sup>. Your salary is \$67,500 based on 9 months at 100% time. As Department Head, I am your direct supervisor. As with all employees, you will be evaluated annually.

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

If you have not done so, you are required to provide an official transcript for your highest degree within 30 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records. In addition to the intellectual properties, also enclosed is a conflict of interest form, please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records.

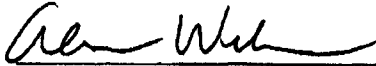
The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota State University. This offer is contingent on the university's verification of credentials and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

As an Assistant Professor, your position is eligible for state benefits to include household moving allowance as outlined in SDCL 3-9-12. A Household Moving Allowance form and instructions are attached.

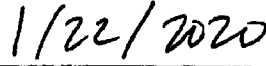
If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter, a signed copy of the enclosed agreement to assign Intellectual Property, and the Conflict of Interest Form to my attention no later than January 24, 2020 retaining a copy for your records.

cc: Supervisor  
Human Resources

I accept the job offer outlined above.



*Signature of Appointee*



*Date*

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

## Household Moving Allowance State of South Dakota

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

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

Please check one:

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

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

### Application

Christopher Adamson

Name of Applicant

Ed Tech Integrationist

New Position Title

USD CTL

Agency Employed By

\$57,000

Yearly Salary

Conyers, GA

City, State Moving From

Vermillion, SD

New Post of Duty (City)

4/2020

Expected Month/Year of Move

00560

Bureau of Human Resources Class Code

04/20/2020

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.

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.

Christopher Adamson

Signature of Applicant

05/01/2020

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.

Emery Wasley

Name of Authorized Agent

Assistant Vice President, HR

Position/ Title of Authorized Agent

Emery Wasley

Signature of Authorized Agent

5/6/20

Date

University of South Dakota

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance



**MEMORANDUM  
REVISED OFFER LETTER**

**DATE:** February 25, 2020  
**TO:** Christopher Adamson  
**FROM:** Bruce Kelley, Assistant Provost, University of South Dakota  
**RE:** Appointment with the Center for Teaching and Learning, University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, a Non-faculty/Exempt appointment as an Educational Technology Integrationist in the Center for Teaching and Learning. The effective date of this appointment is April 20, 2020. Annual appointment dates are June 22 through June 21. Your salary is \$57,000.00 based on 12 months at 100% time. As with all employees, you will be evaluated annually. This offer is contingent on the favorable results of a background check.

The initial administrative appointment shall commence on April 20, 2020 and shall not extend beyond June 21, 2020. You will be issued a follow on annual fiscal year contract for June 22, 2020 through June 21, 2021 at the same rate of pay. The administrative employment may be renewed at the sole pleasure of the Board. If the Board elects to renew an administrative appointment, it may do so under whatever changed or additional terms and conditions it chooses. The administrative employment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause.

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

The University, in accordance with annual salary policy approved by the state legislature, the Board of Regents compensation policies, your performance, and institutional priorities, will determine any future annual pay increases. Payroll dates begin on the 22nd of the month through the 21st with payroll on the last day of the month. Eligible leave will be accrued in accordance with your appointment and all employees are required to request leave through the payroll system to ensure leave is recorded accurately. Benefits are administered through the State of South Dakota and are provided to any employee that is in a regular position that is employed at 50% or greater time.

The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. Please review the policy, sign 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 \$1,000.00 in moving expenses. Reimbursed moving expenses are considered taxable income.

You are scheduled to attend orientation sessions for new employees. All sessions are held in 104 Slagle Hall at the indicated date and times:

- General Information and Benefits Overview, Wednesday, May 6, 8:15 AM

- Guidelines for Using and Reporting Leave, Wednesday, May 13, 8:15 AM
- Anti-Harassment and Discrimination, Wednesday, April 29, 9:00 AM

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by electronically signing and completing the attached paperwork no later than February 28, 2020.

cc: Carl Gutzman, Human Resources  
Bridget Ihnen, Department payroll representative

I accept the job offer outlined above.

DocuSigned by:

2/25/2020

*Christopher Adamson*

EB7C588CF2C6475...

*Signature of Appointee & Date Signed*

DB  
*JM*

DB  
*BMI*

DB  
*LG*

## 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

James E. Quigley

Name of Applicant

Assistant Professor

New Position Title

USD

Agency Employed By

55,000

Yearly Salary

Bethesda, MD

City, State Moving From

Vermillion, SD

New Post of Duty (City)

July-Aug 2020

Expected Month/Year of Move

00800

Bureau of Human Resources Class Code

August 22, 2020

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.

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.

JEQ

Signature of Applicant

April 30, 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.

Emery Wasley

Name of Authorized Agent

Assistant Vice President, HR

Position/ Title of Authorized Agent

Emery Wasley

Signature of Authorized Agent

5/6/20

Date

University of South Dakota

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance



UNIVERSITY OF  
SOUTH DAKOTA

MEMORANDUM

DATE: March 27, 2020  
TO: James Quigley  
FROM: Bruce Kelley, Interim Dean, College of Fine Arts, University of South Dakota  
RE: Appointment with Department of Art, University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Assistant Professor of Art, Graphic Design, in the Department of Art. The effective date of this appointment is **August 22, 2020**. Annual appointment dates are August 22<sup>nd</sup> through May 21<sup>st</sup>. Your annual salary is \$55,000 based on 9 months at 100% time. Cory Knedler, Department Chair, 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 the University of South Dakota. Withholding statements (W-4's) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Human Resources Office. Your portion of these forms must be completed on or before your first day of employment. The Board of Regents requires direct deposit of payroll checks for all employees.

Your position is eligible for state benefits to include household moving allowance of up to \$2,000 as outlined in SDCL 3-9-12. 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 electronically signing this offer and the accompanying documents by **April 3, 2020**.

I accept the job offer outlined above.

DocuSigned by:  
James E. Quigley  
Signature of Appointee

4/1/2020

Date

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

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

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

**Application**

Date: 3-27-2020 Agency: BIT  
Agency Address: 700 Governor's Drive  
Agency Phone Number: 773-4165  
Employee Requesting Reimbursement: Please see attached List<sup>for</sup> 36 lunches  
Total Amount of Reimbursement: 432.00  
Date(s) of Expense: 2-04-2020  
Event Leave Time: 8:00 Am Event Return Time: 5:00 PM  
Explanation of official business performed: BIT Directors, mt's & m's - Strategic Planning 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.

Heather Perry  
Name of Department/Office Head

Interim Commissioner  
Position/Title of Agency Official

Heather Perry  
Signature of Department/Office Head

3-27-2020  
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:** Friday, April 10, 2020 11:06 AM  
**To:** Zimmerman, Mary Kay  
**Subject:** FW: [EXT] You have an invoice waiting (#000229)

**From:** Branding Iron Bistro <invoicing@messaging.squareup.com>  
**Sent:** Thursday, April 9, 2020 9:55 PM  
**To:** Etzkorn, Sarah <Sarah.Etzkorn@state.sd.us>  
**Subject:** [EXT] You have an invoice waiting (#000229)



Invoice Reminder

**\$432.00**

Overdue since March 15, 2020

**Pay Invoice**

**Invoice #000229**

March 8, 2020

*For Meeting on February 4th 2020*

**Bill To**

Sarah Etzkorn

State of South Dakota

sarah.etzkorn@state.sd.us

605-870-0946

We appreciate your business.

---

<b>Catering</b>	<b>\$432.00</b>
(\$12.00 ea.) x 36	
<i>Feb 4 Casey Tibbs Lunch</i>	
<i>Sour cream enchiladas</i>	
<hr/>	
<b>Subtotal</b>	<b>\$432.00</b>
<b>Total Due</b>	<b>\$432.00</b>

**Branding Iron Bistro**

brandingironbisto@icloud.com

605-494-3333

© 2020 Square, Inc.

