

## 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

Ashley Jangula

Name of Applicant

\$45,263

Yearly Salary

010940

Bureau of Human Resources Class Code

Aberdeen, SD

City, State Moving From

Labor Program Specialist

New Position Title

Pierre, SD

New Post of Duty (City)

08/11/2014

Employment Date with the State

Labor & Regulation

Agency Employed By

October 2019

Expected Month/Year of Move

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

Ashley Jangula  
Signature of Applicant

8/22/2019  
Date

### Authorization

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

M. Hullman  
Name of Authorized Agent

M. Hullman 8-22-19  
Signature of Authorized Agent Date

Marcia Hullman Secretary DLR  
Position/ Title of Authorized Agent

Labor & Regulation  
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>

August 21, 2019

Ashley Jangula  
323 S Vivian St  
Aberdeen SD 57401

Dear Ashley,

Congratulations on your promotion to the full time position of Labor Program Specialist with the Office of Administrative Services in Pierre, SD. This transfer is effective September 9, 2019 and your salary will be increased to \$21.85/hourly.

You are accepting this Pierre position with the agreement that you will relocate within 6 months, which will be February 9, 2020.

This will be a transfer within State Government and all your leave balances and retirement will transfer over. You may contact Emily Ward with any questions regarding your new position.

The Department of Labor and Regulation has agreed to pay actual moving expenses and will seek approval through the State Board of Finance within the allowable guidelines. Reimbursement of expenses up to one month's salary, or \$3801.90 and based on the rules established by the Board of Finance, is part of this employment offer. Receipts attached must be eligible expenses.

Sincerely,



Deb Olson

Human Resource Manager

CC: Emily Ward  
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

<p><u>Amber L. Mulder</u> Name of Applicant</p> <p><u>85942</u> Yearly Salary</p> <p><u>204423</u> Bureau of Human Resources Class Code</p>	§	<p><u>Sioux Falls, SD</u> City, State Moving From</p>	<p><u>Director of Labor + Mgmt.</u> New Position Title</p> <p><u>Pierre</u> New Post of Duty (City)</p> <p><u>December 1, 2015</u> Employment Date with the State</p>	<p><u>Dept. of Labor + Regulation</u> Agency Employed By</p> <p><u>November 2019</u> Expected Month/Year of Move</p>
---	---	---	---	--

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.

Amber L. Mulder  
Signature of Applicant

8/19/2019  
Date

## Authorization

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

Marcia Hultman  
Name of Authorized Agent

M. Hultman 8-22-19  
Signature of Authorized Agent Date

Secretary  
Position/ Title of Authorized Agent

Labor + Regulation  
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

August 19, 2019

Amber Mulder  
7900 E Arrowhead Pkwy Apt 209  
Sioux Falls SD 57110

Dear Amber,

Congratulations on your promotion to the full time position of Director with the Office of Labor and Management in Pierre, SD. This transfer is effective August 09, 2019 and your salary will be increased to \$85,942.08/annually.

You are accepting this Pierre position with the agreement that you will relocate within 6 months, which will be February 9, 2020.

This will be a transfer within State Government and all your leave balances and retirement will transfer over. You may contact Dawn Dove with any questions regarding your new position.

The Department of Labor and Regulation has agreed to pay actual moving expenses and will seek approval through the State Board of Finance within the allowable guidelines. Reimbursement of expenses up to one month's salary, or \$7161.84 and based on the rules established by the Board of Finance, is part of this employment offer. Receipts attached must be eligible expenses.

Sincerely,



Deb Olson

Human Resource Manager

CC: Dawn Dove  
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

Mark Peppel	Eng III	DOT
Name of Applicant	New Position Title	Agency Employed By
\$75,130	Pierre SD	Winner SD
Yearly Salary	City, State Moving From	New Post of Duty (City)
E-3	804003	07/2019
Bureau of Human Resources Class Code	Employment Date with the State	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.

Mark Peppel

Signature of Applicant

8-8-19

Date

### Authorization

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

Greg Fuller

Name of Authorized Agent

Director of Operations

Position/ Title of Authorized Agent

[Signature]

Signature of Authorized Agent

Date

8/8/19

Dept. of Transportation

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

April 8, 2019

Mark Peppel  
28667 Ponderosa St.  
Pierre, SD 57501

Dear Mark,

This letter is to confirm your appointment to the position of Engineer III (11-2641), with the South Dakota Department of Transportation in Winner. Your employment will begin on April 24, 2019 at an hourly wage of \$36.12. Your immediate supervisor is Brad Norrid, Engineering Manager II.

As agreed, this position also carries with it payment by the State for ~~your actual moving expenses up to one month's salary based on the rules established by the Board of Finance.~~ Attached, please find the guidelines for household moving allowances. If you should terminate your employment prior to six months, you would be required to repay the moving allowances. Please find the Household Moving Expense Form at [https://sdsos.gov/about-the-office/assets/HouseholdMovingAllowanceFilling\\_20180123.pdf](https://sdsos.gov/about-the-office/assets/HouseholdMovingAllowanceFilling_20180123.pdf). Complete the form and return it to: Kimberly Smith, HR Specialist, Bureau of Human Resources, 5316 W. 60<sup>th</sup> St N, Sioux Falls, SD 57107, for further processing.

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

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

Sincerely,



Heidi Olson  
Human Resource Manager  
Department of Transportation

cc: supervisor  
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>Jordan Melius</u> Name of Applicant	<u>Specialist</u> New Position Title	<u>SDHP</u> Agency Employed By
<u>\$49,000</u> Yearly Salary	<u>Abadan, SD</u> City, State Moving From	<u>Pierre, SD</u> New Post of Duty (City)
<u>6666674</u> Bureau of Human Resources Class Code	<u>September 2019</u> Expected Month/Year of Move	<u>November 2016</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.

<u>Josh Melius</u> Signature of Applicant	<u>9/9/19</u> 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>Angela Lemieux</u> Name of Authorized Agent	<u>Dir of Admin. Services</u> Position/ Title of Authorized Agent
<u>Angela Lemieux</u> Signature of Authorized Agent	<u>Dept of Public Safety</u> Agency of Authorized Agent
<u>9/10/19</u> Date	

## Approval by State Board of Finance

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



SOUTH DAKOTA  
DEPARTMENT  
OF PUBLIC SAFETY

prevention — protection — enforcement

---

# SOUTH DAKOTA HIGHWAY PATROL

DIVISION HEADQUARTERS

118 West Capitol Avenue · Pierre, South Dakota 57501

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

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

---

September 10, 2019

Jordan Melius  
1321 N Roosevelt Apt 212  
Aberdeen, SD 57401-1623

Dear Jordan,

Let this letter serve as notification that your rate of pay was incorrect on your initial promotion letter. You will be going from \$22.36 to \$23.48 reflective in your payroll dated October 1<sup>st</sup>, 2019.

Again, I look forward to seeing you work in your new role as part of the Governor's Security Detail. If you should have any questions, feel free to contact me.

Sincerely,

Colonel Rick Miller  
Superintendent  
SD Highway Patrol

RM:cl

CC: Vanessa Gardner, BHR  
Personnel File





SOUTH DAKOTA  
DEPARTMENT  
OF PUBLIC SAFETY  
prevention — protection — enforcement

---

# SOUTH DAKOTA HIGHWAY PATROL

DIVISION HEADQUARTERS  
118 West Capitol Avenue · Pierre, South Dakota 57501  
Telephone: 605-773-3105 Fax: 605-773-6046  
Web: [dps.sd.gov/enforcement/highway\\_patrol/](http://dps.sd.gov/enforcement/highway_patrol/)

---

August 28, 2019

Jordan Melius  
1321 N Roosevelt Apt 212  
Aberdeen, SD 57401-1623

Dear Jordan,

Congratulations! This letter serves as a notification that you have been promoted to Headquarter Specialist effective September 9<sup>th</sup>, 2019. Your pay will increase to \$22.48 per hour and will be reflected in your paycheck dated October 1<sup>st</sup>, 2019. Your supervisor will be Lieutenant Chad Westover.

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

If at any time, you do not continue your Governor's Security Detail Assignment you will revert to the trooper classification at a rate of pay commensurate with your graduation class.

Jordan, I look forward to seeing you work in this new capacity and have no doubt you will continue to represent the SD Highway Patrol in a professional manner. Please feel free to contact me should any questions arise.

Sincerely,

Colonel Rick Miller  
Superintendent  
SD Highway Patrol

RM:cl

CC: Vanessa Gardner, BHR  
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.

per Veronica

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

Shalini Mathew

Name of Applicant

\$ 53,000.00

Yearly Salary

Greensboro, NC

City, State Moving From

Assistant Professor

New Position Title

Aberdeen

New Post of Duty (City)

August 19, SD

Employment Date with the State

Northern State University

Agency Employed By

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.

[Handwritten Signature]

Signature of Applicant

8/29/2019

Date

Authorization

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

Veronica Paulson

Name of Authorized Agent

Vice President for Finance & Administration

Position/ Title of Authorized Agent

[Handwritten Signature]

Signature of Authorized Agent

9/10/19

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

RECEIVED

AUG 2019  
Payroll Office  
Northern State University

101054392

**DATE:** August 2, 2019  
**TO:** Shalini Mathew  
**FROM:** Timothy M. Downs, President *T. Downs*  
**RE:** Appointment with Psychology and Counselor Education Department, Northern State University

4,416<sup>67</sup>

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Assistant Professor in the Psychology and Counselor Education Department. The effective date of this appointment is August 22, 2019. Annual appointment dates are August 22, 2019, through May 21, 2020. Your salary is \$53,000.00 based on nine (9) months at 100% time. Karyl Meister will be your direct supervisor. As with all employees, you will be evaluated annually.

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

You are required to provide an official transcript for your highest degree within 30 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34.

The 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 Assistant Professor, your position is eligible for state benefits.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing this letter and the Expectations of Employment Document on the back of this letter and returning a signed copy to the attention of Human Resources, Northern State University, 1200 South Jay Street, Aberdeen, SD 57401-7198, no later than August 19, 2019, retaining a copy for your records.

I accept the job offer outlined above.

SHALINI J. MATHEW

Signature

08 | 07 | 2019

Date

## Household Moving Allowance State of South Dakota

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

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

*per Veronica*

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>Saul Phillips</u>	<u>Men's Basketball Coach Northern State</u>	<u>Northern State</u>
Name of Applicant	New Position Title	Agency Employed By
<u>108,000</u>	<u>Akron OH</u>	<u>Aberdeen SD</u>
Yearly Salary	City, State Moving From	New Post of Duty (City)
		<u>August 2019</u>
Bureau of Human Resources Class Code	Employment Date with the State	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.

<u>Saul Phillips</u>	<u>9/4/19</u>
Signature of Applicant	Date

### Authorization

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

<u>Veronica Paulson</u>	<u>Vice President for Finance &amp; Administration</u>
Name of Authorized Agent	Position/ Title of Authorized Agent
<u>Veronica Paulson</u>	<u>Northern State University</u>
Signature of Authorized Agent	Agency of Authorized Agent
<u>9/9/19</u>	
Date	

### Approval by State Board of Finance

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





101043539

northern *State* university  
MEMORANDUM

**DATE:** June 12, 2019  
**TO:** Saul Phillips  
**FROM:** Timothy M. Downs, President *T. Downs*  
**RE:** Appointment with Athletics, Northern State University

*J-Jun 9,000.*

SCANNED

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Head Men's Basketball Coach in the Athletics Department. The effective date of this appointment is June 22, 2019. Annual appointment dates are June 22, 2019, through May 21, 2020. Your salary is \$108,000.00 based on eleven (11) months at 100% time. Joshua 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 June 22, 2019 and shall not extend beyond May 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 Men's Basketball 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 July 1, 2019, retaining a copy for your records.

I accept the job offer outlined above.

*Saul Phillips*

Signature

*8/29/19*

Date

# Household Moving Allowance State of South Dakota

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

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

Please check one:

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

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

## Application

Michael A. Sybrant

Name of Applicant

Assistant Women's Basketball Coach

New Position Title

SD School of Mines & Technology

Agency Employed By

\$35,813.

Yearly Salary

Sterling, CO

City, State Moving From

Rapid City

New Post of Duty (City)

August 2019

Expected Month/Year of Move

00511

Bureau of Human Resources Class Code

August 19, 2019

Employment Date with the State

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

DocuSigned by:

Michael Sybrant

Signature of Applicant

8/15/2019 | 1:22:37 PM PDT

Date

## Authorization

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

James M. Rankin

Name of Authorized Agent

President

Position/ Title of Authorized Agent

DocuSigned by:

James M. Rankin

Signature of Authorized Agent

8/15/2019 | 1:59:22 PM MDT

Date

SD School of Mines & Technology

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



**OFFICE OF THE PRESIDENT**

DATE: August 15, 2019

TO: Michael A. Sybrant

FROM: James M. Rankin, President  
South Dakota School of Mines and Technology

RE: Appointment with Intercollegiate Athletics  
South Dakota School of Mines & Technology

DocuSigned by:  
*James M. Rankin*  
21715B8AE35E43F...

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Assistant Women's Basketball Coach in Intercollegiate Athletics, position ME9958. The effective date of this appointment is August 19, 2019. Annual appointment dates are June 22 through June 21. Your yearly salary is \$35,813. This is a 12-month position working at a 100% level of effort for the pay periods July 22 to May 21. This position will be at 50% effort for the pay periods May 22 to July 21. Jeri K. Jacobson, Head Women's Basketball Coach, is your direct supervisor. As with all employees, you will be evaluated annually.

In addition to your base rate, the approximate value of the benefit package you receive is an additional \$15,257 or 43%. The benefit package includes employer contributions for health, life, worker's compensation, unemployment and PEPL insurance, and matching contributions for social security and retirement. Full-time employees earn 120 hours of vacation time each year (15 days). This vacation allowance is accrued at the rate of 10 hours per month based on a full month of service. According to policy, no vacation leave may be used until you have completed six months of employment. You may accumulate up to a total of 240 hours of vacation time. Once this maximum accumulation is reached, accrual of vacation leave ceases until such time as you make use of part or all of the accumulated time. Full-time employees accrue sick leave at the rate of 9.34 hours per month based on a full month of service. There is no maximum accumulation of sick leave.

The administrative employment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause. The administrative appointment shall commence on August 19, 2019, and shall not extend beyond June 21, 2020. The administrative employment may be renewed at the sole pleasure of the Board. If the Board elects to renew an administrative appointment, it may do so under whatever changed or additional terms and conditions it chooses.

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

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

Michael A. Sybrant  
August 15, 2019  
Page Two

Your supervisor will review your position description with you when you begin your employment. A written performance and planning review document will be completed by you and your supervisor annually by April 21<sup>st</sup>.


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

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota School of Mines & Technology. Withholding statement (W-4) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Human Resources Office. Your portion of these forms must be completed on or before your first day of employment. BOR requires direct deposit of payroll checks for all employees. Please see the enclosed memo regarding the date and time we will meet to complete the necessary new employee paperwork. The memo also includes additional information regarding items you will need to bring to this meeting.

According to current state regulations (SDCL 3-9-12) concerning moving expenses, we are authorized to reimburse you for the cost of moving your household goods up to one month's salary. However, due to budgetary constraints, we are authorized to reimburse you up to \$500 for your moving costs. We are bound by current state regulations concerning moving expenses. No specific allowance is provided for crating and packing, per se. If you should elect to perform the move using U-Haul or similar rental facilities, you can be reimbursed for expenses up to a maximum of \$500 (original receipts and gas receipts required). Information on moving expense reimbursement and allowable household moving expenses is included for your information. Per Diem expenses (meals, lodging (original receipts required), mileage, airfare (boarding pass and itinerary required) are reimbursable. Please sign where indicated and return with this offer memo, retaining a copy for your records.

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

I accept the job offer outlined above.

DocuSigned by:  
 8/15/2019 | 1:22:37 PM PDT  
6E8D25796DA0407  
*Signature of Appointee & Date Signed*

JR:nlf

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

cc: C Cox  
J Jacobson  
J Lueken

# 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

<u>Liam Wren</u> Name of Applicant	<u>C.O</u> New Position Title	<u>Doc</u> Agency Employed By	
<u>\$17.12</u> Yearly Salary	<u></u> City, State Moving From	<u></u> New Post of Duty (City)	<u></u> Expected Month/Year of Move
<u>Correctional officer</u> 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.

L. Wren  
Signature of Applicant

8-30-2019  
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.

Mike Leidholt  
Name of Authorized Agent

Secretary of Correction  
Position/ Title of Authorized Agent

M. Wren      8-7-19  
Signature of Authorized Agent      Date

SD Dept of Correction  
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.**



## DEPARTMENT OF CORRECTIONS

### South Dakota State Penitentiary

1600 North Drive  
Sioux Falls SD 57117-5911  
Phone: (605) 367-5018  
Fax: (605) 367-5105

May 7, 2019

Dear Liam Wren:

This is to confirm your acceptance of our verbal offer to you for the Correctional Officer position with the South Dakota State Penitentiary at a starting hourly wage of \$16.70. The Department of Corrections will allow you reimbursement of moving expenses you accrue up to one month of your salary. In order for the expenses to be reimbursed you must submit the Household Moving Allowance Application, this offer letter and any receipts of payment for moving. **Please report to the RJ Johnson Training Academy at 8:00 AM Monday May 20, 2019.**

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

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

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

We look forward to having you on our staff. We hope your employment with the South Dakota State Penitentiary will be a rewarding experience. If you have any questions, please feel free to contact Avinesh Chand 605-367-5053.

Sincerely,

Jennifer Meyer  
Human Resources Manager

# Household Moving Allowance State of South Dakota

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

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

Please check one:

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

**PLEASE NOTE:** This form is to be filled out by the employee and submitted to the Board of Finance meeting. Documents must be attached to this form including: 1. Offer of Employment from the State of South Dakota. 2. Offer of Employment from the former employer. 3. Proof of moving expenses. 4. Proof of 60 days of continuous employment with the State of South Dakota. 5. Proof of 6 months of continuous employment with the former employer. 6. Proof of 50 miles or more from the former residence. 7. Proof of 50 miles or more from the former residence. 8. Proof of 50 miles or more from the former residence. 9. Proof of 50 miles or more from the former residence. 10. Proof of 50 miles or more from the former residence.

## Application

<u>Paul Miller</u> Name of Applicant	<u>Instructor of Computer &amp; Cyber Sciences</u> New Position Title	<u>Dakota State University</u> Agency Employed By
<u>\$53,000.00</u> Yearly Salary	<u>Murfreesboro, TN</u> City, State Moving From	<u>August 2019</u> Expected Month/Year of Move
<u>00900</u> Bureau of Human Resources Class Code	<u>Madison, SD</u> New Post of Duty (City)	<u>08/22/2019</u> Employment Date with the State

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

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

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

Paul T. Miller  
Signature of Applicant

August 16, 2019  
Date

## Authorization

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

Stacy Krusemark  
Name of Authorized Agent  
[Signature]  
Signature of Authorized Agent  
8-16-19  
Date

VP for Business & Admin Services  
Position/ Title of Authorized Agent  
Dakota State University  
Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the  
State Board of  
Finance on  
  
Date

Signature of Secretary, State Board of Finance

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



**MEMORANDUM**

DATE: August 16, 2019  
TO: Paul Miller  
[ptim.miller@live.com](mailto:ptim.miller@live.com)  
FROM: José-Marie Griffiths, Ph.D.  
Dakota State University President  
RE: Appointment with the Beacom College of Computer and Cyber Sciences  
Dakota State University

I am pleased to offer you, subject to approval by the Board of Regents, a term appointment as Visiting Instructor of Computer and Cyber Sciences in the Beacom College of Computer and Cyber Sciences. The effective date of this appointment is August 22, 2019. New hire and faculty orientation will begin on August 19, 2019 in accordance with the collective bargaining agreement between the South Dakota Board of Regents and the Council of Higher Education (COHE). Annual appointment dates are August 22nd, 2019 through May 21st, 2020. Your salary will be at an annualized rate of \$53,000.00 for the period of August 22, 2019, to May 21, 2020, and is based on 9 months at 100% time. Contract dates reflect the payroll period which is the 22nd of the month through the 21st of the following month, with deposits issued on the last working day of the month. You will receive your first paycheck for August 22 – September 21 on September 30th. Your supervisor will be Dr. Richard Hanson, Dean of the Beacom College of Computer and Cyber Sciences.

The employment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause. The appointment shall commence on August 22, 2019 and shall not extend beyond May 21, 2020. As with visiting faculty hire appointments, this position will end, and the University will communicate how it will be advertised for the following fiscal year. The employment may be renewed for the next fiscal year at the sole pleasure of the Board. If the Board elects to renew an appointment, it may do so under whatever changed or additional terms and conditions it chooses. As with all administrative, professional, CSA, and Faculty employees, you will be evaluated annually. This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime.

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

You are required to provide an official transcript for your highest degree within 60 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated in DocuSign, retaining a copy for your records. In addition to the intellectual properties, also enclosed is a conflict of interest form. Please review the policy, sign where indicated in DocuSign.

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of Dakota State University. Withholding statements (W-4's) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from the Human Resources Office.

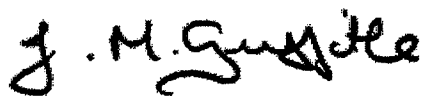
JR



As a Visiting Instructor, your position is eligible for state benefits. Benefits could include household moving reimbursement allowance of up to 1 month salary as outlined in SDCL 3-9-12 as long as the State's Auditor Office grants approval. Dakota State University will provide up to \$5,888.89 in moving expense reimbursement.

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

Sincerely,



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

Enclosures

c: HR Office  
Dean – Beacom College of Computer and Cyber Sciences  
Provost Office

I accept the job offer outlined above.

*Paul T. Miller*

August 16, 2019

---

Signature of Appointee (Full legal name)

---

Date

# Household Moving Allowance State of South Dakota

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

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

Please check one:

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

**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. C.T. High 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

Jennifer Farland

Name of Applicant

Coordinator-Int Recruitment

New Position Title

SDSU-International Affairs

Agency Employed By

\$55,816.00

Sherwood, OR

Brookings, SD

August 2019

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

28

8/22/19

Bureau of Human Resources Class Code

Employment Date with the State

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

DocuSigned by:

Jennifer Lee Farland

Signature of Applicant

8/12/2019 | 11:17 CDT

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.

Greg Wymer

Name of Authorized Agent

Director of International Students and Scholars

Position/ Title of Authorized Agent

DocuSigned by:

Greg Wymer

8/12/2019 | 10:05 CDT

SDSU - International Affairs

Signature of Authorized Agent

Date

Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance



**SOUTH DAKOTA STATE UNIVERSITY**

Office of International Affairs

August 9, 2019

Jennifer Farland  
16100 SW Century Dr. #124  
Sherwood, OR 97140

Dear Jennifer:

I am pleased to offer you a 100% FTE, position as International Admissions and Recruitment Coordinator at South Dakota State University at a salary of \$55,816 annually. This is a 12-month appointment and begins August 22, 2019. Your appointment will also include moving expenses not to exceed one month's salary.

This appointment and terms of appointment are 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 South Dakota State University. This offer is contingent on: 1) signing and returning one copy of this letter to me by July 15, 2019; 2) signing and returning the attached *Agreement to Assign Intellectual Property Rights* document by August 15, 2019.

This notice is effective only when approved by the Board of Regents. No other official or employee of South Dakota State University or the Board of Regents has authority to extend any offer of employment or reemployment or to modify or to adjust the terms thereof.

Upon receipt of your acceptance of this offer, your appointment will be processed for action by the University administration and presented shortly to the Board of Regents for final approval.

I am delighted you are joining our team in International Affairs and Outreach. I look forward to working with you as we strive to increase our international student population here at SDSU.

Sincerely,

Greg M. Wymer  
Director of International Students and Scholars

I accept this job offer as described above.

Jennifer Farland

8. 9 .19

Date

cc: Vice President  
Human Resources

# 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 documents must be received in the Office of the Secretary of State no later than 5:00 p.m. (1800 hours) 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

Marielle Golden

Name of Applicant

\$39,000

Yearly Salary

Boca Raton, FL

City, State Moving From

00510

Bureau of Human Resources Class Code

Hunt Seat Coach

New Position Title

Brookings, SD

New Post of Duty (City)

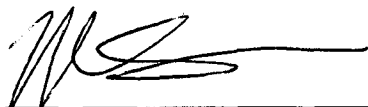
Aug 2019  
Employment Date with the State

SDSU - Athletics

Agency Employed By

Aug 2019  
Expected Month/Year of Move

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



Signature of Applicant

September 3, 2019

Date

## Authorization

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

JUSTIN G. SELL

Name of Authorized Agent

Justin G Sell 9/4/19

Signature of Authorized Agent Date

DIRECTOR OF ATHLETICS

Position/ Title of Authorized Agent

SDSU  
Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance



SOUTH DAKOTA STATE UNIVERSITY

MEMORANDUM

DATE: August 22, 2019

TO: Marielle Golden

FROM: Justin Sell, Director of Athletics  
South Dakota State University *Justin*

RE: Appointment with Intercollegiate Athletics, South Dakota State University

I am pleased to offer you, subject to approval by the President, an emergency appointment as Hunt Seat Coach in the Athletics Department. The effective date of this appointment are August 23, 2019 through June 21, 2019. Your salary is \$39,000 based on 12 months at 100% time. Jeff Holm will be your direct supervisor. As with all employees, you will be evaluated annually.

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

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

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota State University. 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 Hunt Seat Coach, your position is eligible for state benefits to include household moving allowance of up to \$2,000 as outlined in SDCL 3-9-12.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter, a signed copy of the enclosed agreement to assign Intellectual Property, and the Conflict of Interest Form to my attention no later than August 21, 2019, retaining a copy for your records.

cc: Human Resources

8/21 - 8/23

I accept the job offer outlined above.

U/Sell 8/26 - 8/28

*[Signature]*

Signature of Appointee & Date Signed

2820 Stanley  
Marshall Center  
Brookings, SD 57007

(605) 688-5625  
(866) GoJacks  
(605) 688-5999 fax

GOJACKS.COM

## 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>Katie Gratt</u>	<u>Manager - Cottonwood</u>	<u>SDSU</u>
Name of Applicant	New Position Title	Agency Employed By
<u>\$45,000</u>	<u>Chrisman, IL</u>	<u>June 2019</u>
Yearly Salary	City, State Moving From	Expected Month/Year of Move
<u>00350</u>	<u>June 17 2019</u>	
Bureau of Human Resources Class Code	Employment Date with the State	

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

<u>Katie Gratt</u>	<u>7-25-19</u>
Signature of Applicant	Date

### Authorization

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

<u>Kristi Cannonak</u>	<u>Director - West River Research &amp; Extension</u>
Name of Authorized Agent	Position/ Title of Authorized Agent
<u>Kristi Cannonak</u>	<u>South Dakota State University</u>
Signature of Authorized Agent	Agency of Authorized Agent
<u>9-9-2019</u>	
Date	

### Approval by State Board of Finance

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

## MEMORANDUM

DATE: 5/30/2019  
TO: Katie Grott  
FROM: Kristi Cammack, Director – West River Ag Center  
South Dakota State University  
RE: Appointment with Agricultural Experiment Station, South Dakota State University

Dear Katie:

I am pleased to offer you, subject to approval by the President, an appointment as Cottonwood Field Station Manager in the Agricultural Experiment Station. The effective date of this appointment is June 17, 2019. Annual appointment dates are June 22<sup>nd</sup> through June 21<sup>st</sup>. Your salary is \$45,000 based on 12 months at 100% time. I am your direct supervisor. As with all employees, you will be evaluated annually.

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

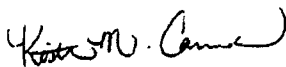
You are required to provide an official transcript for your highest degree within 30 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of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

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

As Manager, your position is eligible for state benefits to include household moving allowance of up to 1 month salary as outlined in SDCL 3-9-12.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter, a signed copy of the enclosed agreement to assign Intellectual Property, and the Conflict of Interest Form to my attention no later than June 7, 2019, retaining a copy for your records.

Thank you,



Kristi Cammack

cc: William Gibbons

# 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 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>Mary (Maggie) Murphy</u>	<u>Assistant Golf Coach (M&amp;W)</u>	<u>SDSU- Athletics</u>
Name of Applicant	New Position Title	Agency Employed By
<u>\$37,000 (hired salary)</u>	<u>Brookings, SD</u>	<u>June 2017</u>
Yearly Salary	City, State Moving From	Expected Month/Year of Move
<u>00511</u>		
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.

Mary Murphy      8/28/19  
Signature of Applicant      Date

### Authorization

The undersigned agent hereby certifies that the above agency ordered the applicant to move as indicated and that the move will be for the benefit of the State of South Dakota. The Agent further declares that to the best of my knowledge and belief the request and authorization for reimbursement of actual household moving expenses are true and correct.

<u>JUSTIN G. SELL</u>	<u>DIRECTOR OF ATHLETICS</u>
Name of Authorized Agent	Position/ Title of Authorized Agent
<u>Justin G Sell</u> <u>9/4/19</u>	<u>SDSU</u>
Signature of Authorized Agent      Date	Agency of Authorized Agent

### Approval by State Board of Finance

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

**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 STATE UNIVERSITY ATHLETICS

MEMORANDUM

DATE: June 13, 2017  
TO: Mary (Maggie) Murphy  
FROM: Justin Sell, Director of Athletics  
South Dakota State University *Justin L Sell*  
RE: Appointment with Athletics, South Dakota State University

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Assistant Women's and Men's Golf Coach in the Athletic Department. The effective date of this appointment is June 19, 2017. Annual appointment dates are June 22<sup>nd</sup> to June 21<sup>st</sup>. Your salary is \$37,000 based on 12 months at 100% time. Casey VanDamme is your direct supervisor. As with all employees, you will be evaluated annually.

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

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

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

As Assistant Golf Coach (M&W), your position is eligible for state benefits to include household moving allowance of up to \$1,000 as outlined in SDCL 3-9-12.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter, a signed copy of the enclosed agreement to assign Intellectual Property, and the Conflict of Interest Form to my attention no later than June 16, 2017, retaining a copy for your records.

Cc: Human Resources

I accept the job offer outlined above.

*Mary Murphy*

Signature of Appointee & Date Signed

1047 16th Ave  
SPE 262 S / Box 2820  
Brookings, SD 57007

(605) 688-5625  
(800) GoJacks  
(605) 688-5999 fax

GOJACKS.COM



## 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

Annelise Pietenpol	Assistant Professor	SDSU
Name of Applicant	New Position Title	Agency Employed By
\$65,000.00	Brookings	07/2019
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
	08/19/2019	
Bureau of Human Resources Class Code	Employment Date with the State	

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

\_\_\_\_\_  
Signature of Applicant

08/17/2019  
\_\_\_\_\_  
Date

### Authorization

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

Mary Emery

\_\_\_\_\_  
Name of Authorized Agent

8/22/19  
\_\_\_\_\_  
Signature of Authorized Agent Date

Department Head

\_\_\_\_\_  
Position/ Title 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

## MEMORANDUM

DATE: 5-21-19  
TO: Annelise Pietenpol  
  
FROM: Mary Emery, Department Head  
South Dakota State University

RE: Appointment with Sociology and Rural Studies, South Dakota State University

I am pleased to offer you, subject to approval by the President, an appointment as Assistant Professor in the Department of Sociology and Rural Studies. The effective date of this appointment is August 22, 2019. Annual appointment dates are August 22<sup>nd</sup> through May 21<sup>st</sup>; the report date is the Monday before classes start which is August 19, 2019. Your salary is \$65,000 based on 9 months at 100% time. I am your direct supervisor. As with all employees, you will be evaluated annually.

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

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

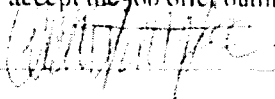
The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota State University. This offer is contingent on the university's verification of credentials and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

As an Assistant Professor, your position is eligible for state benefits to include household moving allowance of \$4000 as outlined in SDCL 3-9-12. We will also provide \$4000 in start-up research support.

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 June 15, 2019 retaining a copy for your records.

cc: Dr. Lynn Sargeant, Dean of the College of Arts, Humanities, and Social Sciences

I accept the job offer outlined above.



\_\_\_\_\_

# 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

Bre Anne Danzi  
Name of Applicant

68,000  
Yearly Salary

00800  
Bureau of Human Resources Class Code

Los Angeles, CA  
City, State Moving From

Assistant Professor  
New Position Title

Vermillion  
New Post of Duty (City)

8-22-2019  
Employment Date with the State

University of South Dakota  
Agency Employed By

Aug 2019  
Expected Month/Year of Move

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

Bre Anne Danzi  
Signature of Applicant

8/19/19  
Date

## Authorization

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

Emery Wasley  
Name of Authorized Agent

Emery Wasley  
Signature of Authorized Agent

9/3/19  
Date

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

University of South Dakota  
Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance



UNIVERSITY OF  
**SOUTH DAKOTA**  
COLLEGE OF ARTS & SCIENCES

**MEMORANDUM**

DATE: March 6, 2019  
TO: BreAnne Danzi  
FROM: Michael Kruger, Dean, College of Arts & Sciences  
RE: Appointment with the Department of Psychology, University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Assistant Professor in the Department of Psychology. The effective date of this appointment is August 22<sup>nd</sup>, 2019. Annual appointment dates are *August 22<sup>nd</sup> through May 21<sup>st</sup>*. Your salary is \$68,000 based on nine months at 100% time. Dr. Randal Quevillon 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 offer is contingent upon completion of the Ph.D. degree. If you do not complete all requirements for the degree by August 21, 2019, your base salary will be reduced by \$1,500. Completion of all requirements means diploma-in-hand or written verification from the dean of the graduate school of the degree-granting institution that all requirements for the Ph.D. have been completed. When you have completed your degree, you will receive a \$1,500 degree completion increase for the academic year following that in which the degree is awarded. If you have not been awarded the PhD by December 2019, the position may be reopened and re-advertised.

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.

This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime. 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 \$3,500 in moving expenses. Reimbursed moving expenses are considered taxable income. Once you receive payment, Payroll will contact you to determine how the payment is recorded as taxable income. Please note that the amount must be recorded as income in the calendar year it is received. Guidelines on allowable expenses may be found at <http://legis.state.sd.us/rules/DisplayRule.aspx?Rule=05:01:07&Type=Rule>.

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

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

cc: Randal Quevillon, Chair, Department of Psychology  
Nathan Gotto, HR Generalist, Office of Human Resources

I accept the job offer outlined above.

  
*Signature of Appointee & Date Signed*

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



**MEMORANDUM**

DATE: July 29, 2019  
TO: Stephanie Larscheid  
FROM: Carl Gutzman, Human Resources Generalist, University of South Dakota  
RE: Appointment with Beacom School of Business, University of South Dakota

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

Title: Executive Director of the Prairie Family Business Association  
Department: Beacom School of Business  
Effective Date: August 26, 2019  
Annual Salary: \$90,000.00  
Appointment Months: 12  
Appointment Percent: 100

This offer is contingent on the favorable results of a background check. Other special conditions that apply: As the Executive Director of the PFBA you will be expected to serve as the Chief Operating Officer and to advocate for family business. Working with the Beacom School of Business and the PFBA Advisory Board, you will ensure association financial sustainability, manage operations and will be responsible for implementing strategic programming and membership recruitment. You will also be responsible for developing and expanding collaborations and relationships with other business associations. Dean Venky Venkatachalam is your direct supervisor. Additional duties may be assigned by the Dean.