Square Privacy Policy | Security

James Quenzer  
Brad Samuelson  
Jeremy Schultz  
Randy Slama  
Wade Douglas  
Susan Pietrus  
Jeff Meyer  
Jim Dean  
Todd Dravland  
Tony Rae  
Debbie Lancaster  
Todd Mahoney  
DJ Hausmann  
David Smith  
Mark Heier  
Ryan Ogan  
Dan Maxfield  
Heather Perry

Carrie Tschetter  
Allen Goodman  
Rachel Sundstrom  
Teddy Haislip  
Bruce Kinder  
Tom Hammrich  
Andy Ogan  
Dan Houck  
Jay Etzkorn  
Nicholas Penning  
Barry Olson  
Brent Dowling  
Greg Sterk  
Ross Uhrig  
Heidi Brosz  
Eugene Thomas  
Rochelle Hyde  
John Beranek

36 For Lunch February 4<sup>th</sup> 2020



**BIT M1, M2, Directors Gathering – February 4, 2020**

<b>Welcome</b>	Heather does welcome and what she hopes will come out of the day.	8:10-8:15
<b>Context</b>	Being given an opportunity to put your voice to inform the strategic planning. Heather is interested in how this team can work more collaboratively,	8:15-8:25
<b>Triad Discussions</b>	<ul style="list-style-type: none"> <li>• what it is that other people don't understand about your job and why don't they get it?</li> <li>• what are the types of customers you love working with/what are the types of customers that make you want to pull your hair out? (computer screens department of revenue)</li> <li>• what is one thing you need that could help you do your job more effectively?</li> <li>• What in your mind do we need to strategically plan for?</li> <li>• What would we like our customers to say about us?</li> <li>• What it is we do that others could brag about?</li> <li>• How could we effectively knock down silos in our department?</li> <li>• What our agencies most want from us?</li> <li>• Question around how we would like to help them see what they are not seeing. Manipulating our advocacy.</li> <li>• How could we get ready for that work? (Consensus workshop question around this)</li> </ul>	8:30-9:15
	<b>BREAK</b>	9:15-9:30
<b>Colors</b>	Discuss the impact on personality on communications, planning	9:30-10:15
	<b>BREAK</b>	10:15-10:30
<b>Cup Stack</b>	Collaboration activity	10:30-11:00
<b>Cup Stack ORID follow up</b>	<ul style="list-style-type: none"> <li>• What were the directions</li> <li>• How did you get started? Who provided guidance or leadership?</li> <li>• What shifted or changed throughout the activity?</li> <li>• Where did you struggle?</li> <li>• What was key to being successful?</li> <li>• What does this remind you of when you think about the activity as the work we do for BIT?</li> <li>• What could the rubber band represent?</li> <li>• What could the string represent?</li> <li>• What guidance would you give to others attempting to build a pyramid?</li> <li>• How is that advice similar to what we need to be telling ourselves in the work we do?</li> </ul>	11:00-11:15
	<b>BREAK</b>	11:15-11:25
<b>Ideas &amp; Pitches</b>	<p><b>"If you were in charge, what constructive changes would you like to see addressed or changed that will have a positive impact on the bureau and move us into the future?"</b> (modernization, new technology, updating)</p> <p>We don't have authority to pay more, add FTEs or fire someone you don't like</p> <p><b>What are your needs to do your job better?</b></p> <p><b>What is the best way you would like to be informed/communicated with?</b></p> <ul style="list-style-type: none"> <li>• What is working?</li> <li>• What is not working?</li> <li>• What suggestions/recommendations would you give?</li> </ul> <p><b>What are you willing to pitch to Heather and leadership?</b></p>	11:25-12:00

<b>Pitches Refinement</b>	I am going to give you a few minutes to refine your request. <b>Is it realistic?</b> <b>How will it help?</b> <b>What resources will you need to make a reality?</b>	12:00-12:15
	<b>LUNCH</b>	12:15-12:45
<b>M2 report out</b>	Where are we in the strategic process? What have we uncovered and talked about prior to this meeting? M2's and Directors (5) <ul style="list-style-type: none"> <li>• Have two people explain the trends from Wave Activity</li> <li>• Reveal the Underlying contradictions</li> <li>• Look for common themes</li> <li>• 2 people Core Values</li> <li>• Review World Café Harvest</li> <li>• 5 min max/ <b>need to have timer; 2 min; 1 min; stop (planned for 1 hour)</b></li> <li>• <b>Questions about what stood out to them.</b></li> </ul> <p>1 person for the conversation harvest on pages 22-23 1 person to set up conversation café on page 21 and how we did that 2 people explain the value proposition 1 person talk about the issues that are facing us 1 person to talk about vision 2 people to talk core values</p>	12:45-1:15
<b>Questions &amp; Wonders</b>	Underlying Contradictions workshop	1:15-1:30
	<b>BREAK</b>	1:30-1:40
<b>Five Brother's Puzzle</b>	Deductive reasoning/ assumptions we make; competition between groups	1:40-2:10
<b>Connecting to our Work</b>	We need to create a roadmap for each agency. Applications they have, when we think they should work on replacing it, idea of what it will cost. Getting the group together to understand other people's business. Create teams to set the roadmap for each agency. Our leaders in our agency. They don't talk IT language. WE need to give them the tools and share our expertise. Old pattern we use is <ul style="list-style-type: none"> <li>• Who has money and what can we do with it?</li> <li>• How can we be proactive?</li> </ul>	2:10-2:15
<b>Consensus Workshop</b>	<b>What people, processes and budgeting need to be in place for us to best assess how our agencies can better plan for their IT future?</b>	2:15-3:30
<b>Deepening the Conversation &amp; Next Steps</b>	Describe the need? <ul style="list-style-type: none"> <li>• What resources are necessary? (be specific)</li> <li>• Who needs to be invited into the conversation? (considering all sides)</li> <li>• What authority/permission, if any, do we need to move forward?</li> <li>• What are we committed to – (trying, doing, implementing)?</li> <li>• What next steps could we take to move this forward? (research, exploration, testing, iterating)</li> </ul>	3:30-4:30

<b>Report Out</b>	<ul style="list-style-type: none"><li>• Questions of clarity or wonder</li><li>• What would you add to this conversation?</li></ul>	4:30-5
	<ul style="list-style-type: none"><li>• What has been revealed or uncovered in our work today?</li><li>• What has you personally excited around this exploration?</li><li>• What challenges will we need to be aware of?</li><li>• What gives you hope that we are headed in the right direction?</li><li>• What will be different / better / more planned?</li></ul>	

**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: 3-27-2020 Agency: BIT  
Agency Address: 700 Governor's Drive  
Agency Phone Number: 773-4165  
Employee Requesting Reimbursement: Please see attached list for 23 lunches  
Total Amount of Reimbursement: 299.00  
Date(s) of Expense: March 6<sup>th</sup> 2020  
Event Leave Time: 8:00 AM Event Return Time: 5:00 PM  
Explanation of official business performed: BIT Directors & M's  
Strategic Directions 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.

Heather Perry  
Name of Department/Office Head

Interim Commissioner  
Position/Title of Agency Official

Heather Perry  
Signature of Department/Office Head

3-27-2020  
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.**

**Etzcorn, Sarah**

---

**Subject:** FW: [EXT] You received a new invoice (#000246)

**From:** Branding Iron Bistro <invoicing@messaging.squareup.com>

**Sent:** Thursday, April 9, 2020 7:17 PM

**To:** Etzkorn, Sarah <Sarah.Etzcorn@state.sd.us>

**Subject:** [EXT] You received a new invoice (#000246)

**Branding Iron Bistro**

New Invoice

**\$299.00**

Due on April 16, 2020

**Pay Invoice**

**Invoice #000246**

April 9, 2020

**Bill To**

Sarah Etzkorn

State of South Dakota

sarah.etcorn@state.sd.us

605-870-0946

We appreciate your business.

<b>Catering</b>	<b>\$299.00</b>
( <i>\$13.00 ea.</i> ) x 23	
<i>March 6th</i>	
<i>Chicken Stir Fry</i>	
<i>Salad</i>	
<i>Dessert</i>	
<hr/>	
<b>Subtotal</b>	<b>\$299.00</b>
<b>Total Due</b>	<b>\$299.00</b>

**Branding Iron Bistro**

brandingironbisto@icloud.com

605-494-3333

© 2020 Square, Inc.

Square Privacy Policy | Security

**Strategic Directions Meeting  
March 6 at Casey Tibbs with M2s and Directors**

- |            |  |
|------------|--|
| 8 a.m.     | Commissioner opening remarks                               |
| 8:15 a.m.  | Triad small group discussions about personal motivations   |
| 8:45 a.m.  | Review of Underlying Contradictions workshop from Thursday |
| 9:15 a.m.  | Strategic Directions workshop                              |
| 10 a.m.    | Break  |
| 10:15 a.m. | Strategic Directions workshop (continued)                  |
| Noon       | Lunch  |
| 12:30 p.m. | Timelines, implementation, performance indicators          |
| 5 p.m.     | Adjourn  |

## **Etzkorn, Sarah**

---

**From:** Etzkorn, Sarah  
**Sent:** Tuesday, April 14, 2020 8:40 AM  
**To:** Etzkorn, Sarah  
**Subject:** 3.06.2020

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



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

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

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

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

**Application**

Date: 4/4/20 Agency: Game, Fish and Parks  
Agency Address: 523 E. Capitol Avenue  
Agency Phone Number: 605.773.3718  
Employee Requesting Reimbursement: Rachel Comes  
Total Amount of Reimbursement: 69.08  
Date(s) of Expense: 12/6/2019  
Event Leave Time: 11:00 am Event Return Time: 1:00 pm

Explanation of official business performed: \_\_\_\_\_  
**Wildlife Damage Management Mtg to discuss recommendations from WMI review and create action plan.**

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.