The administrative appointment shall commence on August 26, 2019 and shall not extend beyond June 21, 2020. The administrative employment may be renewed at the sole pleasure of the Board. If the Board elects to renew an administrative appointment, it may do so under whatever changed or additional terms and conditions it chooses. The administrative employment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause.

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

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

The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. Please review the policy, sign the form and return with this offer memo.



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

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

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

- General Information and Benefits Overview, 8:15 a.m. on wednesday, September 4
- Guidelines for Using and Reporting Leave, 8:15 a.m. on wednesday, september 11
- Anti-Harassment and Discrimination, 9:00 a.m. on wednesday, August 28

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter and supporting documents no later than August 1, 2019, retaining a copy for your records.

I accept the job offer outlined above.

DocuSigned by:

Stephanie Larscheid

7/31/2019

1CB95D1FA65844A...

*Signature of Appointee & Date Signed*

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



UNIVERSITY OF  
**SOUTH DAKOTA**  
BEACOM SCHOOL OF BUSINESS

August 1, 2019

To: Stephanie Larscheid

From: Dr. Venky Venkatachalam  
Dean, Beacom School of Business

The contract issued on July 29, 2019 for the position of Executive Director of the Prairie Family Business Association, is amended to include the following special condition:

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 \$3,000.00 in moving expenses. Reimbursed moving expenses are considered taxable income. Once you receive payment, Payroll will contact you to determine how the payment is recorded as taxable income. Please note that the amount must be recorded as income in the calendar year it is received.

I acknowledge receipt of this document.

Stephanie Larscheid

8-1-19

Date

CC. USD Human Resources

## 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

Jong Sung Yoon

Name of Applicant

\$68,000

Yearly Salary

Tallahassee, FL

City, State Moving From

15 00800  
 Bureau of Human Resources Class Code

Assistant Professor

New Position Title

Vermillion

New Post of Duty (City)

August 22, 2019

Employment Date with the State

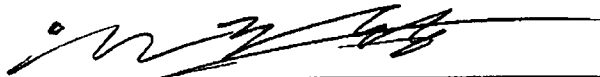
USD

Agency Employed By

July/2019

Expected Month/Year of Move

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



Signature of Applicant

8 / 22 / 19

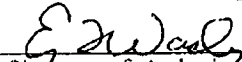
Date

### Authorization

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

Emery Wasley

Name of Authorized Agent

 9 / 3 / 19

Signature of Authorized Agent Date

Assistant Vice President, Human Resources

Position/ Title of Authorized Agent

University of South Dakota

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
 Board of Finance on

Date

Signature of Secretary, State Board of Finance



UNIVERSITY OF  
**SOUTH DAKOTA**  
COLLEGE OF ARTS & SCIENCES

**MEMORANDUM**

DATE: April 5, 2019  
TO: Jong Sung Yoon  
FROM: Michael Kruger, Dean, College of Arts & Sciences  
RE: Appointment with the Department of Psychology, University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Assistant Professor in the Department of Psychology. The effective date of this appointment is August 19<sup>th</sup>, 2019. Annual appointment dates are *August 22<sup>nd</sup> through May 21<sup>st</sup>*. Your salary is \$68,000 based on nine months at 100% time. Dr. Randal Quevillon 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.

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.

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

In addition, with the final provision of the Immigration Act of 1990, Public Law No. 101-649, effective October 1, 1991, Section 214.2 (h) (6) (vi) (E), the Department of Psychology will comply with the directives of the law until the end of your authorized employment under the H1B status.

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 \$3,500 in moving expenses. Reimbursed moving expenses are considered taxable income. Once you receive payment, Payroll will contact you to determine how the payment is recorded as taxable income. Please note that the amount must be recorded as income in

the calendar year it is received. Guidelines on allowable expenses may be found at <http://legis.state.sd.us/rules/DisplayRule.aspx?Rule=05:01:07&Type=Rule>.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter, the attached personal data sheet, and a signed copy of the enclosed agreement to assign Intellectual Property and Conflict of Interest Form no later than April 8, 2019, retaining a copy for your records. Send the signed documents to:

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

cc: Randal Quevillon, Chair, Department of Psychology  
Nathan Gotto, HR Generalist, Office of Human Resources

I accept the job offer outlined above.

 4/09/2019  
Signature of Appointee & Date Signed

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

## 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.

**NOTE: All request and all supporting documentation must be received in the office of the Secretary of State on or before 2:00 PM on the eighth day prior to the date of Finance meeting on the third day of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All information furnished to the Bureau of Human Resources is subject to the provisions of personally identifiable information.**

### Application

<u>Ann Tweedy</u>	<u>Associate Professor</u>	<u>School of Law</u>
Name of Applicant	New Position Title	Agency Employed By
<u>105,000</u>	<u>Vermillion</u>	<u>November/December</u>
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
<u>00700</u>	<u>12/22/2019</u>	
Bureau of Human Resources Class Code	Employment Date with the State	

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

<u>Ann E Tweedy</u>	<u>8/23/19</u>
Signature of Applicant	Date

### Authorization

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

<u>Emery Wasley</u>	<u>Assistant Vice President, Human Resources</u>
Name of Authorized Agent	Position/ Title of Authorized Agent
<u>E Wasley</u>	<u>University of South Dakota</u>
Signature of Authorized Agent	Agency of Authorized Agent
<u>9/3/19</u>	
Date	

### Approval by State Board of Finance

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

## MEMORANDUM

DATE: Tuesday, June 25, 2019  
TO: Ann Tweedy  
FROM: Neil Fulton, Dean of the School of Law, University of South Dakota  
RE: Appointment with the University of South Dakota School of Law

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as tenure-track Associate Professor in the School of Law. The effective date of this appointment is December 22, 2019. Annual appointment dates are August 22 to May 21. Your salary is \$105,000 based on 9 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 offer is contingent upon final approval by the University of South Dakota and the South Dakota Board of Regents of your designation as Associate Professor and the granting of three years credit towards tenure and promotion. This would enable you to apply for tenure and promotion in Fall of 2022.

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

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

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

Your position is eligible for state benefits to include household moving allowance of up to 1 month salary as outlined in SDCL 3-9-12. The University of South Dakota will provide up to \$10,500 in moving expenses. Reimbursed moving expenses are considered taxable income.

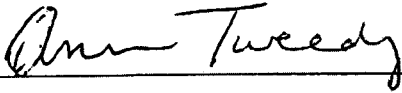
If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter and a signed copy of the enclosed agreement to assign Intellectual Property and Conflict of Interest Form no later than Thursday, July 11, 2019, retaining a copy for your records. Send the signed documents to:

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

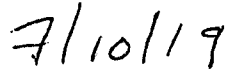
Encs: Intellectual Property Policy  
Intellectual Property Form  
Conflict of Interest Form  
Employee Personal Data Sheet  
Confidentiality Statement  
I-9  
W-4

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

I accept the job offer outlined above.



*Signature of Appointee*



*Date*



# Household Moving Allowance State of South Dakota

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

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

Please check one:

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

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

## Application

John Miscione  
Name of Applicant

74,500  
Yearly Salary

00 908  
Bureau of Human Resources Class Code

Semilecturer  
New Position Title

Vermillion  
New Post of Duty (City)

09/01/2019  
Employment Date with the State

School of Law  
Agency Employed By

August 2019  
Expected Month/Year of Move

Tupan / Florida  
City, State Moving From

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

[Signature]  
Signature of Applicant

8/13/19  
Date

## Authorization

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

Emery Wasley  
Name of Authorized Agent

[Signature]  
Signature of Authorized Agent

9/3/19  
Date

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

University of South Dakota  
Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State Board of Finance on \_\_\_\_\_  
Date

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

**MEMORANDUM**

**DATE:** Wednesday, June 5, 2019

**TO:** John Miscione

**FROM:** Neil Fulton, Dean of the School of Law, University of South Dakota

**RE:** Appointment with the University of South Dakota School of Law

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Senior Lecturer in the School of Law. The effective date of this appointment is September 1, 2019. Annual appointment dates are June 22 to June 21. Your salary is \$74,500 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.

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

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

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

Your position is eligible for state benefits to include household moving allowance of up to 1 month salary as outlined in SDCL 3-9-12. The University of South Dakota will provide up to \$6,200 in moving expenses. Reimbursed moving expenses are considered taxable income.

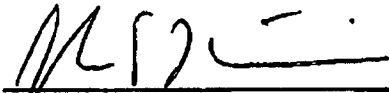
If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter and a signed copy of the enclosed agreement to assign Intellectual Property and Conflict of Interest Form no later than June 12, 2019, retaining a copy for your records. Send the signed documents to:

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

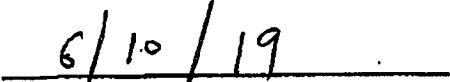
**Encs:** Intellectual Property Policy  
 Intellectual Property Form  
 Conflict of Interest Form  
 Employee Personal Data Sheet  
 Confidentiality Statement  
 I-9  
 W-4

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

I accept the job offer outlined above.



*Signature of Appointee*



*Date*

# Household Moving Allowance State of South Dakota

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

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

Please check one:

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

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

## Application

Amanda Shafer

Name of Applicant

\$52,000

Yearly Salary

Vermillion, SD

City, State Moving From

51542

GJ

Bureau of Human Resources Class Code

Social Worker

New Position Title

Hot Springs

New Post of Duty (City)

August 19, 2019

Employment Date with the State

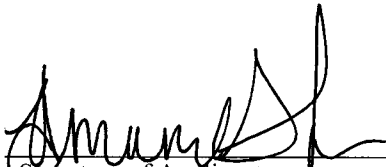
MJF Veterans Home

Agency Employed By

August 2019

Expected Month/Year of Move

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

  
Signature of Applicant

Date

8/29/19

## Authorization

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

  
Name of Authorized Agent

DON, RN

Position/ Title of Authorized Agent

 9/3/19  
Signature of Authorized Agent Date

Veterans Affairs  
Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance



South Dakota Department  
of Veterans Affairs  
Michael J. Fitzmaurice  
State Veterans Home  
2500 Minnekahta Ave  
Hot Springs, SD 57747  
Phone 605.745.5127  
Fax 605.745.5547

<http://vetaffairs.sd.gov>



August 6, 2019

Amanda Shafer  
150 Sycamore Ave. Apt 27  
Vermillion, SD 57036

Dear Amanda,

This letter is to confirm your acceptance of employment with the Michael J. Fitzmaurice South Dakota Veterans Home. You have been selected to fill the Psychiatric Social Worker position starting on August 19, 2019. Your salary will be \$25.00 per hour. Your benefited hire date with the State of South Dakota will be August 19, 2019.

Please be aware that you will begin serving a six-month probation period beginning on August 19, 2019. 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 annual (vacation) leave during this six-month period. Also, please note that your health insurance coverage will not begin until 1 month and 1 day after your hire date.

Prior to your first day of work, we invite you to take the time to complete the on-line orientation process. Completion of the on-line orientation process is voluntary. Once you have completed the on-line portion, please contact me to schedule a time to complete the orientation process. If you decide to forego the on-line process prior to beginning work, you will be asked to complete the same process on your first day of work.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

This is a secured system that is user name & password protected. It will prompt you to change your password. 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.



South Dakota Department  
of Veterans Affairs  
Michael J. Fitzmaurice  
State Veterans Home  
2500 Minnekahta Ave  
Hot Springs, SD 57747  
Phone 605.745.5127  
Fax 605.745.5547

<http://vetaffairs.sd.gov>



In order to comply with the Immigration Reform and Control Act of 1986, you will need to provide documents to verify your eligibility to be employed with the State of South Dakota. You will need to submit the required documents to the Human Resource Office for verification of employment eligibility within three days of beginning employment. Failure to present the required documents may result in you not being able to continue your employment. If you currently do not have your Social Security Card, you will need to apply for a replacement card and bring in proof of your application to receive a duplicate Social Security Card. The Social Security Office will give you a letter verifying that you have requested a new card.

We are delighted that you have accepted our offer of employment. Congratulations on your new position and welcome to the Department of Veterans Affairs.

**Please bring with you on the first day and scan these items to me:**

- Driver's License
- Social Security Card
- Voided Check for your Direct Deposit

Please feel free to contact Heather Catchpole at 605-745-5127 extension 1500250. If you have any questions.

Thank you.

Jeff Wilson  
Human Resource Manager

Cc: Personnel File

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

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

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

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

Application

Date: 08/22/2019 Agency: GOED  
Agency Address: 711 E Wells Avenue Pierre SD 57501  
Agency Phone Number: 605-773-4633  
Employee Requesting Reimbursement: Kyle Peters  
Total Amount of Reimbursement: 30.64  
Date(s) of Hosting Expense: 08/21/2019  
Receipts Attached: Y / N  
Explanation of official business performed: Hosted a business expansion in Sioux Falls, SD

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

[Signature]  
Signature of Employee

8/22/2019  
Date

Authorization

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

Steve Westra  
Name of Department/Office Head

GOED  
Position/Title of Agency Official

[Signature]  
Signature of Department/Office Head

8/26/2019  
Date

State Board of Finance Approval

Approval Date: \_\_\_\_\_

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

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

REPRINT

Panera Bread  
Cafe #: 601213  
5117 S Louise Ave  
Sioux Falls, SD 57108  
Phone: 605-361-1100

**Accuracy Matters.**

Your order should be correct every time.  
If it's not, we'll fix it right away, and  
give you a free treat for your trouble.  
Just let an associate know.

08/21/2019 12:09:46 PM

Check Number: 207192 Cashier: Rebecca

1 BLT Rst Tky Avc Sdw	10.39
1 No Drink	
1 Chips	
1 SW Chile Chx Sal	10.99
1 No Drink	
1 French Baguette	
1 Bwl LF Chx Nd1 Soup	6.19
1 No Drink	
1 French Baguette	
Subtotal	27.57
Tax	2.07
Gratuity	1.00
Total	30.64
Visa	30.64
Acct: *****3657	
AuthCode: 020941	
Trans#: 00000047	

If you didn't use your MyPanera card,  
keep this receipt and enter the code  
below at [www.mypanera.com/misssedvisit](http://www.mypanera.com/misssedvisit).

Not a member yet? Ask an associate for  
your own card and join today!

2889-0910-8597-8264-0891-49

[www.panerabread.com](http://www.panerabread.com)

Dine In  
Your Order Number is: 207192  
Customer / Pager: kyle 29

\*\*\* Customer Copy \*\*\*



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

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

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

Application

Date: 8/27/19 Agency: Tourism Department  
Agency Address: 711 E. Wells Avenue  
Agency Phone Number: 605.773.3301  
Employee Requesting Reimbursement: James Heger  
Total Amount of Reimbursement: \$ 23.65  
Date(s) of Hosting Expense: 7/23/19  
Receipts Attached  Y  N

Explanation of official business performed: Hosted Sioux Falls Business owner and journalist, Jodi Schwan, and Sioux Falls Convention & Visitors Bureau Executive Director, Teri Schmidt, to a lunch to discuss tourism in the state and region & to discuss their participation as speakers at the 2020 Bor's Conf. on Tourism.