Rachel Comes  
Signature of Employee

4/4/20  
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

4/4/20  
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.**

Game Fish and Parks

Employee Reimbursement

Beth

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: \_\_\_\_\_ ACTION: \_\_\_\_\_ 04/13/2020 17:24:19

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

EMP VOUCHER NBR: \_\_\_\_\_ Z060RB03 DATE: 12/06/2019 MODEL: \_\_\_\_\_

EMP SHORT NAME : COMESRACHELG COMES, RACHEL G CURR: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_ 128419 BLUNT CM/DM : I

TRAVEL BEG DATE: \_\_\_\_\_ 12/06/2019 APPROVAL NBR: \_\_\_\_\_ MULTI PYMT: N

TERMS CODE: \_\_\_\_\_ PYMT DUE DATE: 04/13/2020 DO NOT USE : \_\_\_\_\_

REMIT MSG: \_\_\_\_\_ FOOD\_REIMBURSEMENT

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

LINE	AMOUNT	PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO	NUMBER
0001	69.08	001	3121	52053900		0601110		

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

0002 \_\_\_\_\_

0003 \_\_\_\_\_

0004 \_\_\_\_\_

: \_\_\_\_\_ : \_\_\_\_\_  
: \_\_\_\_\_ GROSS AMOUNT: \_\_\_\_\_ 69.08

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

\_\_\_\_\_  
Claimant Date

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

04/13/2020

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



Casey's General Store# 3785  
1201 N Yellowstone St  
Fort Pierre, SD 57532  
Register 1

12/6/19 11:39:40  
Reg:1 Cashier:TIFFANY  
Receipt 1040517  
Type SALE

Lg 1 Top Pizza	9.99
Onion Large Regular	1.75
Black Olive Large Re	1.75
Tomato Large Regular	1.75
Spinach Large Reg	1.75
Lg Pepperoni Pizza	9.99
Lg Pepperoni Pizza	9.99
Large Beef Pizza	9.99
Gatorade Zero Glacie	2.00
Coke Classic 20oz	1.99
Coke Diet 20oz	0.99
Coke Diet 20oz	1.99
Gatorade Blue 28oz	2.00
Dr Pepper 20oz	1.75
Gatorade Fierce Stra	2.00
Sprite 20oz	0.99
Gatorade Zero Orange	2.00
Dr Pepper 20oz	1.75

SubTotal	64.42
State Tax	2.90
Local/City Tax	1.29
Local/City Special T	0.47
Total	69.08

Received	
Debit	69.08
Debit	

Card Num : XXXXXXXXXXXX5767  
Chip Read  
Terminal : 022003785

USD\$ 69.08

U.S. DEBIT  
AID: A0000000980840  
TVR: 8080048000  
IAD: 06010A03A00000  
TSI: 6800  
ARC: 00  
TC: 814E9EFA8A790E66

Verified by PIN

\*\*\*\*\*  
CASEY'S REWARDS  
Guest: Rachel Comes  
Rewards Account: XXXXXXXXXXXX5856  
\*\*\*\*\*  
Visit CaseysFeedback.com  
To take a short survey about your visit  
And be entered into a monthly drawing  
to win a \$500 Casey's Gift Card.  
Survey # 3785-0001040517-1139  
\*\*\*\*\*

12/6/19

Game Fish and Parks

Employee Reimbursement

Beth

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: \_\_\_\_\_ ACTION: \_\_\_\_\_ 12/09/2019 08:47:38

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

=====
EMP VOUCHER NBR: \_\_\_\_\_ Z060RB03 DATE: 12/06/2019 MODEL: \_\_\_\_\_

EMP SHORT NAME : COMESRACHELG COMES, RACHEL G CURR: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_ 128419 BLUNT CM/DM : I

TRAVEL BEG DATE: \_\_\_\_\_ 12/06/2019 APPROVAL NBR: \_\_\_\_\_ MULTI PYMT: N

TERMS CODE: \_\_\_\_\_ PYMT DUE DATE: 12/09/2019 DO NOT USE : \_\_\_\_\_

REMIT MSG: \_\_\_\_\_ FOOD\_REIMBURSEMENT\_FROM\_12/06/2019

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 \_\_\_\_\_ 69.08 001 3121 52053900 \_\_\_\_\_ 0601110 \_\_\_\_\_

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

0002 \_\_\_\_\_

0003 \_\_\_\_\_

0004 \_\_\_\_\_

: \_\_\_\_\_ : \_\_\_\_\_
: \_\_\_\_\_ GROSS AMOUNT: \_\_\_\_\_ 69.08

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.

12/09/2019

Claimant Date

Authorization Date

Authorization Date

Attendees: (\*Pierre\*)

Kelly Hepler\*

Kevin Robling\*

Tony Leif\*

Tom Kirschenmann\*

John Kanta – Rapid City

Mark Ohm – Chamberlain

Emmett Keyser – Sioux Falls

Mike Klosowski – Watertown

Jona Ohm – Chamberlain

Keith Fisk\*



Office of the State Auditor  
Richard L. Sattgast, State Auditor

500 East Capitol Avenue, Pierre, SD 57501-5070  
Telephone: (605) 773-3341 • Fax: (605) 773-5929  
www.sdauditor.gov

**Delayed Travel Reimbursement Request**

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

**3:05:03:03.01. Voucher submission timing.** A claim for travel expenses must be received by the state auditor within 60 days after the last day of travel. If this timeline is not met, written documentation on a form provided by the state auditor must be submitted by the claimant stating the reason for the delay in submitting the claim prior to determination by state auditor on allowance of the claim. The form must be signed by the head of a state agency, bureau, or any other unit or organization of state government; constitutional officer; or elected official of the office from which the claimant is seeking reimbursement. If the claimant is a department secretary or bureau commissioner, the form must be signed by the Governor.

**General Authority:** SDCL 4-9-1.1.

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

Claimant name: Rachel Comes

Invoice number: \_\_\_\_\_

Reason for delay: wrong form used

Rachel Comes  
Claimant Signature

4/4/20  
Date

[Signature]  
Agency Official Authorization

4/6/20  
Date

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

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

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

Application

Date: 4/4/20 Agency: Game, Fish and Parks  
Agency Address: 523 E. Capitol Avenue  
Agency Phone Number: 605.773.3718  
Employee Requesting Reimbursement: Game, Fish and Parks  
Total Amount of Reimbursement: 63.04  
Date(s) of Expense: 12/19/2020  
Event Leave Time: 11:00 am Event Return Time: 3:00 pm  
Explanation of official business performed: \_\_\_\_\_  
Missouri River Waterfowl Refuge 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.

*Rachel Cross*  
Signature of Employee

4/4/20  
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

4/4/20  
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.**



Game Fish and Parks

Direct Invoice

Beth

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: \_\_\_\_\_ ACTION: \_\_\_\_\_ 04/08/2020 11:26:58

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

=====
INVOICE NUMBER : \_\_\_\_\_ 02192020 DATE: 02/19/2020 MODEL: \_\_\_\_\_

VENDOR SHORT NM: PIZZARANCH \_\_\_\_\_ TRIPLE JT INC CURR : \_\_\_\_\_

VENDOR NUMBER : \_12044918 \_ FORT PIERRE CM/DM : I

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

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

REMIT MSG: \_ TICKET\_1\_FROM\_02/19/2020 \_\_\_\_\_

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

LINE AMOUNT/PERCENT EXP CO ACCOUNT CENTER PROJ-CO NUMBER
VAT QUANTITY UNIT ITEM NUMBER DESCRIPTION PRORATE (T F A D) USE 99 IRC
0001 \_\_\_\_\_ 134.00 001 3122 52053900 \_\_\_\_\_ 0610044 \_\_\_\_\_

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

0002 \_\_\_\_\_

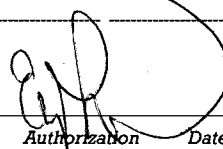
0003 \_\_\_\_\_

0004 \_\_\_\_\_

: \_\_\_\_\_ : \_\_\_\_\_
: \_\_\_\_\_ GROSS AMOUNT: \_\_\_\_\_ 134.00

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

\_\_\_\_\_  
Claimant Date

  
Authorization Date

04/08/2020

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



# ATTENDEE SIGN-IN SHEET

## MISSOURI RIVER WATERFOWL REFUGE

February 19, 2020 11:00am - 3:00pm

Pierre Area Chamber of Commerce  
800 W Dakota Avenue, Pierre, SD

PLEASE PRINT LEGIBLY

Name & Organization	City & State	
George Anderson SDWA	Pierre	*
Theodore Holyarth Forest City Outdoors	Gettysburg SD	
Chris Alesh SDWT	Pierre	*
Bob Karlen USACE	Kennebec SD	
Larry Steffen Hunt Pierre.com	Pierre	*
Ricky Newcomb SD Waterfowl Unlimited	Chamberlain	
Alex Falk aafalk@hotmail.com	Aberdeen, SD	
Nick Fall Big Bend Ranch.sd@gmail.com	Harrold SD	
Curt Underhill SD Migratory Bird	Pierre	*
Mick Haman USFWS	Lake Andes, SD	
Liz Julian USFWS	Lake Andes, SD	
Jona Ohm SD GFP	Chamberlain	
Mark Ohm SD GFP	Chamberlain	
John Simpson SIF	Pierre	*
Paul Lepisto SD IWA	Pierre	*
Tom Kirschenmann GFP	Pierre	*
Kevin Robling GFP	Pierre	*

(17)

PLEASE PRINT LEGIBLY

(8)

7.88

Thank you for your order!

2/19/2020 8:01 am LEE  
260-5856  
ATTN: RACHEL,  
GAME FISH AND  
PARKS  
523 E CAPITAL  
PIERRE

Zone : 1  
Pierre/Fort  
Pierre  
Cash/Chec 134.00

Ticket # 1

2/19/2020 8:01 am LEE

260-5856

ATTN: RACHEL,  
GAME FISH AND  
PARKS  
523 E CAPITAL  
PIERRE

Zone : 1  
Pierre/Fort  
Pierre  
Cash/Chec 134.00

Ticket # 1  
2/19/2020 8:01 am LEE

260-5856  
ATTN: RACHEL,  
GAME FISH AND  
PARKS  
523 E CAPITAL  
PIERRE

Zone : 1  
Pierre/Fort  
Pierre  
Cash/Chec 134.00

Large 27.98  
Bronco  
Orig Crust

Large  
Bronco  
Orig Crust

Large 27.98  
Round-Up  
Orig Crust

Large  
Round-Up  
Orig Crust

Large 27.98  
Stampede  
Orig Crust

Large  
Stampede  
Orig Crust

Large 13.99  
Tuscan Roma  
Thin Crust

Large 25.98  
Orig Crust  
CDN Bacon

Large  
Orig Crust  
CDN Bacon

Large 38.97  
Orig Crust  
Pepperoni

Subtotal 162.88  
Delivery Charge 2.00  
Total 134.00

Ticket # 1  
(1902011401)

Made

134.00

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

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

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

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

Application

Date: 4/4/20 Agency: Game, Fish and Parks  
Agency Address: 523 E. Capitol Avenue  
Agency Phone Number: 605.773.3718  
Employee Requesting Reimbursement: Game, Fish and Parks  
Total Amount of Reimbursement: 111.93  
Date(s) of Expense: 1/6/2020  
Event Leave Time: 1/6/20 10:00 am Event Return Time: 1/7/20 10:00 am  
Explanation of official business performed: \_\_\_\_\_  
**GFP Leadership & Strategic Planning 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.

*Michael Cus*  
Signature of Employee

4/4/20  
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

4/6/20  
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.**

Game Fish and Parks

Direct Invoice

Beth

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: \_\_\_\_\_ ACTION: \_\_\_\_\_ 04/08/2020 11:22:44

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

=====
INVOICE NUMBER : \_\_\_\_\_ 942057 DATE: 01/06/2020 MODEL: \_\_\_\_\_

VENDOR SHORT NM: REDROSSAITALIAN FS MIDWEST RESTAURANT VENTURES CURR : \_\_\_\_\_

VENDOR NUMBER : \_12316039\_ PIERRE CM/DM : I

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

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

REMIT MSG: \_\_\_ BEO#\_942057\_SD\_GAME\_FISH\_AND\_PARKS\_\_\_\_\_

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

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

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

0001 \_\_\_\_\_ 198.00 001 3121 52053900 \_\_\_\_\_ 0601110 \_\_\_\_\_

\_\_\_\_\_ N N N N \_\_\_ NO \_\_\_\_\_

0002 \_\_\_\_\_

0003 \_\_\_\_\_

0004 \_\_\_\_\_

: \_\_\_\_\_ : \_\_\_\_\_
: \_\_\_\_\_ GROSS AMOUNT: \_\_\_\_\_ 198.00

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

\_\_\_\_\_  
Claimant Date

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

04/08/2020

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

## RedRossa Italian Grille

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

**BEO #: 942057**

Printed on: 1/6/2020 2:07:54 PM

<b>Account:</b> Game, Fish, & Parks <b>Post As:</b> Game, Fish, & Parks <b>Address:</b>  <b>Payment Method:</b>  <b>Accounting Information:</b>	<b>Event Date:</b> <b>Monday, 1/6/2020</b> <b>Contact:</b> Rachel Comes <b>Phone:</b> 605-773-3718 <b>Fax:</b> <b>Email:</b> rachel.comes@state.sd.us <b>On-Site</b>  <b>Sales Mgr:</b> Sonia Albers <b>Catering Mgr:</b> Sonia Albers
---	--

Date	Time	Setup	Set	Gtd	Room
Monday, 1/6/2020	11:30 AM-11:45 AM	Delivery	23		Off Site (Delivery)

Qty	Menu Item	Unit	Total
1.00	Quick Catering Delivery	\$180.00	\$180.00
<b>Food Totals</b>			<b>\$180.00</b>
		<b>Total</b>	<b>\$180.00</b>
		<b>Service Charge 1</b>	<b>\$18.00</b>
		<b>Tax</b>	<b>\$0.00</b>
		<b>Grand Total</b>	<b>\$198.00</b>
		<b>Deposits Received</b>	<b>\$0.00</b>
		<b>Amount Due</b>	<b>\$198.00</b>

I have read the above arrangements and the attached Catering Policies and agreed to the terms and conditions. Guarantee number due by 12/30/2019. If a count is not provided to the hotel on the date due, the hotel will use the Set For as the guarantee number, not subject to reduction.

**Folio #:**

**BEO #: 942057**

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

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

Only Invoice Available

## RedRossa Italian Grille

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

**BEO #: 942057**

Status: Tentative

Printed on: 1/3/2020 4:13:09 PM

<b>Account:</b> Game, Fish, & Parks <b>Post As:</b> Game, Fish, & Parks <b>Address:</b>  <b>Deposit:</b>  <b>Method of Payment:</b>	<b>Event Date:</b> <b>Monday, 1/6/2020</b> <b>Contact:</b> Rachel Comes <b>Phone:</b> 605-773-3718 <b>Fax:</b> <b>Email:</b> rachel.comes@state.sd.us <b>On-Site</b>  <b>Sales Mgr:</b> Sonia Albers <b>Catering Mgr:</b> Sonia Albers
---	--

Date	Time	Setup	Set	Gtd	Room
Monday, 1/6/2020	11:30 AM-11:45 AM	Delivery	23		Off Site (Delivery)

<p style="text-align: center;"><b>FOOD</b></p> <p>Time: 11:30 AM Qty: 1 Price: \$180.00 Total: \$180.00                  Quick Catering Delivery</p> <p>Salad:</p> <p>1 Full • Italian Pasta Salad ~ Penne, Italian Salami, Olive, Tomato, Pepperoncini, Smoked Mozzarella, Roasted Red Pepper, Parmesan, Red Wine Vinaigrette = \$65.00</p> <p>Artisan Sandwiches:                  Served with Pickle and Individual Bag of Potato Chips \$5 Each = \$115.00</p> <p>8 • Turkey Bruschetta Sandwich ~ Turkey, Smoked Mozzarella, Lettuce, Roma Mix, Herb Aioli, Ciabatta</p> <p>8 • Roast Beef &amp; Cheddar Sandwich ~ Roast Beef, Cheddar, Lettuce, Tomato, Garlic Aioli, Ciabatta</p> <p>7 • Classic Club ~ Turkey, Bacon, American Cheese, Lettuce, Tomato, Mayo, Ciabatta</p> <p style="text-align: center;"><b>BEVERAGE</b></p> <p>No Bar Requested</p>	<p style="text-align: center;"><b>ROOM REQUIREMENTS</b></p> <p>To Be Delivered to Game Fish &amp; Parks, located in the Foss Bldg at 523 E Capitol Ave. - 1st Floor at 11:45am</p> <p>*Include: plastic plates, plastic forks, napkins, serving utensils</p> <p style="text-align: center;"><b>AUDIO VISUAL EQUIPMENT</b></p> <p>No AV Requested</p> <p style="text-align: center;"><b>MISCELLANEOUS</b></p> <p>Delivery Cancellation Clause:                  *Should the entire or partial Catering Order Cancel, RedRossa Pierre will collect as liquidated damages, fees according to the following schedule:                  Cancellation Prior Total Estimated Revenue                  0-14 days 100%</p> <p>*TAX EXEMPT/Direct Bill</p> <p>**On-Site Contact: Rachel Comes</p>
--	---

Estimated Charges					
Food	\$180.00	Room	\$0.00	Service Charge 1	\$18.00
Beverage	\$0.00	Staff	\$0.00	<b>Total</b> \$198.00	
Audio/Visual	\$0.00	Miscellaneous	\$0.00		

Confirmation is required 7 business days in advance of event or the expected attendance (set) above will become the guarantee. RedRossa Italian Grille requires this contract be signed by an authorized representative of your organization and returned by . Should this not occur, the hotel reserves the right of cancelling the contract upon notice to the organization. The hotel reserves the right to reassign meeting rooms based upon final guaranteed numbers, to a room suitable of accommodating the group and requirements. Food, beverage, and all charges are subject to Service Charge and Sales Tax.