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

Signature of Employee [Signature] Date 08.27.2019

Authorization

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

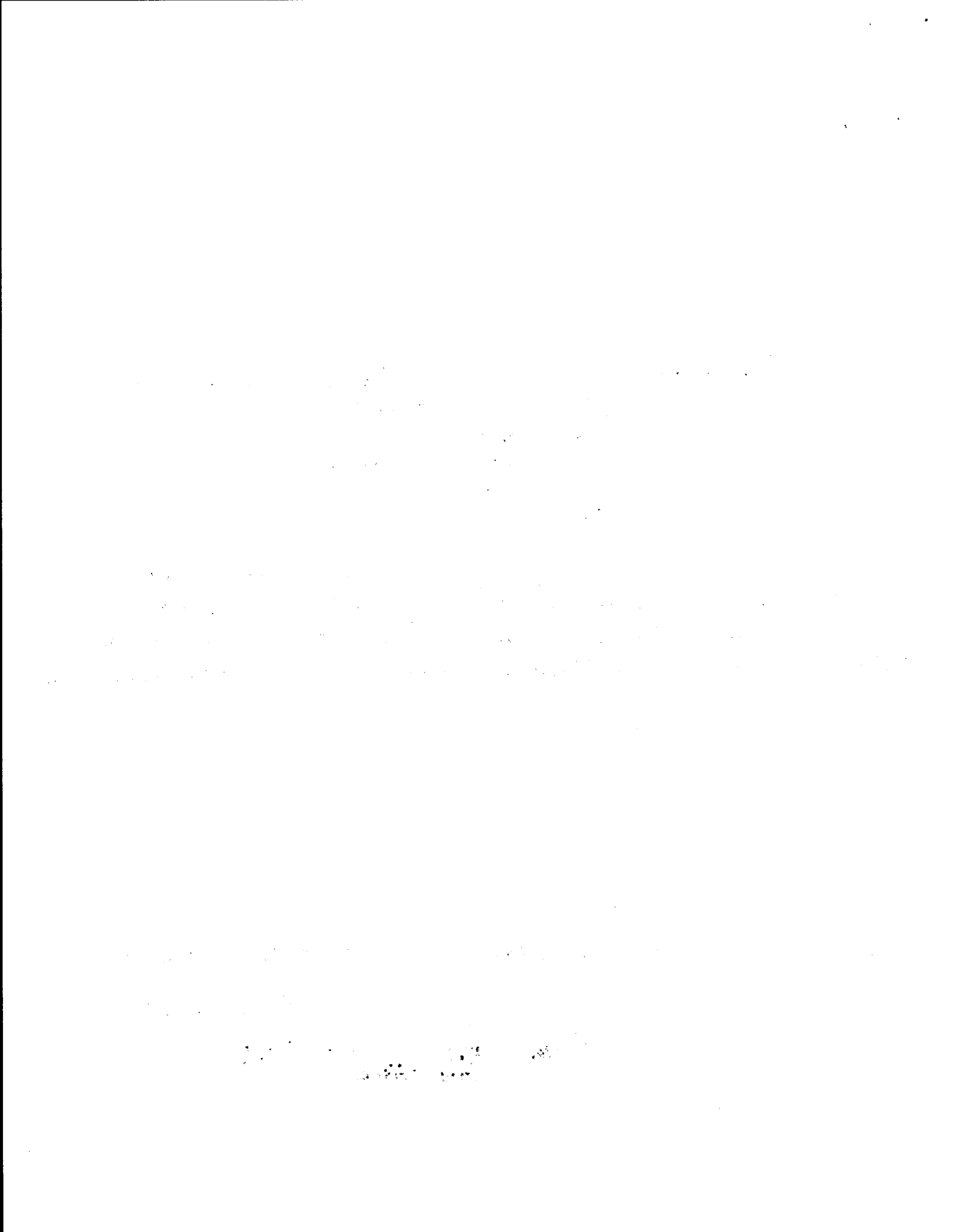
SD Dept. of Tourism James Heger Secretary of Tourism  
Name of Department/Office Head Position/Title of Agency Official  
[Signature] Date 08.27.2019

Signature of Department/Office Head [Signature] Date 8-28-19

State Board of Finance Approval

Approval Date: \_\_\_\_\_ Signature of Secretary, State Board of Finance

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



## Hagen, James

---

**Subject:**

Jim Hagen miscellaneous expenses - August 21, 2019

1. July 23, 2019 – HOSTING – hosted Sioux Falls Business owner and journalist Jodi Schwan and Sioux Falls CVB Director Teri Schmidt to a lunch to discuss tourism in South Dakota, tourism in Sioux Falls and surrounding region, economic development and tourism and the 2020 Governor’s Conference on Tourism - **\$23.65**
2. ~~August 8, 2019 – Governor’s Tourism advisory Board meeting at the Washington Pavilion in Sioux Falls – parking charge for six hours = **\$7.75**~~



**James Hagen** | Secretary  
Department of Tourism  
Phone: 605-773-3301  
[TravelSouthDakota.com](http://TravelSouthDakota.com) | [SDVisit.com](http://SDVisit.com)



*Great* FACES  
GREAT *Places*

**Bread & Circus Sandwich  
Kitchen**

600 N Main Ave, 110                      Jul 23, 2019  
SIOUX FALLS, SD 57104                      11:34 AM  
(605) 338-2206  
www.BreadandCircusSD.com  
@BCSandwichCo

---

Ticket: #22                                      Cash  
Receipt AjHU

---

FOR HERE

---

Curried Cauliflower                      \$11.00

Moroccan Chicken Salad                      \$11.00  
Regular

---

Subtotal                                      \$22.00  
Sales Tax                                      \$1.65

---

Total    \$23.65  
Cash    \$24.00  
Change                                      \$0.35

**Home Station Per Diem Reimbursement Request – SDCL 3-9-2.3**

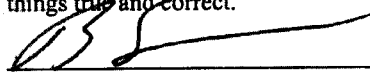
**When Application and Authorization sections are completed, please submit the original to:**

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

**Application**

Date: 08-12-2019 Agency: SD Attorney General - DCI  
Agency Address: 1302 East Hwy 14, Suite 5, Pierre SD 57501  
Agency Phone Number: 605-773-3331  
Employee Requesting Reimbursement: Special Agent Brett Spencer  
Total Amount of Reimbursement: \$160 (eight evening meals)  
Date(s) of Expense: 08-03-2019 to 08-10-2019  
Event Leave Time: apx 12 - 1 pm each day Event Return Time: apx 12 am each day  
Explanation of official business performed: Worked the 79th Sturgis Motorcycle Rally in an investigative and patrol capacity. I was partnered with an out of area partner each day and not able to go home during my shift.

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

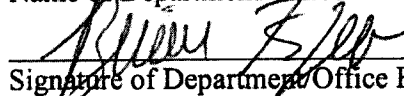
8-12-19  
Date

**Authorization**

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

SP DCI Assistant Director  
Name of Department/Office Head

Brian K Zeeb  
Position/Title of Agency Official

  
Signature of Department/Office Head

9-6-19  
Date

**State Board of Finance Approval**

Approval Date: \_\_\_\_\_

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

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

147741

2019 AUG 28 PM 4:29

RECEIVED  
STATE AUDITOR

State of South Dakota  
**VOUCHER**  
Direct Invoice

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: \_\_\_\_\_ ACTION: \_\_\_\_\_  
REQUEST: \_\_\_\_\_

08/28/2019 14:11:57

=====

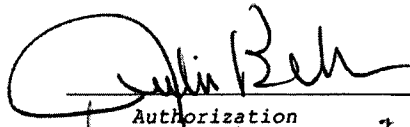
EMP VOUCHER NBR: \_\_\_\_\_ Z290-172 DATE: 08/10/2019 MODEL: \_\_\_\_\_  
EMP SHORT NAME : SPENCERBRETTD SPENCER, BRETT D CURR: \_\_\_\_\_  
EMPLOYEE NUMBER: \_\_\_\_\_ 146274 \_\_\_\_\_ RAPID CITY CM/DM : I  
TRAVEL BEG DATE: \_\_\_\_\_ 06/21/2019 \_\_\_\_\_ APPROVAL NBR: \_\_\_\_\_ MULTI PYMT: N  
TERMS CODE: \_\_\_\_\_ PYMT DUE DATE: 08/28/2019 DO NOT USE : \_\_\_\_\_  
REMIT MSG: \_\_\_\_\_ TRAVEL\_7/15/19-8/10/19\_STURGIS/SF/HURON/STURGIS\_RALLY \_\_\_\_\_  
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	6.85	299	1000	52053500	291101	
					USPS_MAILING	N N N N
0002	221.49	299	1000	52051000	291101	
					PLUMBING_SUPPLIES	N N N N
0003	46.38	299	1000	52050800	291101	
					HARDWARE_SUPPLIES	N N N N
0004	54.00	299	3000	52031500	2911018748	
					OVERNITE_PER_DIEM	N N N N
						GROSS AMOUNT: 488.72

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

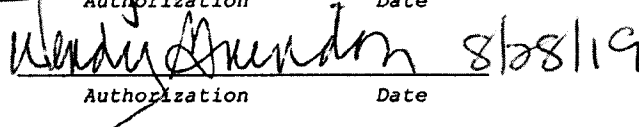
Date



Authorization

Date

08/28/19



Authorization

Date

8/28/19

State of South Dakota  
**VOUCHER**  
 Direct Invoice

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1B

NEXT FUNCTION: \_\_\_\_\_ ACTION: \_\_\_\_\_  
 REQUEST: \_\_\_\_\_

08/28/2019 14:11:36

=====

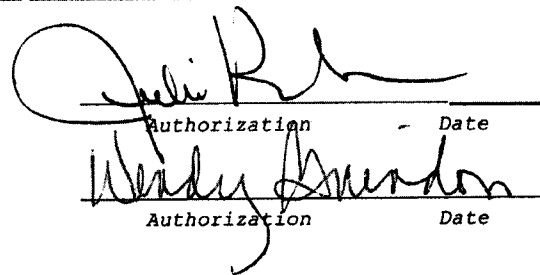
EXP VOUCHER NBR :            2290-172            REMAINING AMOUNT :            .00

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY UNIT	ITEM NUMBER	DESCRIPTION	PRORATE (T F A D)	USE	99 I'RC
0004	54.00	299	3000	52031500	2911018748	
				OVERNITE_PER_DIEM	N N N N	
0005	160.00	299	1000	52031400	291101	
				NON_OVERNITE_PERDIEM	N N N N	
0006						
0007						
0008						
0009						
				GROSS AMOUNT:		488.72

-----

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.

-----

		08/28/19
Claimant	Date	Authorization      Date
		 Authorization      Date

STATE OF SOUTH DAKOTA  
TRAVEL PAYMENT DETAIL

NAME Brett Spencer  
ADDRESS PO Box 4312, Sturgis SD

ORGANIZATION SD Attorney General's Office - DCI  
BUDGET ENTITY \_\_\_\_\_

Invoice ID	Date	Employee No	Return Date	Adv	Exp	License No.	Home Station		
2290-172	07/23/2019	146274	08/10/2019		X	AK213	Sturgis		
Dates Mo/Day	Description of Travel, Destination Misc Expense, DOT Coding	Time Leave	Time Return	Auto Miles	Trans. Cost	Overnight Meals	Non-Over-Ngt Meals	Lodging	Miscellaneous Expense
6-21	USPS Mailing								\$6.85
7-15	Door Lock for Sturgis Office Basement door								\$105.44
7-18	Door lock for Sturgis Office Side door								\$116.05
7-23	Sturgis to Sioux Falls to Huron	6:00 AM				\$34.00		NA	
7-24	Huron to Sturgis		6:00 PM		\$20.00				
8-3	Sturgis Motorcycle Rally	1:00 PM	12:00 AM				\$20.00		
8-4	Sturgis Motorcycle Rally	1:00 PM	12:00 AM				\$20.00		
8-5	Sturgis Motorcycle Rally	2:00 PM	12:00 AM				\$20.00		
8-6	Sturgis Motorcycle Rally	1:00 PM	12:00 AM				\$20.00		
8-7	Sturgis Motorcycle Rally	12:00 PM	12:40 AM				\$20.00		
8-8	Sturgis Motorcycle Rally	12:00 PM	12:00 AM				\$20.00		
8-8	Fix Sturgis DCI Office Toilet								\$17.66
8-8	Fix Sturgis DCI Office Toilet								\$13.83
8-8	Fix Sturgis DCI Office Toilet								14.89
8-9	Sturgis Motorcycle Rally	1:00 PM	12:00 AM				\$20.00		
8-10	Sturgis Motorcycle Rally	12:30 PM	12:30 AM				\$20.00		

DCI Supplies for Sturgis office - \$267.87  
DCI Supplies - \$6.85 - Elder Abuse

299	1000	52051000	291101	221.49					
	1000	52050800	291101	46.38					plumbing supp hardware suppl
	3000	52031500	2911018	748	54.00				
	1000	52031400	291101		160.00				
	1000	52053500	291101		6.85				

SUBTOTALS		0	\$0.00	\$54.00	\$160.00	\$0.00	274.72	
PURPOSE OF TRAVEL	DCI Confidential						GRAND TOTAL	488.72
							APPLY TO ADVANCE AMOUNT	
							REIMBURSABLE	488.72

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

[Signature]  
Claimant  
8-12-19  
Date

Attorney General

[Signature]  
Authorization  
[Signature]  
Authorization

8-19-19  
Date  
8-26-19  
Date

AUG 26 2019  
Finance



**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: 8-22-19 Agency: SD Bureau of Finance & Management  
Agency Address: 500 E Capitol Ave Suite 217, Pierre, SD 57501  
Agency Phone Number: 605-773-3411  
Employee Requesting Reimbursement: Liza Clark, State Chief Finance Officer  
Total Amount of Reimbursement: 165.60 (16 meals for meeting 9.00 per meal plus delivery)  
Date(s) of Expense: August 20, 2019  
Event Leave Time: 10:30 AM Event Return Time: 3:00 PM  
Explanation of official business performed: Quarterly Governors Council of Economic Advisors Meeting held in Capitol Governor's Large Conference Room. BFM employees home-stationed in Pierre included Liza Clark and Jim Terwilliger, Secretary of Revenue

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.

*Green Kayser*  
Signature of Employee

8-22-19  
Date

**Authorization**

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

SD Bureau of Finance & Management/Liza Clark  
Name of Department/Office Head  
*Liza Clark*  
Signature of Department/Office Head

Chief Financial Officer  
Position/Title of Agency Official  
8/22/19  
Date

**State Board of Finance Approval**

Approval Date: \_\_\_\_\_

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

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





**DEPARTMENT OF EXECUTIVE MANAGEMENT  
BUREAU OF FINANCE AND MANAGEMENT**

500 East Capitol Ave. • Pierre, South Dakota 57501-5070 • Voice: (605) 773-3411 • Fax: (605) 773-4711

**Governor's Council of Economic Advisors Meeting  
August 20, 2019**

**Governor's Large Conference Room  
Capitol Building  
Pierre, SD 57501**

**11:00 AM –12:00 PM**

**Roundtable Discussion of Economic, Business, and Industry Trends**

- Council discussion on specific regional areas of the state and how those regions are performing economically, including any possible positive or negative developments that could impact the state economy and the revenue streams for the state in 2019-2021.

**12:00 PM –1:30 PM**

**Update on most recent US economic forecast/SD economic trends**

- Dr. Ralph Brown will present the most recent IHS Economics forecast for the United States economy as well as recent trends in the South Dakota economy including trends in employment, income and various other economic indicators specific to South Dakota.
- Council discussion on agriculture, tourism, manufacturing, financial services as well as other sectors that have a large presence in the state and how those specific sectors are performing or are expected to perform over the two years.

**1:30 PM – 2:30 PM**

**Overview of SD economic forecast and recent tax collection trends**

- Jim Terwilliger will present recent general fund revenue collection trends for major revenue sources that populate the state general fund and how those collection trends compare to the most recent budgeted levels and historical growth rates. This will include information on how the FY2019 budget finished compared to budgeted levels.

**2:30 PM**

**Public Comment**

**Adjourn**

**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: July 25, 2019 Agency: Department of Education

Agency Address: 800 Governors Drive, Pierre, SD 57501

Agency Phone Number: 773-3134

Employee Requesting Reimbursement: See Attached

Total Amount of Reimbursement: \$418.00

Date(s) of Expense: July 26, 2019

Event Leave Time: Meeting Begins 9:30 AM Event Return Time: Meeting Ends 5:30 PM

Explanation of official business performed: A summer workgroup has been formed to explore Civics

Education. The group consists of a speaker, school personnel, Tribal Relations representative and DOE employees.

A discussion of how to build a better way to process the Civics program in schools.

A 9:00 - 5:30 day with a working lunch onsite to continue the discussion.

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.

See attached list.  
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.

Dr. Ben Jones  
Name of Department/Office Head

Secretary of Education  
Position/Title of Agency Official

*Ben Jones*  
Signature of Department/Office Head

8/28/19  
Date

---

**State Board of Finance Approval**

Approval Date: \_\_\_\_\_

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

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

# INVOICE



26 July 2019

818.24

Terms: Net 30

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

**SD Department of Education**  
800 Governors Drive  
Pierre, SD  
605.773.3134

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
38	Patio Grille Buffet	11.00	418.00
1	Room Charge	175.00	175.00
1	Room Charge	100.00	100.00
1	Projector and Screen	50.00	50.00
	Service Charge	18.00%	75.24
	Food and Beverage Tax	7.50%	exempt
	Other Tax	6.50%	exempt
		Final Balance	\$818.24

## MEETING DETAILS

## OTHER INFORMATION

Event Date: 7/26/19  
Event Time: 10:00AM-4:00PM  
Event Room: Hull and Port  
Guest Count: 40

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

## Civics Summit for Educators -July 25,2019

First Name	Last Name	District	
Sheila	Anderson	Britton Hecla	x
Joanne	Bohl	West Central	x
Matthew	Booth	DOE	x
Todd	Brist	Watertown	x
Dr. Evren	Celick Wiltse	SDSU	x
Jennifer	Fowler	DOE-remote RC	x
Doug	Haar	Yankton	x
Tonja	Hansen	Harding County	x
Jeff	Hegge	DOE	x
Andrew	Johnson	Oldham-Ramona	x
Dr. Ben	Jones	DOE	x
Stephanie	Kaufman	Meade	x
Krista	Kirst	New Underwood	x
Alyssa	Krogstrand	Pierre	x
Dr. Art	Marmorstein	NSU	x
Charlotte	Mohling	Wessington Springs	x
Steve	Morford	Spearfish	x
Becky	Nelson	DOE	x
Jodi	Neugebauer	Garretson	x
Chris	Noid	Kimball	x
Dr. Shane	Nordyke	USD	x
Christian	Pirlet	Aberdeen	x
Yolanda	Price	Hanson	x
Jerry	Rasmussen	Dakota Valley	x
Tanya	Rasmussen	Harrisburg	x
Nicol	Reiner	DOE -remote SF	x
Adam	Shaw	Madison	x
Peri	Strain	White River	x
Juliana	Taken Alive	Tribal Relations	x
Scott	Thorson	Groton	x
Lisa	Tolliver	Menno	x
Michelle	Vande Weerd	Brookings	x
Samantha	Walder	Tea	x

*Some data is missing from the list*

**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: 6/11/19 Agency: Game, Fish & Parks - Mike Aermom  
Agency Address: 23900 State Park Dr Madison, SD 57042  
Agency Phone Number: 605-256-5003  
Employee Requesting Reimbursement: Annah Jorgenson  
Total Amount of Reimbursement: 11:00  
Date(s) of Expense: 5/8/19  
Event Leave Time: 9:30 am Event Return Time: 3:00 pm  
Explanation of official business performed: Archaeology class

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] 6/11/19  
Signature of Employee Date

**Authorization**

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

Kelly R. Hepler Cabinet Secretary  
Name of Department/Office Head Position/Title of Agency Official  
[Signature] 6/11/19  
Signature of Department/Office Head Date

**State Board of Finance Approval**

Approval Date: \_\_\_\_\_  
Signature of Secretary, State Board of Finance

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



# Office of the State Auditor

Steven J. Barnett, State Auditor

Jason Lutz, Deputy State Auditor

500 East Capitol Avenue, Pierre, SD 57501-5070

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

www.sdauditor.gov

## Delayed Travel Reimbursement Request

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

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

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

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

Claimant name:

Hannah Jorgenson

Invoice number:

Reason for delay:

Did not turn in on time

Claimant Signature

Date

Agency Official Authorization

Date



STATE OF SOUTH DAKOTA  
TRAVEL PAYMENT DETAIL

NAME Hannah Jorgenson  
ADDRESS 23409 State Park Drive Madison, SD 57042

ORGANIZATION Game Fish and Parks  
BUDGET ENTITY \_\_\_\_\_

Invoice ID	Date	Employee No	Return Date	Adv	Exp	License No.	Home Station				
		163576		N			Madison, SD				
Dates Mo/Day	Description of Travel, Destination Misc Expense, DOT Coding	Time		Project Code	Auto Miles	Trans. Cost	Overnight Meals	Non-Over-Ngt Meals	Lodging	Miscellaneous Expense	
		Leave	Return								
5/8	Madison - archeological Training	9:30A	3pm					11			
6/18	Wentworth - (walkers)	11A	1:05					11			
7/8	Wentworth - (walkers)	9:30	2:30					14			
Only Invoice Available											
SUBTOTALS											
						0	\$0.00	\$0.00	36	\$0.00	\$0.00

**Coding**  
Walker's : 3125-52031400-0620150 \$ 36  
DJ: 2023-52031400-0620151-036-0008-4522 \$ \_\_\_\_\_

PURPOSE OF TRAVEL  
Archeological Training, ~~Walker's~~ training

GRAND TOTAL	\$
APPLY TO ADVANCE AMOUNT	-
REIMBURSABLE	\$ <u>36</u>

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

[Signature]  
Claimant

7/9  
Date

[Signature]  
Authorization

7/10/19  
Date

Authorization

Date

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

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

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

**Application**

Date: 8-22-19 Agency: Department of Labor and Regulation  
Agency Address: 123 West Missouri Ave., Pierre, SD 57501  
Agency Phone Number: 605-773-3101  
Employee Requesting Reimbursement: see attached  
Total Amount of Reimbursement: \$ 61.46  
Date(s) of Expense: 8/20/2019  
Event Leave Time: 10:30 am Event Return Time: 3:00 pm  
Explanation of official business performed: LMIC Staff Meeting and DIG Event

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

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**Authorization**

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

Marcia Hultman  
Name of Department/Office Head

Secretary  
Position/Title of Agency Official

M. Hultman

8-22-19

\_\_\_\_\_  
Signature of Department/Office Head

\_\_\_\_\_  
Date

**State Board of Finance Approval**

Approval Date: \_\_\_\_\_

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

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

# South Dakota Department of Labor and Regulation

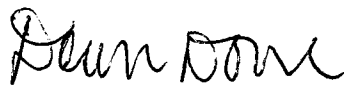

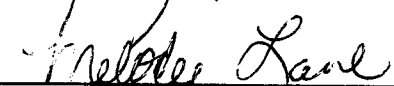



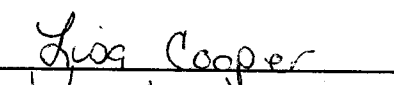
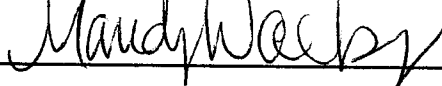

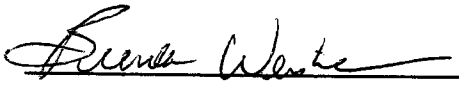
Name of Meeting: LMIC Staff Meeting and DIG Event

Date: Tuesday, August 20, 2019

Location: Aberdeen DLR

Meeting Hours: 10:30 a.m. - 3:00 p.m. (Pierre Travel: 7:15 a.m. - 6:00 p.m.)

Explanation of Business: Director updates, Staff roundtable, Administrator comments, Optimize DLR exercise

<u>Attendees</u>	<u>Home-Duty Station</u>	<u>Sign-In Signature</u>
Dawn Dovre	Pierre	
Mackenzie Decker	Pierre	
Melodee Lane	Aberdeen	
Dustin Thompson	Aberdeen	
Ron Meier	Aberdeen	
Merle Aske	Aberdeen	
Lisa Cooper	Aberdeen	
Mandy Walberg	Aberdeen	
<del>Hope Werlinger</del>	<del>Aberdeen</del>	
Derek Belden	Watertown	
Brenda Weishaar	Aberdeen	

Jimmy Johns #1645  
901 6th Ave SE #102  
605-725-7827

08-20-2019 Chk# 2 Open 6:48 AM  
Tkr 242 Reg# 5 10:14 AM > D5 <

**! DELAY !**

-- Ready At 11:45 AM --

10 Chocolate Chunk Cookie 14.90

Regular Chips 1.29  
Regular Chips 1.29  
BBQ Chips 1.29  
BBQ Chips 1.29  
Jalapeno Chips 1.29  
Jalapeno Chips 1.29  
Salt Vin Chips 1.29  
Salt Vin Chips 1.29  
Thinny Chips 1.29  
Thinny Chips 1.29

30Pc Party Platter 58.00

..#1 Pepe  
..#2 Big John  
..#4 Turkey Tom  
..#5 Vito  
..J.J.B.L.T.  
..#1 Pepe  
..#2 Big John  
..#4 Turkey Tom  
..#5 Vito  
..J.J.B.L.T.  
..NO MAYO ALL  
TAKE mayo packets  
TAKE mustard packets

Subtotal 85.80  
Del Fee 2.00  
Sales Tax (7.5%) Exempt

=====  
**Total \$ 87.80**

**\*\*\* PAID \*\*\***

HouseAcc Tendered 87.80

## Dovre, Dawn

---

**Subject:** LMIC Staff Meeting and DIG event  
**Location:** Aberdeen, East Conference Room

**Start:** Tue 08/20/2019 10:30 AM  
**End:** Tue 08/20/2019 3:00 PM

**Recurrence:** (none)

**Meeting Status:** Meeting organizer

**Organizer:** Dovre, Dawn  
**Required Attendees:** Thompson, Dustin; Meier, Ron; Aske, Merle; Belden, Derek; Cooper, Lisa; Decker, Mackenzie; Walberg, Mandy; Werlinger, Hope; Lane, Melodee  
**Optional Attendees:** Brenda Weishaar

- 10:30 Staff Meeting
- Ice Breaker: Show and Tell
  - Director Updates
  - Team Activity
  - Roundtable
    - What is your biggest accomplishment in the last six months?
    - What is your biggest priority in the next three months?
  - Administrator Comments
- Lunch, provided (Jimmy John's)
- 12:30ish Optimize DLR
- DIG (Dynamic Improvement Generator) facilitated by Mackenzie
    - Goal: brainstorm improvements for processes
    - A guide will be provided in advance for preparation
- 3:00 Adjourn

**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: 8-22-19 Agency: Department of Labor and Regulation  
Agency Address: 123 West Missouri Ave., Pierre, SD 57501  
Agency Phone Number: 605-773-3101  
Employee Requesting Reimbursement: see attached  
Total Amount of Reimbursement: \$ 53.<sup>72</sup>  
Date(s) of Expense: 8/14/2019  
Event Leave Time: 8:30 am Event Return Time: 3:30 pm  
Explanation of official business performed: Board of Accountancy Board Meeting

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

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**Authorization**

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

Marcia Hultman  
Name of Department/Office Head  
M. Hultman 8-22-19

Secretary  
Position/Title of Agency Official

\_\_\_\_\_  
Signature of Department/Office Head

\_\_\_\_\_  
Date

**State Board of Finance Approval**

Approval Date: \_\_\_\_\_

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

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



# South Dakota Department of Labor and Regulation

Name of Meeting: Board of Accountancy Board meeting

Date: August 14, 2019

Location: 301 E. 14th St. Suite 200 Sioux Falls, SD 57104

Meeting Hours: 8:30-3:30

Explanation of Business: Annual business meeting for the Board and in person meeting with the SD CPA Society

<u>Attendees</u>	<u>Home-Duty Station</u>	<u>Sign-In Signature</u>
Deidre Budahl	Rapid City, SD	<u>Deidre Budahl</u>
Jeff Strand	Sioux Falls, SD	<u>Jeff Strand Board</u>
Jeff Smith	Mitchell, SD	<u>Jeff Smith</u>
Marty Guindon	Pierre, SD	<u>Marty Guindon</u>
Jay Tolsma	Mitchell, SD	<u>Jay Tolsma</u>
David Pummel	Spearfish, SD	<u>David Pummel</u>
Graham Oey	Sioux Falls, SD	<u>Graham Oey</u>
Nicole Kasin	Sioux Falls, SD	<u>Nicole Kasin</u>
Julie Iverson	Sioux Falls, SD	<u>Julie Iverson</u>
Carey Johnson	Sioux Falls, SD	<u>Carey Johnson</u>
		<u> </u>
		<u> </u>
		<u> </u>
		<u> </u>
		<u> </u>
		<u> </u>
		<u> </u>
		<u> </u>
		<u> </u>
		<u> </u>

By \_\_\_\_\_



**Meeting Agenda**  
**SOUTH DAKOTA BOARD OF ACCOUNTANCY**  
 Board Office – Conference Room  
 301 E. 14<sup>th</sup> St., Suite 200 Sioux Falls  
 August 14, 2019, 8:30 a.m. (CDT)

A=Action  
 D=Discussion  
 I=Information

A. Call to Order.....	Budahl
B. Public Comment.....	Oratory
C. A-Nominating Committee.....	Oratory
D. A-Approval of Minutes of Meeting July 10, 2019.....	2-3
E. A-Approval of Certificates & Firm Permits.....	4-5
F. A-Approval of Financial Statements through July 2019.....	6-14
G. A-Report to Board on NASBA Annual Meeting .....	15
H. A-FY21 Proposed Budget.....	16-17
I. D-Executive Director's Report.....	18
J. D-1:30 SD CPA Society.....	19
<b>AICPA</b>	
K. D-Board of Examiners Meeting Highlights May 29-31, 2019.....	20-23
<b>NASBA</b>	
L. D-Board of Directors Meeting Minutes April 26, 2019.....	24-32
M. D-Board of Directors Meeting Highlights July 26, 2019.....	33-34
N. D-Proposed Bylaws Amendment.....	35
O. A-Quarterly Focus Questions.....	36-37
<b>EXECUTIVE SESSION</b>	
P. Equivalent Reviews and follow-ups for Board Approval.....	Spt. Pkt.
<b>FUTURE MEETING DATES (all times CT)</b>	
Q. Meeting Dates	
September 19 – 9:00 Conference call	
October 23 – 9:00 Conference call	
R. Adjournment	

By \_\_\_\_\_

**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: 09/05/19 Agency: SDRS  
Agency Address: 222 E. Capitol Ave, Pierre, SD 57501  
Agency Phone Number: 605-773-3731  
Employee Requesting Reimbursement: \_\_\_\_\_  
Total Amount of Reimbursement: \$100.00  
Date(s) of Expense: 08/6/19  
Event Leave Time: 7:30 a.m. Event Return Time: 5:00 p.m.  
Explanation of official business performed: SDRS Executive Director Search Cmt.  
preliminary interview meeting. Required all committee members and staff to not leave  
during the lunch hour.

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

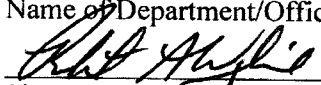
---

**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.

Robert A. Wylie  
Name of Department/Office Head

Executive Director  
Position/Title of Agency Official

  
Signature of Department/Office Head

9-6-19  
Date

\_\_\_\_\_  
Signature of Department/Office Head

\_\_\_\_\_  
Date

---

**State Board of Finance Approval**

Approval Date: \_\_\_\_\_

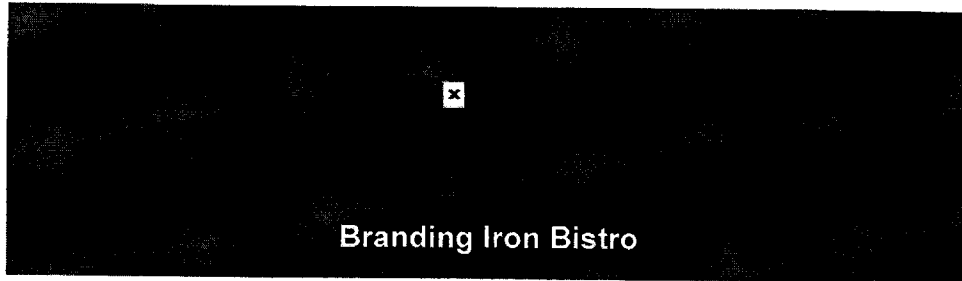
\_\_\_\_\_  
Signature of Secretary, State Board of Finance

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

**Smith, Dawn (RET)**

---

**From:** Branding Iron Bistro <invoicing@messaging.squareup.com>  
**Sent:** Friday, September 6, 2019 1:17 PM  
**To:** Smith, Dawn (RET)  
**Subject:** [EXT] Invoice Reminder: #000136 from Branding Iron Bistro



## Invoice Reminder

\$100.00 due on September 18, 2019

[Pay Invoice](#)

**Invoice #000136**  
September 6, 2019

**Bill To**  
Dawn Smith  
SDRS  
dawn.smith@state.sd.us  
+1 (605) 280-9771

We appreciate your business.

<b>Catering</b>	<b>\$100.00</b>
(\$10.00 ea.) x 10	
<i>Sandwich, chips, cookie</i>	
<i>August 6</i>	

Subtotal	\$100.00
<b>Total Due</b>	<b>\$100.00</b>

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



**Executive Director Search Committee Interview Attendance**

Laurie Gill  
James Johns  
Matt Clark  
Eric Stroeder  
Sen. Jim White  
Matt Michels  
Paul Schrader  
James Appl  
Louise Loban  
Dawn Smith

**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

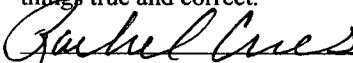
PLEASE NOTE: The request and all supporting **documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month.** Documentation received after that time will be processed at the next Board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

Application

Date: 8/14/19 Agency: Game Fish and Parks  
Agency Address: 523 E Capitol Avenue  
Agency Phone Number: 605.773.3718  
Employee Requesting Reimbursement: \_\_\_\_\_  
Total Amount of Reimbursement: \$44.04  
Date(s) of Expense: 5/29/2019  
Event Leave Time: 11:30 am Event Return Time: 1:00 pm  
Explanation of official business performed: working lunch meeting w/ Game, Fish and Parks & Dept of Ag

Attendees: Kelly Hepler, Kim Vannenman, Kevin Robling, Kyle Holt, Chris Petersen, Dani Hanson, Tony Leif

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

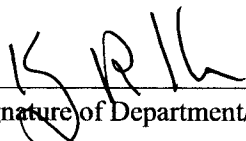
8/14/2019  
Date

Authorization

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

Kelly R. Hepler  
Name of Department/Office Head

Cabinet Secretary  
Position/Title of Agency Official

  
Signature of Department/Office Head

8/14/2019  
Date

State Board of Finance Approval

Approval Date: \_\_\_\_\_

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

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



**Leidholt, Beth**

---

**From:** Fort Pierre Pizza Ranch <fortpierre@pizzaranch.com>  
**Sent:** Tuesday, July 09, 2019 2:51 PM  
**To:** Leidholt, Beth  
**Subject:** [EXT] receipt

Here is a copy of the receipt you requested.

Thanks,  
Lexi



\*FROM DAY FILE\*

Tell us how we are doing at:

666-835-5671

or by visiting

[www.pizzeranchfeedback.com](http://www.pizzeranchfeedback.com)

We are giving away a \$250 Pizza Ranch

Lift Card each week to 1 person who

takes

the survey. See site for details.

Pizza Ranch #2000

21 E. HUSTAN

FORT PIERRE, SD 57532

605-223-9114

THANK YOU FOR YOUR ORDER!

Ticket # 1

5/29/2019 10:00 am TESSA

Assigned To: RYA

N S

\*\*\* DELIVERY \*\*\*

Required:

5/29/2019 11:45

am

773-3718

ATTN: ERIN, FOSS

BLDG 5D BFP

523 E CAPITAL

PIERRE

Large 25.98  
Bronco  
Orig Crust

Large  
Bronco  
Orig Crust

Large 12.99  
Tuscan Roma  
Thin Crust

Subtotal 38.97  
Delivery Charge 2.00  
State Tax SD 3.07  
Total 44.04  
House Account 44.04  
Balance Owning 0.00

Tip

Total

Ticket # 1  
(2905011451)

For Rewards Info:

[www.ranchrewards.com](http://www.ranchrewards.com)

Phone: 833-321-3401

Game Fish and Parks

Direct Invoice

Beth

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: \_\_\_\_\_ ACTION: \_\_\_\_\_ 08/15/2019 10:18:51

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

INVOICE NUMBER : \_\_\_\_\_ 1 DATE: 05/29/2019 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 SD GAME FISH AND PARKS \_\_\_\_\_

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

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
0001	44.04	001	3121	52053900	0601110	

NNNN

0002

0003

0004

: \_\_\_\_\_ : \_\_\_\_\_  
: \_\_\_\_\_ GROSS AMOUNT: \_\_\_\_\_ 44.04

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

08/15/2019

Authorization Date

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

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

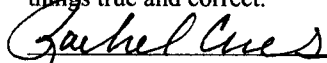
PLEASE NOTE: The request and all supporting **documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month.** Documentation received after that time will be processed at the next Board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

Application

Date: 8/14/19 Agency: Game Fish and Parks  
Agency Address: 523 E Capitol Avenue  
Agency Phone Number: 605.773.3718  
Employee Requesting Reimbursement: \_\_\_\_\_  
Total Amount of Reimbursement: \$39.45  
Date(s) of Expense: 8/14/2019  
Event Leave Time: 11:00 am Event Return Time: 1:00 pm  
Explanation of official business performed: working lunch meeting w/ Game, Fish and Parks & Legislator

**Attendees: Senator V.J. Smith, Kelly Hepler, Kevin Robling, Tony Leif**

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

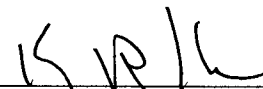
8/14/2019  
Date

Authorization

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

Kelly R. Hepler  
Name of Department/Office Head

Cabinet Secretary  
Position/Title of Agency Official

  
Signature of Department/Office Head

8/14/2019  
Date

State Board of Finance Approval

Approval Date: \_\_\_\_\_

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

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



Game Fish and Parks

Direct Invoice

Beth

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: \_\_\_\_\_ ACTION: \_\_\_\_\_ 08/15/2019 10:17:56  
REQUEST: \_\_\_\_\_

INVOICE NUMBER : \_\_\_\_\_ 3 DATE: 08/14/2019 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# 3\_SD\_GAME\_FISH\_AND\_PARKS

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

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
0001	39.45	001	3121	52053900	0601110	

NNNN

0002

0003

0004

: \_\_\_\_\_ : \_\_\_\_\_  
: \_\_\_\_\_ GROSS AMOUNT: 39.45 0

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

08/15/2019

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



## SOUTH DAKOTA DEPARTMENT OF AGRICULTURE

### OFFICE OF THE SECRETARY

523 East Capitol Avenue  
Pierre, SD 57501  
Phone: 605.773.5425 Fax: 605.773.5926  
sdda.sd.gov

September 6, 2019

Secretary of State  
SD Board of  
Finance  
500 East Capitol Avenue  
Pierre, SD 57501

Board of Finance;

Each year the SD Department of Agriculture and the Department of Game, Fish & Parks works with the Crossroads Hotel & Conference Center in Huron SD to reserve a block of hotel rooms for staff to use during State Fair week. Historically the Crossroads is the only lodging facility that will promise to hold rooms for department staff year after year at a discounted rate.