**Folio #:**

**BEO #: 942057**

Only Invoice Available

*Rachel Comes*      1/3/2020  
 \_\_\_\_\_  
 Event Representative Authorized Signature      Date

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

**Members:**

Alban, Andy \*  
 Collignon, William  
 Comes, Rachel \*  
 Hepler, Kelly \*  
 Kanta, John  
 Keyser, Emmett  
 Kirschenmann, Tom \*  
 Klosowski, Mike  
 Kotilnek, Jon \*  
 Lott, John \*  
 Nedved, Al \*  
 Ohm, Jona  
 Ohm, Mark  
 Petersen, Arden (GFP)  
 Petersen, Chris \*  
 Robling, Kevin (GFP) \*  
 Simpson, Scott (GFP) \*  
 Snyder, Matt  
 Thompson, Pat (GFP) \*  
 Tobin, Ryan \*  
 VanMeeteren, Jeff  
 Villa, Heather \*  
 Weyer, Lisa

Andy.Alban@state.sd.us  
 William.Collignon@state.sd.us  
 Rachel.Comes@state.sd.us  
 Kelly.Hepler@state.sd.us  
 John.Kanta@state.sd.us  
 Emmett.Keyser@state.sd.us  
 Tom.Kirschenmann@state.sd.us  
 Mike.Klosowski@state.sd.us  
 Jon.Kotilnek@state.sd.us  
 John.Lott@state.sd.us  
 Al.Nedved@state.sd.us  
 Jona.Ohm@state.sd.us  
 Mark.Ohm@state.sd.us  
 Arden.Petersen@state.sd.us  
 Chris.Petersen@state.sd.us  
 Kevin.Robling@state.sd.us  
 Scott.Simpson@state.sd.us  
 Matt.Snyder@state.sd.us  
 Pat.Thompson@state.sd.us  
 Ryan.Tobin@state.sd.us  
 Jeff.VanMeeteren@state.sd.us  
 Heather.Villa@state.sd.us  
 Lisa.Weyer@state.sd.us

\* Pierre home station (13)



**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: 03/02/20 Agency: 0600  
Agency Address: 4500 S. Oxbow Ave SFSO 57106  
Agency Phone Number: 605-362-2700  
Employee Requesting Reimbursement: Josh Vander Bosch  
Total Amount of Reimbursement: \$ 28.00  
Date(s) of Expense: 02/06/20 to 02/29/20  
Event Leave Time: 8 AM Event Return Time: 4pm  
Explanation of official business performed: wildlife training required for his job duties with training officer - eating out in public setting.

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

[Signature]  
Signature of Employee

03/02/2020  
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  
[Signature]  
Signature of Department/Office Head

Cabinet Secretary  
Position/Title of Agency Official  
3/16/20  
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.**

State of South Dakota  
**VOUCHER**  
 Direct Invoice

kathy  
 AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: \_\_\_\_\_ ACTION: \_\_\_\_\_ 03/03/2020 14:09:33  
 REQUEST: \_\_\_\_\_

=====  
 EMP VOUCHER NBR: Z060RB09 DATE: 02/29/2020 MODEL: V 146567  
 EMP SHORT NAME : VANDENBOSCHJOSH VANDEN BOSCH, JOSHUA L CURR: \_\_\_\_\_  
 EMPLOYEE NUMBER: 146567 HARRISBURG CM/DM : I  
 TRAVEL BEG DATE: 02/06/2020 APPROVAL NBR: \_\_\_\_\_ MULTI PYMT: N  
 TERMS CODE: \_\_\_\_\_ PYMT DUE DATE: 03/03/2020 DO NOT USE : \_\_\_\_\_  
 REMIT MSG: TRAVEL\_EXPENSE\_FOR\_02/06\_TO\_02/29/20

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY	UNIT	ITEM NUMBER	ITEM DESCR	PRORATE (T F A D)	USE 99 I'RC
0001	242.00	001	3122	52031400	0610310	N N N N
0002	14.00	001	2029	52031400	0610603034	0008 2104
0003						N N N N
0004						
					GROSS AMOUNT:	256.00

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

*Bachelor*  
 Authorization Date

03/03/2020 14:09

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





*Office of the State Auditor*  
*Steven J. Barnett, State Auditor*  
*Jason Lutz, Deputy State Auditor*

500 East Capitol Avenue, Pierre, SD 57501-5070  
Telephone: (605) 773-3341 • Fax: (605) 773-5929  
www.sdauditor.gov

**Delayed Travel Reimbursement Request**

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

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

**General Authority:** SDCL 4-9-1.1.

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

Claimant name:

Josh Varden Besch

Invoice number:

Z060R1309

Reason for delay:

needed to fill out paperwork  
for WTO training

Claimant Signature

[Handwritten Signature]  
[Handwritten Signature]

Date

03/02/2020

Agency Official Authorization

Date

3/30/20

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

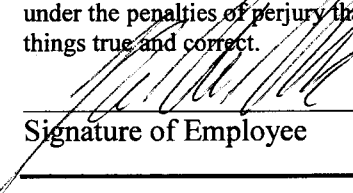
When Application and Authorization sections are completed, please submit the original to:

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

**Application**

Date: 4/7/20 Agency: 0600  
Agency Address: 4500 S Oxbow Ave Sioux Falls  
Agency Phone Number: 605-362-2700  
Employee Requesting Reimbursement: Josh Vander Bosch  
Total Amount of Reimbursement: \$ 28.00  
Date(s) of Expense: 3/2/20 to 3/14/20  
Event Leave Time: 7:30 am Event Return Time: 2 pm  
Explanation of official business performed: wildlife training required for his job duties with training officer - eating out in public setting.

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

  
Signature of Employee

4/7/20  
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 of Department/Office Head

4/22/20  
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.

State of South Dakota  
**VOUCHER**  
 Direct Invoice

kathy  
 AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: \_\_\_\_\_ ACTION: \_\_\_\_\_ 04/07/2020 12:18:00  
 REQUEST: \_\_\_\_\_

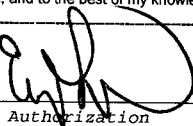
=====

EMP VOUCHER NBR: \_\_\_\_\_ Z060RB10 DATE: 03/14/2020 MODEL: V \_\_\_\_\_ 146567  
 EMP SHORT NAME : VANDENBOSCHJOSH VANDEN BOSCH, JOSHUA L CURR: \_\_\_\_\_  
 EMPLOYEE NUMBER: \_\_\_\_\_ 146567 \_\_\_\_\_ HARRISBURG CM/DM : I  
 TRAVEL BEG DATE: \_\_\_\_\_ 03/02/2020 \_\_\_\_\_ APPROVAL NBR: \_\_\_\_\_ MULTI PYMT: N  
 TERMS CODE: \_\_\_\_\_ PYMT DUE DATE: 04/07/2020 DO NOT USE : \_\_\_\_\_  
 REMIT MSG: \_\_\_\_\_ TRAVEL\_EXPENSE\_FOR\_03/02\_TO\_03/14/20 \_\_\_\_\_  
 SIGNATURE APPR CD: \_\_\_\_\_

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY	UNIT	ITEM	NUMBER	ITEM DESCR	PRORATE (T F A D) USE 99 I'RC
0001	110.00	001	3122	52031400	0610310	_____
						N N N N
0002	14.00	001	2029	52031400	0610330043	0008 8103
						N N N N
0003						_____
0004						_____
						GROSS AMOUNT: 124.00

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

\_\_\_\_\_  
 Claimant Date



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

04/07/2020 12:18

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





# Office of the State Auditor

Steven J. Barnett, State Auditor

Jason Lutz, Deputy State Auditor

500 East Capitol Avenue, Pierre, SD 57501-5070  
Telephone: (605) 773-3341 • Fax: (605) 773-5929  
www.sdauditor.gov

## Delayed Travel Reimbursement Request

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

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

**General Authority:** SDCL 4-9-1.1.

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

Claimant name:

Josh Vanden Bosch

Invoice number:

2060RB10

Reason for delay:

Wildlife Conservation Officer Training Program

Claimant Signature

Date

4/7/20

Agency Official Authorization

Date



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

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

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

---

**Application**

Date: 03/05/2020 Agency: Game Fish and Parks  
Agency Address: 523 E Capitol Ave, Pierre SD 57501  
Agency Phone Number: 605-773-5903  
Employee Requesting Reimbursement: Game Fish and Parks  
Total Amount of Reimbursement: \$126.00  
Date(s) of Expense: 03/05/2020  
Event Leave Time: 8am Event Return Time: 5pm

Explanation of official business performed: \_\_\_\_\_  
A Commision meeting that worked through the lunch hour and didn't end until 5pm.

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.

Rachel Cues  
Signature of Employee

4/6/20  
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

4/22/20  
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.**

Game Fish and Parks

Direct Invoice

Beth

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: \_\_\_\_\_ ACTION: \_\_\_\_\_ 04/13/2020 14:36:28

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

=====

INVOICE NUMBER : \_\_\_\_\_ 03052020 DATE: 03/05/2020 MODEL: \_\_\_\_\_

VENDOR SHORT NM: RAMKOTAHOTELPIE REGENCY MIDWEST VENTURES LTD CURR : \_\_\_\_\_

VENDOR NUMBER : \_12177768 03 PIERRE CM/DM : I

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

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

REMIT MSG: \_ SD\_GAME\_FISH\_AND\_PARKS \_\_\_\_\_

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

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO	NUMBER
VAT	QUANTITY	UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D)	USE 99 IRC
0001	199.92	001	3121	52053900	0601150		

\_\_\_\_\_ N N N N \_ M1 \_\_\_\_\_

0002 \_\_\_\_\_

0003 \_\_\_\_\_

0004 \_\_\_\_\_

: \_\_\_\_\_ : \_\_\_\_\_

: \_\_\_\_\_ GROSS AMOUNT: \_\_\_\_\_ 199.92

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

\_\_\_\_\_  
Claimant Date

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

04/13/2020

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

Ramkota Pierre

Guest :

Area : DR - River Run Restaurant

Chit # : RC038103

Date : 3/5/2020 11:04:47 AM

Qty	Item	Amount
4	Beef Burger	\$32.00
4	Tropical Hawiaa	\$48.00
2	Bacon Mush ChzB	\$24.00
1	Beef Burger	\$8.00
1	Beef Patty Melt	\$9.00
1	Cajun Chicken S	\$10.50
2	Cajun Chicken S	\$18.00
2	Cajun Chicken S	\$18.00

-----  
Sub Total : \$167.50  
-----

Food Sales Tax \$10.91

Food City Tax \$1.68

Restaurant Charged \$32.42  
-----

Chit Total : \$180.09  
-----

Restaurant Room Cha \$212.51  
-----

199.92

Only Invoice Available

## Leidholt, Beth

---

**From:** Comes, Rachel  
**Sent:** Tuesday, April 7, 2020 9:12 AM  
**To:** Leidholt, Beth  
**Cc:** Comes, Rachel  
**Subject:** March 5, 2020 Lunches

Commission Meeting March 5, 2020 10a – 5p

Gary Jensen – Rapid City  
Russ Olson – Wentworth  
Mary Anne Boyd – Yankton  
Jon Locken – Bath  
Doug Sharp – Watertown  
Robert Whitmyre – Webster  
Travis Bies – Fairburn  
Chuck Spring – Union Center  
Kelly Hepler – Pierre  
Kevin Robling – Pierre  
Tom Kirschenmann – Pierre  
Scott Simpson – Pierre  
Jon Kotilnek – Pierre  
Rachel Comes – Pierre  
Nick Harrington – Pierre  
Allie Hoeft – Pierre  
Stewart Adams - Pierre

**Rachel Comes** | *Executive Secretary*  
South Dakota Game, Fish and Parks  
523 East Capitol Avenue | Pierre, SD 57501  
605.773.3718 | [rachel.comes@state.sd.us](mailto:rachel.comes@state.sd.us)



**May 7, 2020**

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

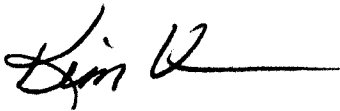
**Board of Finance:**

**Katie Nold went to Brookings for applicator training on behalf of the Department of Agriculture and ended up stranded due to a blizzard.**

**Country Inn & Suites Brookings hotel charged a rate of \$96.00 per night and is not willing to honor the State Rate of \$75.00.**

**We are asking for approval to reimburse Katie Nold (direct billed) for the additional \$42.00.**

**Thank you for your consideration of this matter.**



**Kim Vanneman  
Secretary of Agriculture**

**Cc: Ashley Waibel**

**Encl.**



Country Inn & Suites Brookings

SD DEPT OF AGRICULTURE  
523 E CAPITOL AVE  
Pierre SD 57501  
United States

Date : 04-06-20

A/R Account Number : 00022

Amount Paid : \$ \_\_\_\_\_

Date	Inv. No.	Bill No.	Description	Debit	Credit	Balance
01-19-20	1773	9993	NOLD, KATIE	196.00	- 154.00	42.00
Balance Due						42.00

Aging Summary :

Up to 30	31 - 60	61 - 90	91 - 120	121 - 150	151 and Over
0.00	0.00	42.00	0.00	0.00	0.00

This stay took place on a weekend when the rate was \$90.00. Will the foundation be paying the balance ?? Please advise. This is now past due 2 months.



SD DEPT OF AGRICULTURE  
 523 E CAPITOL AVE  
 Pierre SD 57501  
 United States

Room No. : 325  
 Arrival : 01-17-20  
 Departure : 01-19-20  
 Page No. : 1 of 1  
 Folio No. : 9993  
 Conf. No. : 52962483  
 Cashier No. : 9303

NOLD, KATIE  
 COPY OF INVOICE

Membership No. :  
 A/R Number : 00022  
 Group Code :  
 Company Name : SD DEPT OF AGRICULTURE

04-07-20 01:36:28 AM EST

Date	Text	Charges	Credits
01-17-20	Room	96.00	
01-17-20	City of Brookings-Occ Tax	2.00	
01-18-20	Room	96.00	
01-18-20	City of Brookings-Occ Tax	2.00	
<b>Total</b>		<b>196.00</b>	<b>0.00</b>
<b>Balance</b>			<b>196.00</b>

Radisson Rewards: Members enjoy Member Only Rates, have access to exclusive benefits, and earn towards free nights across Radisson Hotel Group™ portfolio of hotels. Enroll and learn more at the front desk or at [radissonhotels.com/rewards](http://radissonhotels.com/rewards).

**Thank You For Staying With Us**

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature \_\_\_\_\_

Country Inn & SuiteS Brookings by Radisson  
 3000 LeFevre Drive  
 Brookings SD 57006  
 Telephone: (605)692-3500  
 cx\_brSD@countryinns.com



**OFFICE OF ADMINISTRATIVE SERVICES**

600 East Capitol Avenue  
Pierre, South Dakota 57501-2536  
605/773-3361 FAX: 605/773-5683  
[www.state.sd.us/doh](http://www.state.sd.us/doh)

April 01, 2020

Secretary of State  
Board of Finance

Dear Board Members,

We are requesting approval to reimburse Melinda Zeimet for the remaining portion of her hotel bill for \$99.30. She was reimbursed for \$167.56, which includes the instate rate plus taxes. Melinda is a new employee and did not know she could request higher hotel rates in advance. Melinda was unable to receive state rate for her stay due to Summit League Conference. She is now educated and will have prior approval when unable to receive state rates. Please add to your agenda for the April 21<sup>st</sup> meeting.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read 'A Shoop'.

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

Enclosure



State of South Dakota

Name Zeimet, Melinda

**TRAVEL PAYMENT DETAIL**

(Not Valid Unless Accompanied By Approved Voucher)

InvoiceID	Date	Employee Number	Return Date	Advance	Expense	License No.	Home Station	
	03/08/2020	165355	03/11/2020		X	59B228	Pierre	
Date	Description of Travel, Destination, Miles, Misc expense etc.	Time		Auto Miles	Trans Cost	Meals	Lodging	Miscellaneous Expense
		Leave	Return					
03/08/2020	from=Pierre; to=Sioux Falls	12:00:PM		225	51.75	NC	NC	
03/09/2020	from=Hotel; to=SDSP			0	0.00	40.00	100.00	33.43
03/10/2020	from=Hotel; to=SDSP			0	0.00	40.00	100.00	33.43
03/11/2020	from=Sioux Falls; to=Pierre		04:00:PM	225	51.75	20.00		
SUBTOTALS				450	103.50	100.00	200.00	66.86
Purpose of Travel: Training in Sioux Falls. No state rates at hotels due to the Summit Tournament in Sioux Falls. Lodging was \$133.43 per night.						<b>GRAND TOTAL</b>	<b>470.36</b>	
						Apply to Advance		
						<b>AMOUNT REIMBURSABLE</b>	<b>470.36</b>	

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.

Melinda Zeimet 3/21/2020  
 Claimant Date

Jen Gale, RN  
 Authorization Date

3/11/20  
 Date

Electronically Authorized SDCL-53-12

Jen - the form wouldn't let me put the <sup>total</sup> amount of the hotel in, so I put the remainder in misc expense.  
 melinda



**AMERICINN SIOUX FALLS NORTH, SD**

3300 W RUSSELL ST  
SIOUX FALLS, SD 57107 US

Phone: 605-274-1180

Fax: 605-274-1184

Email: siouxfallsnorth.sd@americinn.com

Hotel ID: 18264

Printed: 3/11/2020 10:44:11 AM

**Folio (Detailed)**

Name: ZEMET, MELINDA SUE

Address: 205 YUCCA RIDGE TRAIL  
Pierre, SD 57501 US

Confirmation Number: 89806EC012002  
ACCOUNT/ INVOICE#: 988-211353

Room: 222  
Rate Plan: SDOP  
Arrival: 3/9/2020 (Mon)

Room Type: NIK2, 1 KING BED, HEARING IMPAIRED  
Daily Rate: \$119.49 + \$13.94 Tax  
Departure: 3/11/2020 (Wed)

Nights: 2  
GTD: VI - VISA  
XXXX XXXX XXXX 7484  
Guests: 2/0

**Room Rate:**

3/9/2020 (Mon) - 3/10/2020 (Tue)

\$119.49 + \$13.94 Tax per night.