Department of Agriculture takes the lead on submitting the request for above state rate lodging approval to the Office of the State Auditor for the rooms at the Crossroads. This year the rooms were \$117.99 for the regular rooms and \$192.99 for the suite with conference table.

The Office of the State Auditor has been graciously approving the above state rate requests for years, however the Department's finance officer forgot to submit the request for preapproval this year. Rooms are being direct billed, the Department has invoices and is asking for Board of Finance approval to pay the higher rates.

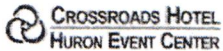
Thank you for your consideration.

Sincerely;

A handwritten signature in blue ink, appearing to read "Kim Vanneman", followed by a long horizontal line.

Kim Vanneman  
Secretary





# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 Telephone: +1.605.352.3204  
 Fax: (605) 352-3204  
 reservations@crossroadshotel.com

Amount Due	Due Date
6,319.50	Upon Receipt

Company Profile Number: 28547  
 Page 1 of 2

Current	Past 30 Days	Past 60 Days	Past 90 Days	Past 120 Days	Amount Due
6,319.50	0.00	0.00	0.00	0.00	6,319.50

**DEPT OF AG**  
 Office of Secretary  
 523 E Capitol ave  
 Pierre, SD 57501

## Statement of Account

Statement includes charges incurred 8/29/2019 - 9/3/2019

This is a reminder of your obligation.

Please call +1.605.352.3204 if you should have any questions regarding this statement.

Invoice Date	Name	Account	Account Type	Invoice Number	Amount	Credits	Balance
8/29/2019	Ryan, Thea	14484867	Guest	1001091	117.99	0.00	117.99 —
8/29/2019	Richter, Sandy	16214502	Guest	1001104	117.99	0.00	117.99 —
8/29/2019	Paxton, Kim	16214324	Guest	1001105	117.99	0.00	117.99 RC&F
8/30/2019	Rossberg, Alex	16214443	Guest	1002299	235.98	0.00	235.98 —
8/30/2019	Gullikson, Bailey	16214490	Guest	1002316	117.99	0.00	117.99 RC&F
8/30/2019	Prince, Nicole	16214352	Guest	1002317	117.99	0.00	117.99 RC&F
8/31/2019	Stenson, Mike	16214483	Guest	1003774	117.99	0.00	117.99 Ag Svcs
8/31/2019	Geppert, Rick	16214322	Guest	1003775	117.99	0.00	117.99 Ag Svcs
9/1/2019	Hoeft/Hiltunin, Allie/Katie	16214252	Guest	1004545	353.97	0.00	353.97 —
9/1/2019	Goble, Cameron	16214430	Guest	1004546	235.98	0.00	235.98 —
9/1/2019	Garland, Stef	16214366	Guest	1004547	117.99	0.00	117.99 Ag Svcs
9/1/2019	Vanneman, Kiim	16214677	Guest	1004550	771.96	0.00	771.96 OOS
9/2/2019	Harrington, Nick	14484866	Guest	1005162	589.95	0.00	589.95 —
9/2/2019	GFP, GFP	16214265	Guest	1005163	117.99	0.00	117.99 —
9/2/2019	HOLT, KYLE	14484868	Guest	1005164	117.99	0.00	117.99 OOS
9/2/2019	Thompson, Tiffany	14484869	Guest	1005165	634.95	0.00	634.95 Policy
9/2/2019	Hanson, Dani	14484871	Guest	1005166	589.95	0.00	589.95 Policy
9/2/2019	Geraets, Lindy	14484872	Guest	1005167	589.95	0.00	589.95 OOS
9/2/2019	Naasz, Lorrin	14484873	Guest	1005168	589.95	0.00	589.95 Policy
9/2/2019	Geppert, Rick	14484874	Guest	1005169	117.99	0.00	117.99 Ag Svcs

**DEPT OF AG**  
 Office of Secretary  
 523 E Capitol ave  
 Pierre, SD 57501

Amount Due	Due Date
6,319.50	Upon Receipt

This is a reminder for your records. If payment has already been submitted, please accept our thanks. We appreciate your business!



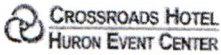
# Crossroads Hotel and Huron Events Center

100 4th St SW  
 Huron, SD 57350  
 reservations@crossroadshotel.com

Total Due for Time Period 8/29/2019  
- 9/3/2019:

6,319.50



# Crossroads Hotel and Huron Events Center

100 4th St SW  
Huron, SD 57350  
Telephone: +1.605.352.3204  
Fax: (605) 352-3204  
reservations@crossroadshotel.com

Amount Due	Due Date
6,319.50	Upon Receipt

Company Profile Number: 28547  
Page 1 of 2

Current	Past 30 Days	Past 60 Days	Past 90 Days	Past 120 Days	Amount Due
6,319.50	0.00	0.00	0.00	0.00	6,319.50

**DEPT OF AG**  
Office of Secretary  
523 E Capitol ave  
Pierre, SD 57501

## Statement of Account

**Statement includes charges incurred 8/29/2019 - 9/3/2019**

This is a reminder of your obligation.

Please call +1.605.352.3204 if you should have any questions regarding this statement.

<u>Invoice Date</u>	<u>Name</u>	<u>Account</u>	<u>Account Type</u>	<u>Invoice Number</u>	<u>Amount</u>	<u>Credits</u>	<u>Balance</u>
9/2/2019	Petersen, Chris	14503200	Guest	1005183	192.99	0.00	192.99
9/2/2019	Jonas, Steve	14482827	Guest	1005186	235.98	0.00	235.98
<b>Total Due for Time Period 8/29/2019 - 9/3/2019:</b>							<b>6,319.50</b>

**DEPT OF AG**  
Office of Secretary  
523 E Capitol ave  
Pierre, SD 57501

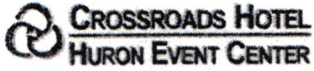
Amount Due	Due Date
6,319.50	Upon Receipt

This is a reminder for your records. If payment has already been submitted, please accept our thanks. We appreciate your business!



# Crossroads Hotel and Huron Events Center

100 4th St SW  
Huron, SD 57350  
reservations@crossroadshotel.com



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 14484867

Date: 8/29/19

Room: 302 GROUP-

Arrival Date: 8/28/19

Departure Date: 8/29/19

Check In Time: 8/28/19 5:47 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: mgonzale5

**Total Balance Due: 0.00**

Dept Of AG  
Ryan, Thea  
State Fair 2019  
523 E CAPITOL AVE  
Pierre, SD 57501

Post Date	Description	Comment	Amount
8/28/19	Room Charge	#302 Ryan, Thea	115.99
8/28/19	Occupancy Tax		2.00
8/29/19	Direct Bill		(117.99)

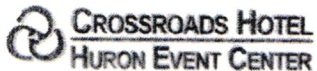
**Folio Summary 8/22/19 - 8/29/19**

Room Charge	115.99
Occupancy Tax	2.00
Direct Bill	(117.99)
<b>Balance Due:</b>	<b>0.00</b>

(117.99) will be billed to: Account 28547

Dept Of AG, Office of Secretary 523 E Capitol ave, Pierre, SD  
57501

x \_\_\_\_\_



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 16214502

Date: 8/29/19

Room: 305 GROUP-

Arrival Date: 8/28/19

Departure Date: 8/29/19

Check In Time: 8/28/19 5:46 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: mgonzale5

**Total Balance Due: 0.00**

Dept Of AG  
Richter, Sandy  
State Fair 2019  
523 E CAPITOL AVE  
Pierre, SD 57501

Post Date	Description	Comment	Amount
8/28/19	Room Charge	#305 Richter, Sandy	115.99
8/28/19	Occupancy Tax		2.00
8/29/19	Direct Bill		(117.99)

**Folio Summary 8/28/19 - 8/29/19**

Room Charge	115.99
Occupancy Tax	2.00
Direct Bill	(117.99)
<b>Balance Due:</b>	<b>0.00</b>

(117.99) will be billed to: Account 28547

Dept Of AG, Office of Secretary 523 E Capitol ave, Pierre, SD 57501

x \_\_\_\_\_



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 16214324

Date: 8/29/19

Room: 309 GROUP-

Arrival Date: 8/28/19

Departure Date: 8/29/19

Check In Time: 8/28/19 6:25 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: YGONZALE

**Total Balance Due: 0.00**

Dept Of AG  
Paxton, Kim  
State Fair 2019  
523 E CAPITOL AVE  
Pierre, SD 57501

Post Date	Description	Comment	Amount
8/28/19	Room Charge	#309 Paxton, Kim	115.99
8/28/19	Occupancy Tax		2.00
8/29/19	Direct Bill		(117.99)

**Folio Summary 8/22/19 - 8/29/19**

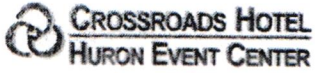
Room Charge	115.99
Occupancy Tax	2.00
Direct Bill	(117.99)
<b>Balance Due:</b>	<b>0.00</b>

(117.99) will be billed to: Account 28547

Dept Of AG, Office of Secretary 523 E Capitol ave, Pierre, SD 57501

x \_\_\_\_\_





**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 16214443

Date: 8/30/19

Room: 303 GROUP-

Arrival Date: 8/28/19

Departure Date: 8/30/19

Check In Time: 8/28/19 5:54 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: YGONZALE

**Total Balance Due: 0.00**

Dept Of AG  
Rossberg, Alex  
State Fair 2019  
523 E CAPITOL AVE  
Pierre, SD 57501

Post Date	Description	Comment	Amount
8/28/19	Room Charge	#303 Rossberg, Alex	115.99
8/28/19	Occupancy Tax		2.00
8/29/19	Room Charge	#303 Rossberg, Alex	115.99
8/29/19	Occupancy Tax		2.00
8/30/19	Direct Bill		(235.98)

**Folio Summary 8/28/19 - 8/30/19**

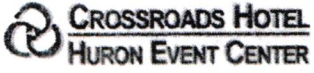
Room Charge	231.98
Occupancy Tax	4.00
Direct Bill	(235.98)

Balance Due: **0.00**

(235.98) will be billed to: Account 28547

Dept Of AG, Office of Secretary 523 E Capitol ave, Pierre, SD  
57501

x \_\_\_\_\_



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 16214490  
Date: 8/30/19  
Room: 305 GROUP-  
Arrival Date: 8/29/19  
Departure Date: 8/30/19  
Check In Time: 8/30/19 1:34 AM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: jrobledo

**Total Balance Due: 0.00**

Dept Of AG  
Gullikson, Bailey  
State Fair 2019  
523 E CAPITOL AVE  
Pierre, SD 57501

Post Date	Description	Comment	Amount
8/29/19	Room Charge	#305 Gullikson, Bailey	115.99
8/29/19	Occupancy Tax		2.00
8/30/19	Direct Bill		(117.99)

**Folio Summary 8/29/19 - 8/30/19**

Room Charge	115.99
Occupancy Tax	2.00
Direct Bill	(117.99)

Balance Due: 0.00

(117.99) will be billed to: Account 28547

Dept Of AG, Office of Secretary 523 E Capitol ave, Pierre, SD 57501

x



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 16214352

Date: 8/30/19

Room: 309 GROUP-

Arrival Date: 8/29/19

Departure Date: 8/30/19

Check In Time: 8/30/19 12:33 AM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: jrbledo

**Total Balance Due: 0.00**

Dept Of AG  
Prince, Nicole  
State Fair 2019  
523 E CAPITOL AVE  
Pierre, SD 57501

Post Date	Description	Comment	Amount
8/29/19	Room Charge	#309 Prince, Nicole	115.99
8/29/19	Occupancy Tax		2.00
8/30/19	Direct Bill		(117.99)

**Folio Summary 8/29/19 - 8/30/19**

Room Charge	115.99
Occupancy Tax	2.00
Direct Bill	(117.99)

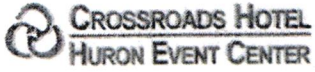
**Balance Due: 0.00**

(117.99) will be billed to: Account 28547

Dept Of AG, Office of Secretary 523 E Capitol ave, Pierre, SD 57501

*Nicole Prince*

x



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 16214483

Date: 8/31/19

Room: 305 GROUP-

Arrival Date: 8/30/19

Departure Date: 8/31/19

Check In Time: 8/30/19 8:07 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: jfleck

**Total Balance Due: 0.00**

Dept Of AG  
Stenson, Mike  
State Fair 2019  
523 E CAPITOL AVE  
Pierre, SD 57501

Post Date	Description	Comment	Amount
8/30/19	Room Charge	#305 Stenson, Mike	115.99
8/30/19	Occupancy Tax		2.00
8/31/19	Direct Bill		(117.99)

**Folio Summary 8/28/19 - 8/31/19**

Room Charge	115.99
Occupancy Tax	2.00
Direct Bill	(117.99)
<b>Balance Due:</b>	<b>0.00</b>

(117.99) will be billed to: Account 28547

Dept Of AG, Office of Secretary 523 E Capitol ave, Pierre, SD 57501

x





**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 16214322

Date: 8/31/19

Room: 309 GROUP-

Arrival Date: 8/30/19

Departure Date: 8/31/19

Check In Time: 8/30/19 11:03 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: jrobledo

**Total Balance Due: 0.00**

Dept Of AG  
Geppert, Rick  
State Fair 2019  
523 E CAPITOL AVE  
Pierre, SD 57501

Post Date	Description	Comment	Amount
8/30/19	Room Charge	#309 Geppert, Rick	115.99
8/30/19	Occupancy Tax		2.00
8/31/19	Direct Bill		(117.99)

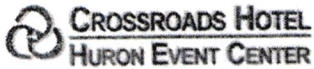
**Folio Summary 8/28/19 - 8/31/19**

Room Charge	115.99
Occupancy Tax	2.00
Direct Bill	(117.99)
<b>Balance Due:</b>	<b>0.00</b>

(117.99) will be billed to: Account 28547

Dept Of AG, Office of Secretary 523 E Capitol ave, Pierre, SD 57501

x \_\_\_\_\_



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 16214252

Date: 9/1/19

Room: 302 GROUP-

Arrival Date: 8/29/19

Departure Date: 9/1/19

Check In Time: 8/29/19 5:30 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: ygonzale

**Total Balance Due: 0.00**

Dept Of AG  
Hoeft/Hiltunin, Allie/Katie  
State Fair 2019  
523 E CAPITOL AVE  
Pierre, SD 57501

Post Date	Description	Comment	Amount
8/29/19	Room Charge	#302 Hoeft/Hiltunin, Allie/Katie	115.99
8/29/19	Occupancy Tax		2.00
8/30/19	Room Charge	#302 Hoeft/Hiltunin, Allie/Katie	115.99
8/30/19	Occupancy Tax		2.00
8/31/19	Room Charge	#302 Hoeft/Hiltunin, Allie/Katie	115.99
8/31/19	Occupancy Tax		2.00
9/1/19	Direct Bill		(353.97)

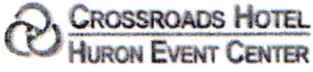
**Folio Summary 8/29/19 - 9/1/19**

Room Charge	347.97
Occupancy Tax	6.00
Direct Bill	(353.97)
<b>Balance Due:</b>	<b>0.00</b>

(353.97) will be billed to: Account 28547

Dept Of AG, Office of Secretary 523 E Capitol ave, Pierre, SD  
57501

x \_\_\_\_\_



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 16214430

Date: 9/1/19

Room: 303 GROUP-

Arrival Date: 8/30/19

Departure Date: 9/1/19

Check In Time: 8/30/19 5:46 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: jgonzale3

**Total Balance Due: 0.00**

Dept Of AG  
Goble, Cameron  
State Fair 2019  
523 E CAPITOL AVE  
Pierre, SD 57501

Post Date	Description	Comment	Amount
8/30/19	Room Charge	#303 Goble, Cameron	115.99
8/30/19	Occupancy Tax		2.00
8/31/19	Room Charge	#303 Goble, Cameron	115.99
8/31/19	Occupancy Tax		2.00
9/1/19	Direct Bill		(235.98)

**Folio Summary 8/30/19 - 9/1/19**

Room Charge	231.98
Occupancy Tax	4.00
Direct Bill	(235.98)

Balance Due: 0.00

(235.98) will be billed to: Account 28547

Dept Of AG, Office of Secretary 523 E Capitol ave, Pierre, SD 57501

x.