Date	Code	Description	Amount	Balance
3/9/2020	RM	ROOM CHARGE	\$119.49	\$119.49
3/9/2020	TAX1	STATE SALES TAX	\$6.38	\$124.87
3/9/2020	TAX2	CITY SALES TAX	\$2.39	\$127.26
3/9/2020	TAX3	CITY GROSS RECEIPTS TAX	\$1.19	\$128.45
3/9/2020	TAX4	STATE TOURISM TAX	\$1.79	\$130.24
3/9/2020	TAX5	CITY LODGING TAX	\$1.19	\$131.43
3/9/2020	TAX6	CITY OCCUPANCY TAX	\$2.00	\$133.43
3/10/2020	RM	ROOM CHARGE	\$119.49	\$252.92
3/10/2020	TAX1	STATE SALES TAX	\$6.38	\$258.30
3/10/2020	TAX2	CITY SALES TAX	\$2.39	\$260.69
3/10/2020	TAX3	CITY GROSS RECEIPTS TAX	\$1.19	\$261.88
3/10/2020	TAX4	STATE TOURISM TAX	\$1.79	\$263.67
3/10/2020	TAX5	CITY LODGING TAX	\$1.19	\$264.86
3/10/2020	TAX6	CITY OCCUPANCY TAX	\$2.00	\$266.86
3/11/2020	VI	VISA (7484)	(\$266.86)	\$0.00

**Summary**

Room	Tax	F&B	Other	CC	Cash	DB
\$238.88	\$27.88	\$0.00	\$0.00	(\$266.86)	\$0.00	\$0.00

SDSMT

Debt Write Off List

FY2020

1 Eric Thompson	\$ 434.60
2 Cody Schad	514.10
3 Covin Inc.	434.60
4 Christopher Bontje	780.49
5 Rodney Randall	2,260.65
6 Natasha Branenburger	1,932.00
7 Daniel Barnard	1,880.00
8 Micheal Anderson	2,032.00
9 Jared Lind	2,011.14
10 Kalumba Mulenga	488.85
11 Garrett Peterson	877.70
12 Travis Long Fox	4,221.00
13 Alexsey Brik	3,535.80
14 Beau White	488.85
15 Kent Huxel	1,199.32
16 Travis Hoover	881.00
17 Jean Luc Van Surksun	510.50
18 Sean Casey	657.74
19 Juliet Schmidt	3,658.53
20 Timothy Vancrey	1,656.95
21 Jason Herron	2,465.00
22 De'Andre Bolden	1,830.00
23 Isabella Torrez	288.44
24 Theresa Zajac	2,156.74
	<u>\$ 37,196.00</u>

# 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:** Eric Thompson

**Requested Write Off Amount:** \$434.60

**Date Debt Became Delinquent:** June 2012  
(Debt must be at least two years old in order to be considered.)

**Original Amount of Debt:** \$434.60

**Current Amount Due:** \$434.60

**Collection Efforts History:** Debt has been sent to General Revenue Corp. for collections and ORC. Neither collection agency

has been able to collect anything on this account.

**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:** Emily Milek

**Agency/Institution:** South Dakota School of Mines & Tech.

**Address:** 501 E. St. Joseph St., Rapid City, SD 57701

**Telephone:** (605) 394-6601

**Email:** emily.milek@sdsmt.edu

---

### 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: Cody Schad

Requested Write Off Amount: \$514.10

Date Debt Became Delinquent: August 2010  
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: \$498.20

Current Amount Due: \$514.10

Collection Efforts History: Debt has been sent to General Revenue Corp. for collections and ORC. Neither collection agency has been able to collect anything on this account.

---

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: *Emily Milek*

Name: Emily Milek

Agency/Institution: South Dakota School of Mines & Tech.

Address: 501 E. St. Joseph St., Rapid City, SD 57701

Telephone: (605) 394-6601

Email: emily.milek@sdsmt.edu

---

### 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: Covin Inc.

Requested Write Off Amount: \$434.60

Date Debt Became Delinquent: February 2010

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

Original Amount of Debt: \$434.60

Current Amount Due: \$434.60

Collection Efforts History: Debt has been sent to General Revenue Corp. for collections and ORC. Neither collection agency

has been able to collect anything on this account.

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: *Emily Milek*

Name: Emily Milek

Agency/Institution: South Dakota School of Mines & Tech.

Address: 501 E. St. Joseph St., Rapid City, SD 57701

Telephone: (605) 394-6601

Email: emily.milek@sdsmt.edu

---

### 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 Bontje (A00111774/1923253)

Requested Write Off Amount: 780.49

Date Debt Became Delinquent: 05/15/2011  
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 1880.00

Current Amount Due: 780.49

Collection Efforts History: \_\_\_\_\_

Inhouse collection efforts, sent to Affiliated collection agency then to ORC when ORC was formed.

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:  3/6/2010

Name: Dawn Miller

Agency/Institution: SD School of Mines and Technology

Address: 501 E St Joseph St

Telephone: 605-394-1216

Email: Dawn.Miller@sdsmt.edu

### 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:** Rodney Randall (A00138640/7113512)

**Requested Write Off Amount:** 2260.65

**Date Debt Became Delinquent:** 12/15/2011  
(Debt must be at least two years old in order to be considered.)

**Original Amount of Debt:** 2260.65

**Current Amount Due:** 2260.65

**Collection Efforts History:** \_\_\_\_\_

Inhouse collection efforts, sent to Affiliated collection agency then to ORC when ORC was formed.

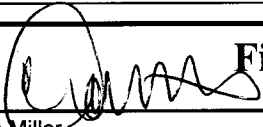
**Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)**

- 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:**  3/06/2020  
**Name:** Dawn Miller  
**Address:** 501 E St Joseph St  
**Telephone:** 605-394-1216  
**Email:** Dawn.Miller@sdsmt.edu

**Agency/Institution:** SD School of Mines and Technology

---

### 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: Natasha Brandenburger (A00080093/1749196)

Requested Write Off Amount: 1932.00

Date Debt Became Delinquent: 01/15/2012  
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 1932.00

Current Amount Due: 1932.00

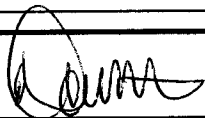
Collection Efforts History: \_\_\_\_\_

Inhouse collection efforts, originally sent to Affiliated collection agency then to ORC when ORC was formed

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) \_\_\_\_\_

Signature:   
Name: Dawn Miller  
Address: 501 E St Joseph St  
Telephone: 605-394-1216  
Email: Dawn.Miller@sdsmt.edu

### Fiscal Officer Contact Information

Agency/Institution: SD School of Mines and Technology

### 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: Daniel Barnard (A00132719/1987934)

Requested Write Off Amount: 1880.00

Date Debt Became Delinquent: 05/15/2012  
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 1880.00

Current Amount Due: 1880.00

Collection Efforts History: \_\_\_\_\_


Inhouse collection efforts, originally sent to Affiliated collection agency then to ORC when ORC was formed

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: Dawn Miller  
Address: 501 E St Joseph St  
Telephone: 605-394-1216  
Email: Dawn.Miller@sdsmt.edu

Agency/Institution: SD School of Mines and Technology

### 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: Michael Anderson (A00135015/1946699)

Requested Write Off Amount: 2032.00

Date Debt Became Delinquent: 05/15/2012  
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 2032.00

Current Amount Due: 2032.00

Collection Efforts History: \_\_\_\_\_


Inhouse collection efforts, originally sent to Affiliated collection agency then to ORC when ORC was formed

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:  3/6/2020  
Name: Dawn Miller  
Address: 501 E St Joseph St  
Telephone: 605-394-1216  
Email: Dawn.Miller@sdsmt.edu

Agency/Institution: SD School of Mines and Technology

### 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: Jared Lind (A00138606/7027535)

Requested Write Off Amount: 2011.14

Date Debt Became Delinquent: 05/15/2012

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

Original Amount of Debt: 2011.14

Current Amount Due: 2011.14

Collection Efforts History: \_\_\_\_\_

Inhouse collection efforts, originally sent to Affiliated collection agency then to ORC when ORC was formed

---


**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:  3/6/2020

Name: Dawn Miller

Agency/Institution: SD School of Mines and Technology

Address: 501 E St Joseph St

Telephone: 605-394-1216

Email: Dawn.Miller@sdsmt.edu

---

### 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: Kalumba Mulenga (A00104433/1264319)

Requested Write Off Amount: 488.85

Date Debt Became Delinquent: 12/15/2012

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

Original Amount of Debt: 488.85

Current Amount Due: 488.85

Collection Efforts History: \_\_\_\_\_

Inhouse collection efforts, originally sent to Affiliated collection agency then to ORC when ORC was formed

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:  3/6/2020

Name: Dawn Miller

Agency/Institution: SD School of Mines and Technology

Address: 501 E St Joseph St

Telephone: 605-394-1216

Email: Dawn.Miller@sdsmt.edu

### 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: Garrett Peterson (A00112860/1900296)

Requested Write Off Amount: 877.70

Date Debt Became Delinquent: 12/15/2012  
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 1880.00

Current Amount Due: 877.70

Collection Efforts History: \_\_\_\_\_

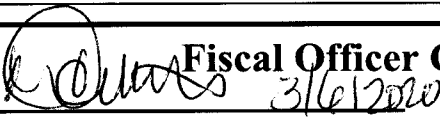
Inhouse collection efforts, sent to Affiliated collection agency then to ORC when ORC was formed.