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 16214366

Date: 9/1/19

Room: 309 GROUP-

Arrival Date: 8/31/19

Departure Date: 9/1/19

Check In Time: 8/31/19 1:47 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: jgonzale3

**Total Balance Due: 0.00**

Dept Of AG  
Garland, Stef  
State Fair 2019  
523 E CAPITOL AVE  
Pierre, SD 57501

Post Date	Description	Comment	Amount
8/31/19	Room Charge	#309 Garland, Stef	115.99
8/31/19	Occupancy Tax		2.00
9/1/19	Direct Bill		(117.99)

**Folio Summary 8/31/19 - 9/1/19**

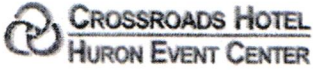
Room Charge	115.99
Occupancy Tax	2.00
Direct Bill	(117.99)
<b>Balance Due:</b>	<b>0.00</b>

(117.99) will be billed to: Account 28547

Dept Of AG, Office of Secretary 523 E Capitol ave, Pierre, SD 57501

x *Dan Arls*





**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 16214677

Date: 9/1/19

Room: 349 GROUP-

Arrival Date: 8/28/19

Departure Date: 9/1/19

Check In Time: 8/28/19 6:21 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: YGONZALE

**Total Balance Due: 0.00**

Dept Of AG  
Vanneman, Kiim  
State Fair 2019  
523 E CAPITOL AVE  
Pierre, SD 57501

Post Date	Description	Comment	Amount
8/28/19	Room Charge	#349 Vanneman, Kiim	190.99
8/28/19	Occupancy Tax		2.00
8/29/19	Room Charge	#349 Vanneman, Kiim	190.99
8/29/19	Occupancy Tax		2.00
8/30/19	Room Charge	#349 Vanneman, Kiim	190.99
8/30/19	Occupancy Tax		2.00
8/31/19	Room Charge	#349 Vanneman, Kiim	190.99
8/31/19	Occupancy Tax		2.00
9/1/19	Direct Bill		(771.96)

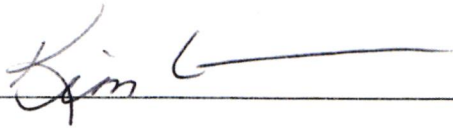
**Folio Summary 8/28/19 - 9/1/19**

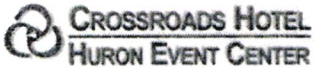
Room Charge	763.96
Occupancy Tax	8.00
Direct Bill	(771.96)

Balance Due: 0.00

(771.96) will be billed to: Account 28547

Dept Of AG, Office of Secretary 523 E Capitol ave, Pierre, SD 57501

x 



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 14484866

Date: 9/2/19

Room: 300 GROUP-

Arrival Date: 8/28/19

Departure Date: 9/2/19

Check In Time: 8/28/19 5:55 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: mgonzale5

**Total Balance Due: 0.00**

Dept Of AG  
Harrington, Nick  
State Fair 2019  
523 E CAPITOL AVE  
Pierre, SD 57501

Post Date	Description	Comment	Amount
8/28/19	Room Charge	#300 Harrington, Nick	115.99
8/28/19	Occupancy Tax		2.00
8/29/19	Room Charge	#300 Harrington, Nick	115.99
8/29/19	Occupancy Tax		2.00
8/30/19	Room Charge	#300 Harrington, Nick	115.99
8/30/19	Occupancy Tax		2.00
8/31/19	Room Charge	#300 Harrington, Nick	115.99
8/31/19	Occupancy Tax		2.00
9/1/19	Room Charge	#300 Harrington, Nick	115.99
9/1/19	Occupancy Tax		2.00
9/2/19	Direct Bill		(589.95)

**Folio Summary 8/23/19 - 9/2/19**

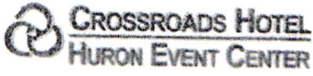
Room Charge	579.95
Occupancy Tax	10.00
Direct Bill	(589.95)

Balance Due: 0.00

(589.95) will be billed to: Account 28547

Dept Of AG, Office of Secretary 523 E Capitol ave, Pierre, SD 57501

x



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 16214265

Date: 9/2/19

Room: 302 GROUP-

Arrival Date: 9/1/19

Departure Date: 9/2/19

Check In Time: 9/2/19 2:54 AM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: jrobledo

**Total Balance Due: 0.00**

Dept Of AG  
GFP, GFP  
State Fair 2019  
523 E CAPITOL AVE  
Pierre, SD 57501

Post Date	Description	Comment	Amount
9/1/19	Room Charge	#302 GFP, GFP	115.99
9/1/19	Occupancy Tax		2.00
9/2/19	Direct Bill		(117.99)

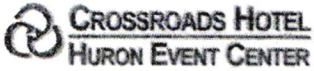
**Folio Summary 8/23/19 - 9/2/19**

Room Charge	115.99
Occupancy Tax	2.00
Direct Bill	(117.99)
<b>Balance Due:</b>	<b>0.00</b>

(117.99) will be billed to: Account 28547

Dept Of AG, Office of Secretary 523 E Capitol ave, Pierre, SD 57501

x \_\_\_\_\_



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 14484868

Date: 9/2/19

Room: 303 GROUP~

Arrival Date: 9/1/19

Departure Date: 9/2/19

Check In Time: 9/1/19 11:51 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: jrobledo

**Total Balance Due: 0.00**

Dept Of AG  
HOLT, KYLE  
State Fair 2019  
523 E CAPITOL AVE  
Pierre, SD 57501

Post Date	Description	Comment	Amount
9/1/19	Room Charge	#303 HOLT, KYLE	115.99
9/1/19	Occupancy Tax		2.00
9/2/19	Direct Bill		(117.99)

**Folio Summary 8/23/19 - 9/2/19**

Room Charge	115.99
Occupancy Tax	2.00
Direct Bill	(117.99)

Balance Due: 0.00

(117.99) will be billed to: Account 28547

Dept Of AG, Office of Secretary 523 E Capitol ave, Pierre, SD  
57501

x \_\_\_\_\_





**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 14484869

Date: 9/2/19

Room: 304 GROUP~

Arrival Date: 8/28/19

Departure Date: 9/2/19

Check In Time: 8/28/19 6:08 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: YGONZALE

**Total Balance Due: 0.00**

Dept Of AG  
Thompson, Tiffany  
State Fair 2019  
523 E CAPITOL AVE  
Pierre, SD 57501

Post Date	Description	Comment	Amount
8/28/19	Room Charge	#304 Thompson, Tiffany	124.99
8/28/19	Occupancy Tax		2.00
8/29/19	Room Charge	#304 Thompson, Tiffany	124.99
8/29/19	Occupancy Tax		2.00
8/30/19	Room Charge	#304 Thompson, Tiffany	124.99
8/30/19	Occupancy Tax		2.00
8/31/19	Room Charge	#304 Thompson, Tiffany	124.99
8/31/19	Occupancy Tax		2.00
9/1/19	Room Charge	#304 Thompson, Tiffany	124.99
9/1/19	Occupancy Tax		2.00
9/2/19	Direct Bill		(634.95)

**Folio Summary 8/28/19 - 9/2/19**

Room Charge	624.95
Occupancy Tax	10.00
Direct Bill	(634.95)
<b>Balance Due:</b>	<b>0.00</b>

(634.95) will be billed to: Account 28547

Dept Of AG, Office of Secretary 523 E Capitol ave, Pierre, SD  
57501

x \_\_\_\_\_



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 14484871

Date: 9/2/19

Room: 306 GROUP-

Arrival Date: 8/28/19

Departure Date: 9/2/19

Check In Time: 8/28/19 6:20 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: mgonzalez5

**Total Balance Due: 0.00**

Dept Of AG  
Hanson, Dani  
State Fair 2019  
523 E CAPITOL AVE  
Pierre, SD 57501

Post Date	Description	Comment	Amount
8/28/19	Room Charge	#306 Hanson, Dani	115.99
8/28/19	Occupancy Tax		2.00
8/29/19	Room Charge	#306 Hanson, Dani	115.99
8/29/19	Occupancy Tax		2.00
8/30/19	Room Charge	#306 Hanson, Dani	115.99
8/30/19	Occupancy Tax		2.00
8/31/19	Room Charge	#306 Hanson, Dani	115.99
8/31/19	Occupancy Tax		2.00
9/1/19	Room Charge	#306 Hanson, Dani	115.99
9/1/19	Occupancy Tax		2.00
9/2/19	Direct Bill		(589.95)

**Folio Summary 8/28/19 - 9/2/19**

Room Charge	579.95
Occupancy Tax	10.00
Direct Bill	(589.95)
<b>Balance Due:</b>	<b>0.00</b>

(589.95) will be billed to: Account 28547

Dept Of AG, Office of Secretary 523 E Capitol ave, Pierre, SD 57501

x



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 14484872

Date: 9/2/19

Room: 307 GROUP-

Arrival Date: 8/28/19

Departure Date: 9/2/19

Check In Time: 8/28/19 6:08 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: mgonzalez

**Total Balance Due: 0.00**

Dept Of AG  
Geraets, Lindy  
State Fair 2019  
523 E CAPITOL AVE  
Pierre, SD 57501

Post Date	Description	Comment	Amount
8/28/19	Room Charge	#307 Geraets, Lindy	115.99
8/28/19	Occupancy Tax		2.00
8/29/19	Room Charge	#307 Geraets, Lindy	115.99
8/29/19	Occupancy Tax		2.00
8/30/19	Room Charge	#307 Geraets, Lindy	115.99
8/30/19	Occupancy Tax		2.00
8/31/19	Room Charge	#307 Geraets, Lindy	115.99
8/31/19	Occupancy Tax		2.00
9/1/19	Room Charge	#307 Geraets, Lindy	115.99
9/1/19	Occupancy Tax		2.00
9/2/19	Direct Bill		(589.95)

**Folio Summary 8/28/19 - 9/2/19**

Room Charge	579.95
Occupancy Tax	10.00
Direct Bill	(589.95)
<b>Balance Due:</b>	<b>0.00</b>

(589.95) will be billed to: Account 28547

Dept Of AG, Office of Secretary 523 E Capitol ave, Pierre, SD 57501

x \_\_\_\_\_



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 14484873

Date: 9/2/19

Room: 308 GROUP-

Arrival Date: 8/28/19

Departure Date: 9/2/19

Check In Time: 8/28/19 6:12 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: mgonzalez5

**Total Balance Due: 0.00**

Dept Of AG  
Naasz, Lorrin  
State Fair 2019  
523 E CAPITOL AVE  
Pierre, SD 57501

Post Date	Description	Comment	Amount
8/28/19	Room Charge	#308 Naasz, Lorrin	115.99
8/28/19	Occupancy Tax		2.00
8/29/19	Room Charge	#308 Naasz, Lorrin	115.99
8/29/19	Occupancy Tax		2.00
8/30/19	Room Charge	#308 Naasz, Lorrin	115.99
8/30/19	Occupancy Tax		2.00
8/31/19	Room Charge	#308 Naasz, Lorrin	115.99
8/31/19	Occupancy Tax		2.00
9/1/19	Room Charge	#308 Naasz, Lorrin	115.99
9/1/19	Occupancy Tax		2.00
9/2/19	Direct Bill		(589.95)

**Folio Summary 8/28/19 - 9/2/19**

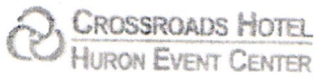
Room Charge	579.95
Occupancy Tax	10.00
Direct Bill	(589.95)
<b>Balance Due:</b>	<b>0.00</b>

(589.95) will be billed to: Account 28547

Dept Of AG, Office of Secretary 523 E Capitol ave, Pierre, SD  
57501

x. \_\_\_\_\_





**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 14484874

Date: 9/2/19

Room: 309 GROUP-

Arrival Date: 9/1/19

Departure Date: 9/2/19

Check In Time: 9/1/19 11:16 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: jrobledo

**Total Balance Due: 0.00**

Dept Of AG  
Geppert, Rick  
State Fair 2019  
523 E CAPITOL AVE  
Pierre, SD 57501

Post Date	Description	Comment	Amount
9/1/19	Room Charge	#309 Geppert, Rick	115.99
9/1/19	Occupancy Tax		2.00
9/2/19	Direct Bill		(117.99)

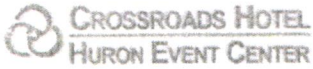
**Folio Summary 9/1/19 - 9/2/19**

Room Charge	115.99
Occupancy Tax	2.00
Direct Bill	(117.99)

Balance Due: 0.00

(117.99) will be billed to: Account 28547

Dept Of AG, Office of Secretary 523 E Capitol ave, Pierre, SD 57501



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 14503200

Date: 9/2/19

Room: 349 GROUP-

Arrival Date: 9/1/19

Departure Date: 9/2/19

Check In Time: 9/1/19 9:42 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: jrobledo

**Total Balance Due: 0.00**

Dept Of AG  
Petersen, Chris  
State Fair 2019  
523 E CAPITOL AVE  
Pierre, SD 57501

Post Date	Description	Comment	Amount
9/1/19	Room Charge	#349 Petersen, Chris	190.99
9/1/19	Occupancy Tax		2.00
9/2/19	Direct Bill		(192.99)

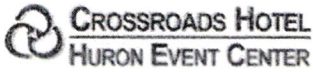
**Folio Summary 9/1/19 - 9/2/19**

Room Charge	190.99
Occupancy Tax	2.00
Direct Bill	(192.99)
<b>Balance Due:</b>	<b>0.00</b>

(192.99) will be billed to: Account 28547

Dept Of AG, Office of Secretary 523 E Capitol ave, Pierre, SD 57501

x



**Crossroads Hotel and Huron Events Center (1515)**

100 4th St SW  
Huron, SD 57350  
+1.605.352.3204  
reservations@crossroadshotel.com

Account: 14482827

Date: 9/3/19

Room: 332 GROUP-

Arrival Date: 8/31/19

Departure Date: 9/2/19

Check In Time: 8/31/19 10:15 PM

Check Out Time: 9/2/19 8:02 AM

Rewards Program ID:

You were checked out by: jgonzale3

You were checked in by: JFLECK

**Total Balance Due: (20.88)**

Dept Of AG  
Jonas, Steve  
State Fair 2019  
523 E Capitol ave  
Pierre, SD 57501

Post Date	Description	Comment	Amount
8/31/19	Room Charge	#332 JONAS, STEVE	115.99
8/31/19	Occupancy Tax		2.00
9/1/19	Room Charge	#332 Jonas, Steve	115.99
9/1/19	Occupancy Tax		2.00
9/2/19	Direct Bill		(235.98)

**Folio Summary 8/31/19 - 9/2/19**

Room Charge	231.98
Occupancy Tax	4.00
Direct Bill	(235.98)
<b>Balance Due:</b>	<b>0.00</b>

(235.98) will be billed to: Account 28547

Dept Of AG, Office of Secretary 523 E Capitol ave, Pierre, SD 57501

x \_\_\_\_\_







## SOUTH DAKOTA DEPARTMENT OF AGRICULTURE

### Ag Development

523 East Capitol Avenue

Pierre, SD 57501

Phone: 605.773.3623 Fax: 605.773.4003

[sdda.sd.gov](http://sdda.sd.gov)

June 18, 2019

State Board of Finance and Management  
500 East Capitol Ave  
Pierre, SD 57501

Dear State Board of Finance and Management,

The Department of Agriculture, Division of Ag Development would like to ask for approval of excess state lodging for David Skaggs' hotel charges on March 9, 2019. The night of March 9, 2019, the hotel would not honor state rates. We are asking approval of the \$40.00 difference.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim Vanneman". The signature is written in a cursive style with a long horizontal line extending to the right.

Secretary Vanneman

Quality Inn & Suite  
5410 North Grante Lane  
Sioux Falls, SD 57107

1230 5265  
Vendor IO

Date

03/10/2019

NAME: David Skaggs

Acc # 637284102

**Reason for not a state rate: They do not honor state rates on Friday nights**

Room Rate	\$95.00
Paid 6/18/2019	(\$55.00)
Difference	\$40.00
Total Due to the hotel	\$40.00

1000 \$203,100 03/21/22

m7



### Quality Inn & Suites (SD062)

5410 N. Granite Lane  
Sioux Falls, SD 57107  
(605) 336-1900  
GM.SD062@choicehotels.com

Account: 637284102

Date: 6/17/19

Room: 336 LOVRD

Arrival Date: 3/9/19

Departure Date: 3/11/19

Check In Time: 3/10/19 12:44 AM

Check Out Time: 3/11/19 8:55 AM

Rewards Program ID: GP-DXS6578

You were checked out by: nbrady

You were checked in by: nbrady

**Total Balance Due: 0.00**

SD Dept of Agriculture  
SKAGGS, DAVID  
523 E CAPITOL AVE  
PIERRE, SD 57501

# COPY

Post Date	Description	Comment	Amount
3/9/19	Room Charge	#336 SKAGGS, DAVID	95.00
3/9/19	State Tax		4.28
3/9/19	City/County Tax		2.85
3/9/19	Occupancy Tax		2.38
3/9/19	CITY BID TAX		2.00
3/10/19	City/County Tax	Tax Exemption Refund	(2.85)
3/10/19	Occupancy Tax	Tax Exemption Refund	(2.38)
3/10/19	CITY BID TAX	Tax Exemption Refund	(2.00)
3/10/19	State Tax	Tax Exemption Refund	(4.28)
3/10/19	Room Charge	#336 SKAGGS, DAVID	95.00
3/11/19	Direct Bill		(190.00)
6/17/19	Room Charge	Adjustment	(40.00)
6/17/19	Direct Bill	Adjustment	40.00

*#55.00*  
*State & County tax for March 9, 2019*

Folio Summary 3/9/19 - 6/17/19	
Room Charge	150.00
State Tax	0.00
City/County Tax	0.00
Occupancy Tax	0.00
CITY BID TAX	0.00
Direct Bill	(150.00)
<b>Balance Due:</b>	<b>0.00</b>

This rate is eligible for partner rewards. If this rate is changed, you may no longer be entitled to Choice Privileges points.

(150.00) will be billed to: Account 759796

SD Dept of Agriculture, 523 E. CAPITOL AVE, PIERRE, SD 57501



Congratulations. You are earning Choice Privileges Points for this stay.

*3/9*      *3/10*  
*\$55.00*      *\$55.00*

*= \$110.00*  
*\$40.00*      *over Above*



**Quality Inn & Suites (SD062)**

5410 N. Granite Lane  
Sioux Falls, SD 57107  
(605) 336-1900  
GM.SD062@choicehotels.com

**COPY**

12305265

Account: 637284102

Date: 6/17/19

Room: 336 LOVRD

Arrival Date: 3/9/19

Departure Date: 3/11/19

Check In Time: 3/10/19 12:44 AM

Check Out Time: 3/11/19 8:55 AM

Rewards Program ID: GP-DXS6578

You were checked out by: nbrady

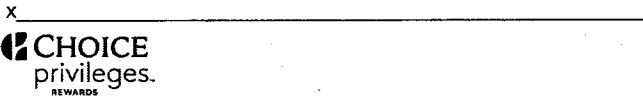
You were checked in by: nbrady

**Total Balance Due: 0.00**

SD Dept of Agriculture  
SKAGGS, DAVID  
523 E CAPITOL AVE  
PIERRE, SD 57501

Post Date	Description	Comment	Amount
			0.00
<b>Folio Summary 3/9/19 - 6/17/19</b>			
			0.00
		Balance Due:	<b>0.00</b>

This rate is eligible for partner rewards. If this rate is changed, you may no longer be entitled to Choice Privileges points.



Congratulations. You are earning Choice Privileges Points for this stay.



# Quality Inn & Suites

5410 N. Granite Lane  
Sioux Falls, SD 57107  
Telephone: (605) 336-1900  
Fax: (605) 336-1901  
GM.SD062@choicehotels.com

Amount Due:	Due Date:
150.00	Upon Receipt

Company Profile Number: 759796  
Invoice Number: 46537565  
Invoice Date: 3/11/19  
Page 1 of 1

**COPY**

SD DEPT OF AGRICULTURE  
523 E. CAPITOL AVE  
PIERRE, SD 57501

## Invoice

Please call (605) 336-1900 if you should have any questions regarding this statement.

SKAGGS, DAVID      Guest Acct. #: 637284102      SD Dept of Agriculture

Post Date	Description	Comment	Amount
3/11/19	Direct Billing Receivable	3671177193	190.00
6/17/19	Direct Billing Receivable	Adjustment	(40.00)

Invoice Total:

150.00

*1000      5203/000      032/122      \$110.00 ml*

Please make checks payable to:

**Quality Inn & Suites**

SD DEPT OF AGRICULTURE  
523 E. CAPITOL AVE  
PIERRE, SD 57501

Account Number:	Invoice Number:	Amount Due:	Due Date:
759796	46537565	150.00	Upon Receipt

Please return this stub with your payment.



### Quality Inn & Suites

5410 N. Granite Lane  
Sioux Falls, SD 57107  
GM.SD062@choicehotels.com

**COPY**

State of South Dakota  
**VOUCHER**  
Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: \_\_\_\_\_ ACTION: \_\_\_\_\_  
REQUEST: \_\_\_\_\_

06/18/2019 14:57:59

=====

INVOICE NUMBER : \_\_\_\_\_637284102 DATE: 06/18/2019 MODEL: \_\_\_\_\_  
VENDOR SHORT NM: QUALITYINNSUITE SOLBERG, LLOYD E CURR : \_\_\_\_\_  
VENDOR NUMBER : \_12305265 \_ SIOUX FALLS CM/DM : \_\_\_\_\_  
PO REFERENCE : \_\_\_\_\_ APPROVAL NBR: \_\_\_\_\_ MULTI PYMT: \_\_\_\_\_  
TERMS CODE: \_\_\_\_\_ PYMT DUE DATE: 06/18/2019 DO NOT USE : \_\_\_\_\_  
REMIT MSG: \_\_\_\_\_ Acc# 637284102, D Skaggs, charges from 3/9-3/10/19 from SDDA  
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 I'RC
0001	110.00			1000 52031000	0321122	
						M1
0002						
0003						
0004						
						GROSS AMOUNT: 110.00

*#110.00 Paid on 6/18/19*

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

\_\_\_\_\_  
Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorization

\_\_\_\_\_  
Date

September 11, 2019


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

Please accept this letter as the Bureau's request for approval of excess lodging for the 2019 VMworld conference. This conference was held in San Francisco after three years of being in Las Vegas. The hotel reservation was part of the conference registration and the more affordable hotels which are below the out of state rates are filled very quickly. Shana Kruger had a choice of hotels and chose the most affordable. Ross Uhrig did not have a choice in hotels as he used a free conference pass to participate in the VMware User Group booth. The pass is worth \$1,695, factoring in other discounts. When making Ross's reservation, the only choice was the Marriott Marquis.

We are aware of the procedure to request approval for additional costs and in this case missed the need to confirm and pre-approve the room costs as the sign-up process for the conference tied the hotel selection to the conference registration process. In the future when hotel availability and accompanying room rates are not made available until after the registration occurs, there will be a review and request for excess lodging prior to conference attendance. This is predicated on the availability to cancel the conference registration for a full refund.

Please consider this request for reimbursement to the employees. Shana Kruger's hotel ended up being an additional \$74 per night above the \$275 rate. Ross Uhrig's hotel was an additional \$104 per night above the \$275 rate.

Sincerely,

  
Wayne Hayden-Moreland  
Director  
Data Center  
[Wayne.Hayden-Moreland@state.sd.us](mailto:Wayne.Hayden-Moreland@state.sd.us)  
605-773-7281

# GRAND | HYATT

**Grand Hyatt San Francisco**  
 345 Stockton Street  
 San Francisco, CA 94108  
 Tel: 415.398.1234  
 Fax: 415.391.1780  
[grandsanfrancisco.hyatt.com](http://grandsanfrancisco.hyatt.com)

**INVOICE**

Shana Kruger  
 700 Governors Dr, 3rd Floor Kn  
 Pierre, SD 57501  
 United States

Room No. 1707  
 Arrival 08-25-2019  
 Departure 08-29-2019  
 Page No. 1 of 1  
 Folio Window 1  
 Folio No. 31277250

Confirmation No. 3878953901  
 Group Name VMworld

Date	Description	Charges	Credits
08-25-2019	Group Room	349.00	
08-25-2019	Occupancy Tax	48.86	
08-25-2019	Tourism Assessment	3.49	
08-25-2019	CA Assessment	1.00	
08-25-2019	Moscone District Assessment	4.36	
08-26-2019	Group Room	349.00	
08-26-2019	Occupancy Tax	48.86	
08-26-2019	Tourism Assessment	3.49	
08-26-2019	CA Assessment	1.00	
08-26-2019	Moscone District Assessment	4.36	
08-27-2019	Group Room	349.00	
08-27-2019	Occupancy Tax	48.86	
08-27-2019	Tourism Assessment	3.49	
08-27-2019	CA Assessment	1.00	
08-27-2019	Moscone District Assessment	4.36	
08-28-2019	Group Room	349.00	
08-28-2019	Occupancy Tax	48.86	
08-28-2019	Tourism Assessment	3.49	
08-28-2019	CA Assessment	1.00	
08-28-2019	Moscone District Assessment	4.36	
08-29-2019	Visa XXXXXXXXXXXXXXX6176		-1626.84
<b>Total</b>		<b>1626.84</b>	<b>-1626.84</b>
Guest Signature		<b>Balance</b>	0.00

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

**WE HOPE YOU ENJOYED YOUR STAY WITH US!**

**World of Hyatt Summary**

No Membership to be credited

Join World of Hyatt today and start earning points for stays, dining and more.

Visit [www.worldofhyatt.com](http://www.worldofhyatt.com)

Please remit payment to: Grand Hyatt San Francisco  
 PO Box 842120  
 Dallas, TX 75284

For inquiries concerning your bill please call 888-588-4384

We welcome your feedback and look forward to the opportunity to see you again at the Grand Hyatt San Francisco.





SAN FRANCISCO MARRIOTT MARQUIS

GUEST FOLIO

7169	UHRIG/R	379.00	08/29/19	11.00	33388	10050
ROOM	NAME	RATE	DEPART	TIME	ACCT#	GROUP
DG	STATE OF SOUTH DAKOT		08/25/19	13.17		
TYPE			ARRIVE	TIME		
413						
ROOM						MBV#
CLERK	ADDRESS	PAYMENT				

DATE	REFERENCES	PAYMENT	CHARGES	CREDITS	BALANCES DUE
08/25	ROOM	7169.1	379.00		
08/25	ROOM TAX	7169.1	53.06		
08/25	CA TRSM	7169.1	.73		
08/25	SF TRSM	7169.1	8.53		
08/25	ROOM	7169.1	379.00		
08/26	ROOM TAX	7169.1	53.06		
08/26	CA TRSM	7169.1	.73		
08/26	SF TRSM	7169.1	8.53		
08/27	ROOM	7169.1	379.00		
08/27	ROOM TAX	7169.1	53.06		
08/27	CA TRSM	7169.1	.73		
08/27	SF TRSM	7169.1	8.53		
08/28	ROOM	7169.1	379.00		
08/28	ROOM TAX	7169.1	53.06		
08/28	CA TRSM	7169.1	.73		
08/28	SF TRSM	7169.1	8.53		
08/29	VS CARD				
				\$1765.28	

TO BE SETTLED TO: VISA CURRENT BALANCE .00

THANK YOU FOR CHOOSING MARRIOTT! FOR BILLING QUESTIONS  
PLEASE CONTACT MARRIOTT BUSINESS SERVICES AT 866.435.7627  
OR EMAIL MBS.FOLIO@MARRIOTT.COM

See our "Privacy & Cookie Statement" on [Marriott.com](http://Marriott.com)

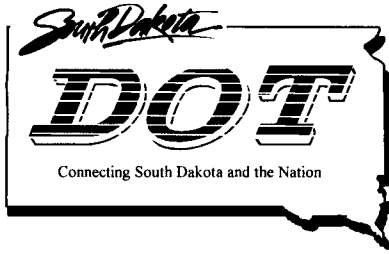


SAN FRANCISCO MARRIOTT MARQUIS  
780 MISSION STREET  
SAN FRANCISCO CA 94103

Treat yourself to the comfort of Marriott Hotels in your home. Visit [ShopMarriott.com](http://ShopMarriott.com).

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X



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

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

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

Subject: Uncollectible Accounts

Date: September 04, 2019

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

Your favorable consideration is requested.

Attachment

Date Delinquent	Account #	Last Name	First Name	Principal	Remaining Balance 1241008
<b>Board of Finance Write Offs</b>					
05/08/2010	12599	Goeden	Laura	2,191.94	693.85
08/08/2013	14219	Merrival	Monique	302.73	302.73
08/22/2013	14230	Clark	Jacob	1,849.56	1,849.56
08/22/2013	14232	Maslonka	Kevin	118.59	46.32
08/22/2013	14234	Wright	Phyllis	318.39	281.72
09/05/2013	14236	Johnson	Sunni	257.21	257.21
09/05/2013	14238	Dooley	Frank	99.83	99.83
09/13/2013	14243	Gregor	Trent	117.06	117.06
09/13/2013	14245	Leong	Kenneth	263.27	263.27
09/13/2013	14248	Vennard	Andru	1,762.34	1,762.34
					<b>5,673.89</b>

# 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: Laura Goeden

Requested Write Off Amount: 693.85

Date Debt Became Delinquent: 05/08/2010  
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 2,191.94

Current Amount Due: 693.85

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


Previously turned over to TAG prior to ORC.

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

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

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

### Fiscal Officer Contact Information

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

Agency/Institution: Department of Transportation

### Approval by State Board of Finance

Approved by the  
State Board of  
Finance on

\_\_\_\_\_ Date

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

# Debt Write Off Request

## State of South Dakota Board of Finance

**When complete, please submit the original to:**

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

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

Name: Monique Merrival

Requested Write Off Amount: 302.73

Date Debt Became Delinquent: 08/08/2013  
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 302.73

Current Amount Due: 302.73

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


Previously turned over to TAG prior to ORC.

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

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

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

### Fiscal Officer Contact Information

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

Agency/Institution: Department of Transportation

### Approval by State Board of Finance

Approved by the  
State Board of  
Finance on

\_\_\_\_\_ Date

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

# Debt Write Off Request

## State of South Dakota Board of Finance

**When complete, please submit the original to:**

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

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

Name: Jacob Clark

Requested Write Off Amount: 1,849.56

Date Debt Became Delinquent: 08/22/2013  
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 1,849.56

Current Amount Due: 1,849.56

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

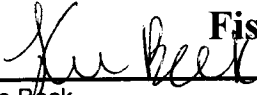
Previously turned over to TAG prior to ORC.

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

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

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

### Fiscal Officer Contact Information

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

Agency/Institution: Department of Transportation

### Approval by State Board of Finance

Approved by the  
State Board of  
Finance on

\_\_\_\_\_ Date

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

# Debt Write Off Request

## State of South Dakota Board of Finance

**When complete, please submit the original to:**

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

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

Name: Kevin Maslonka

Requested Write Off Amount: 46.32

Date Debt Became Delinquent: 08/22/2013  
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 118.59

Current Amount Due: 46.32

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

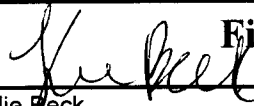
Previously turned over to TAG prior to ORC.

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

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

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

### Fiscal Officer Contact Information

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

Agency/Institution: Department of Transportation

### Approval by State Board of Finance

Approved by the  
State Board of  
Finance on

\_\_\_\_\_ Date

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

# Debt Write Off Request

## State of South Dakota Board of Finance

**When complete, please submit the original to:**

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

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

Name: Phyllis Wright

Requested Write Off Amount: 281.72

Date Debt Became Delinquent: 08/22/2013  
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 318.39

Current Amount Due: 281.72

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


Previously turned over to TAG prior to ORC.

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

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

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

### Fiscal Officer Contact Information

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

Agency/Institution: Department of Transportation

### Approval by State Board of Finance

Approved by the  
State Board of  
Finance on

\_\_\_\_\_ Date

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



# Debt Write Off Request

## State of South Dakota Board of Finance

When complete, please submit the original to:

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

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

Name: Sunni Johnson

Requested Write Off Amount: 257.21

Date Debt Became Delinquent: 09/05/2013  
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 257.21

Current Amount Due: 257.21

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


Previously turned over to TAG prior to ORC.

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

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

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

### Fiscal Officer Contact Information

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

Agency/Institution: Department of Transportation

### Approval by State Board of Finance

Approved by the  
State Board of  
Finance on

\_\_\_\_\_ Date

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

# Debt Write Off Request

## State of South Dakota Board of Finance

**When complete, please submit the original to:**

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

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

Name: Frank Dooley

Requested Write Off Amount: 99.83

Date Debt Became Delinquent: 09/05/2013  
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 99.83

Current Amount Due: 99.83

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

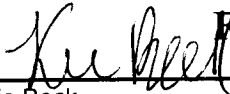
Previously turned over to TAG prior to ORC.

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

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

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

### Fiscal Officer Contact Information

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

Agency/Institution: Department of Transportation

### Approval by State Board of Finance

Approved by the  
State Board of  
Finance on

\_\_\_\_\_ Date

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

# Debt Write Off Request

## State of South Dakota Board of Finance

**When complete, please submit the original to:**

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

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

Name: Trent Gregor

Requested Write Off Amount: 117.06

Date Debt Became Delinquent: 09/13/2013

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

Original Amount of Debt: 117.06

Current Amount Due: 117.06

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


Previously turned over to TAG prior to ORC.

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

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

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

### Fiscal Officer Contact Information

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

Agency/Institution: Department of Transportation

### Approval by State Board of Finance

Approved by the  
State Board of  
Finance on

\_\_\_\_\_ Date

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

# Debt Write Off Request

## State of South Dakota Board of Finance

**When complete, please submit the original to:**

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

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

Name: Kenneth Leong

Requested Write Off Amount: 263.27

Date Debt Became Delinquent: 09/13/2013  
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 263.27

Current Amount Due: 263.27

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

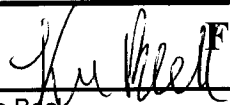
Previously turned over to TAG prior to ORC.

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

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

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

### Fiscal Officer Contact Information

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

Agency/Institution: Department of Transportation

### Approval by State Board of Finance

Approved by the  
State Board of  
Finance on

\_\_\_\_\_ Date

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

# Debt Write Off Request

## State of South Dakota Board of Finance

**When complete, please submit the original to:**

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

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

Name: Andru Vennard

Requested Write Off Amount: 1,762.34

Date Debt Became Delinquent: 09/13/2013  
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 1,762.34

Current Amount Due: 1,762.34

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

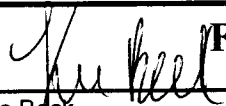
Previously turned over to TAG prior to ORC.

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

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

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

### Fiscal Officer Contact Information

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

Agency/Institution: Department of Transportation

### Approval by State Board of Finance

Approved by the  
State Board of  
Finance on

\_\_\_\_\_ Date

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