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: Dawn Miller  
Address: 501 E St Joseph St  
Telephone: 605-394-1216  
Email: Dawn.Miller@sdsmt.edu

Agency/Institution: SD School of Mines and Technology

### 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: Travis Long Fox (A00124426/7003345)

Requested Write Off Amount: 4221.00

Date Debt Became Delinquent: 09/15/2012

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

Original Amount of Debt: 4221.00

Current Amount Due: 4221.00

Collection Efforts History: \_\_\_\_\_

Inhouse collection efforts, originally sent to Affiliated collection agency then to ORC when ORC was formed

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:  3/6/2020

Name: Dawn Miller

Agency/Institution: SD School of Mines and Technology

Address: 501 E St Joseph St

Telephone: 605-394-1216

Email: Dawn.Miller@sdsmt.edu

### 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: Alexsey Brik (A00509918/7195570)

Requested Write Off Amount: 3535.80

Date Debt Became Delinquent: 09/15/2012  
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 3535.80

Current Amount Due: 3535.80

Collection Efforts History: \_\_\_\_\_

Inhouse collection efforts, originally sent to Affiliated collection agency then to ORC when ORC was formed

**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:  3/12/2020

Name: Dawn Miller

Agency/Institution: SD School of Mines and Technology

Address: 501 E St Joseph St

Telephone: 605-394-1216

Email: Dawn.Miller@sdsmt.edu

### 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: Beau White (A00103975/1003699)

Requested Write Off Amount: 488.85

Date Debt Became Delinquent: 12/15/2013

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

Original Amount of Debt: 488.85

Current Amount Due: 488.85

Collection Efforts History: \_\_\_\_\_

Inhouse collection efforts, sent to Affiliated collection agency then to ORC when ORC was formed.

---

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:  3/6/2020

Name: Dawn Miller

Agency/Institution: SD School of Mines and Technology

Address: 501 E St Joseph St

Telephone: 605-394-1216

Email: Dawn.Miller@sdsmt.edu

---

### 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: Kent Huxel (A00157352/7157747)

Requested Write Off Amount: 1199.32

Date Debt Became Delinquent: 05/15/2013

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

Original Amount of Debt: 1199.32

Current Amount Due: 1199.32

Collection Efforts History: \_\_\_\_\_

Inhouse collection efforts then sent 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: Dawn Miller

Agency/Institution: SD School of Mines and Technology

Address: 501 E St Joseph St

Telephone: 605-394-1216

Email: Dawn.Miller@sdsmt.edu

**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: Travis Hoover (A00097810/1889599)

Requested Write Off Amount: 881.00

Date Debt Became Delinquent: 12/15/2013  
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 881.00

Current Amount Due: 881.00

Collection Efforts History: \_\_\_\_\_

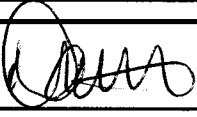
Inhouse collection efforts then sent to ORC

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:  3/6/2010  
Name: Dawn Miller  
Address: 501 E St Joseph St  
Telephone: 605-394-1216  
Email: Dawn.Miller@sdsmt.edu

Agency/Institution: SD School of Mines and Technology

**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: Jean-Luc Van Surksun (A00132897/1949825)

Requested Write Off Amount: 510.50

Date Debt Became Delinquent: 12/15/2013  
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 510.50

Current Amount Due: 510.50

Collection Efforts History: \_\_\_\_\_


Inhouse collection efforts then sent 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:  3/6/2020

Name: Dawn Miller

Agency/Institution: SD School of Mines and Technology

Address: 501 E St Joseph St

Telephone: 605-394-1216

Email: Dawn.Miller@sdsmt.edu

**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: Sean Casey (A00381885/1374465)

Requested Write Off Amount: 657.74

Date Debt Became Delinquent: 09/15/2013

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

Original Amount of Debt: 657.74

Current Amount Due: 657.74

Collection Efforts History: \_\_\_\_\_

Inhouse collection efforts then sent 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:  3/6/2020

Name: Dawn Miller

Agency/Institution: SD School of Mines and Technology

Address: 501 E St Joseph St

Telephone: 605-394-1216

Email: Dawn.Miller@sdsmt.edu

### 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: Juliet Schmidt (A00132223/1621355)

Requested Write Off Amount: 3658.53

Date Debt Became Delinquent: 01/15/2014  
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 3658.53

Current Amount Due: 3658.53

Collection Efforts History: \_\_\_\_\_

Inhouse collection efforts then sent 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:  3/6/2010

Name: Dawn Miller

Agency/Institution: SD School of Mines and Technology

Address: 501 E St Joseph St

Telephone: 605-394-1216

Email: Dawn.Miller@sdsmt.edu

### 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:** Timothy Vancrey (A00099343/1847307)

**Requested Write Off Amount:** 1656.95

**Date Debt Became Delinquent:** 05/15/2014

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

**Original Amount of Debt:** 1656.95

**Current Amount Due:** 1656.95

**Collection Efforts History:** \_\_\_\_\_

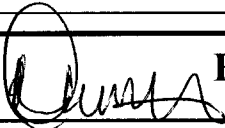
Inhouse collection efforts then sent to ORC

**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:**  3/6/2010

**Name:** Dawn Miller

**Agency/Institution:** SD School of Mines and Technology

**Address:** 501 E St Joseph St

**Telephone:** 605-394-1216

**Email:** Dawn.Miller@sdsmt.edu

### 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:** Jason Herron (A00132882/7027338)

**Requested Write Off Amount:** 2465.00

**Date Debt Became Delinquent:** 01/15/2014  
(Debt must be at least two years old in order to be considered.)

**Original Amount of Debt:** 2465.00

**Current Amount Due:** 2465.00

**Collection Efforts History:** \_\_\_\_\_

Inhouse collection efforts then sent 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:**  3/4/2020

**Name:** Dawn Miller

**Agency/Institution:** SD School of Mines and Technology

**Address:** 501 E St Joseph St

**Telephone:** 605-394-1216

**Email:** Dawn.Miller@sdsmt.edu

---

### 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:** De'Andre Bolden (A00152498/7169834)

**Requested Write Off Amount:** 1830.00

**Date Debt Became Delinquent:** 05/15/2014  
(Debt must be at least two years old in order to be considered.)

**Original Amount of Debt:** 1830.00

**Current Amount Due:** 1830.00

**Collection Efforts History:** \_\_\_\_\_

Inhouse collection efforts then sent 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:**  3/6/2020

**Name:** Dawn Miller

**Agency/Institution:** SD School of Mines and Technology

**Address:** 501 E St Joseph St

**Telephone:** 605-394-1216

**Email:** Dawn.Miller@sdsmt.edu

### 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: Isabella Torrez (A00165877/7223717)

Requested Write Off Amount: 288.44

Date Debt Became Delinquent: 01/15/2014

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

Original Amount of Debt: 288.44

Current Amount Due: 288.44

Collection Efforts History: \_\_\_\_\_

Inhouse collection efforts then sent 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:  3/17/2020

Name: Dawn Miller

Agency/Institution: SD School of Mines and Technology

Address: 501 E St Joseph St

Telephone: 605-394-1216

Email: Dawn.Miller@sdsmt.edu

### 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: Theresa Zajac (A00512141/7301766)

Requested Write Off Amount: 2156.74

Date Debt Became Delinquent: 05/15/2014  
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 2156.7

Current Amount Due: 2156.74

Collection Efforts History: \_\_\_\_\_

Inhouse collection efforts then sent 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:  3/16/2020

Name: Dawn Miller

Agency/Institution: SD School of Mines and Technology

Address: 501 E St Joseph St

Telephone: 605-394-1216

Email: Dawn.Miller@sdsmt.edu

### Approval by State Board of Finance

Approved by the  
State Board of  
Finance on

\_\_\_\_\_ Date

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