

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.

All applications and all supporting documentation must be received in the Office of the Secretary of State, Interim, 500 Pine Street, Pierre, SD 57501, by the Board of Finance meeting on the third Tuesday of the month. Applications received after that date will be processed at the next meeting. Applications received after that date will be processed at the next meeting.

Application

John Nguyen
Name of Applicant

Brdat Media Specialist BIT
New Position Title Agency Employed By

\$41,760.00
Yearly Salary

Shakopee, MN
City, State Moving From

Vermillion
New Post of Duty (City)

9/19
Expected Month/Year of Move

9/16/2019
Employment Date with the State

Bureau of Human Resources Class Code

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

[Signature]
Signature of Applicant

10/1/2019
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.

Heather Perry
Name of Authorized Agent

Interim Commissioner
Position/ Title of Authorized Agent

[Signature]
Signature of Authorized Agent

BIT
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 29, 2019

John Nguyen
2055 Halli Rd
Shakopee MN 55379
Email: jjnguyen26@gmail.com

Dear John,

This letter is to confirm your appointment to the Public Broadcast Media Specialist II/ Morning Edition Host position with the Bureau of Information and Telecommunications, South Dakota Public Broadcasting. Your employment will begin on September 16, 2019, at an hourly salary of \$20.00. Your immediate supervisor, Cara Hetland, will contact you regarding your schedule on your first day of employment.

As discussed, the Bureau of Information & Telecommunications will pay up to one month's salary, approximately \$3,480.00, for actual moving expenses based on the rules established by the Board of Finance. Receipts are required and expenses must be eligible expenses. Attached, please find the guidelines for household moving allowances and the moving expense form. Please sign the Household Moving Allowance form and return it to me as soon as possible.

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

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

You can log into the system using the below ID and password:
Employee ID - **IDJN10979**
Employee Password - password

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

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

Welcome to South Dakota Public Broadcasting. Please contact Cara or myself if you need anything.

Sincerely,

Eric Hildebrandt
Human Resource Manager

cc: Supervisor
✓ Personnel File

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Application

Heather Forney

Name of Applicant

\$195,000

Yearly Salary

00130

Bureau of Human Resources Class Code

Rapid City, SD

City, State Moving From

VP of Finance & Administration

New Position Title

Pierre, SD

New Post of Duty (City)

9/1/2019

Employment Date with the State

SD BOR

Agency Employed By

09/2019

Expected Month/Year of Move

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Heather Forney
Signature of Applicant

08/21/2019

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.

Paul Beran

Name of Authorized Agent

[Signature] 9/13/19
Signature of Authorized Agent Date

CEO/Executive Director

Position/ Title of Authorized Agent

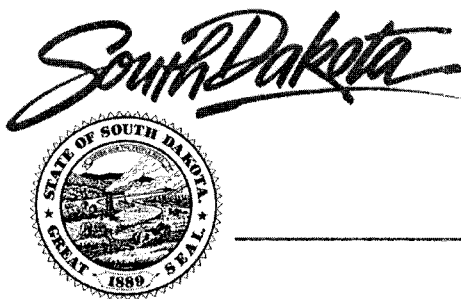
SD Board of Regents
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance



BOARD OF REGENTS

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

OFFICE OF THE EXECUTIVE DIRECTOR

MEMORANDUM

DATE: August 21, 2019
TO: Ms. Heather Forney
FROM: Kayla Bastian, Director of Human Resources
South Dakota Board of Regents
RE: Appointment with South Dakota Board of Regents

Congratulations on your appointment as System Vice President for Finance and Administration with the SD Board of Regents. The effective date of this appointment is September 9, 2019 at an annualized salary of \$195,000. This offer is subject to approval by the Board of Regents. As Vice President for Finance and Administration, you are eligible for benefits, including household moving allowance up to one month's salary pursuant to SDCL 3-9-12.

This appointment has been identified as exempt from the Fair Labor Standards Act (FLSA) and therefore not subject to overtime. The appointment and terms of this 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.

If you have any questions regarding your appointment, please let me know.

Enclosures

cc: Personnel File

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Application

Daniel Dirks

Name of Applicant

\$42,994

Yearly Salary

090312

Bureau of Human Resources Class Code

Akron, Iowa

City, State Moving From

Wildlife Conservation Officer

New Position Title

Burke

New Post of Duty (City)

October 26, 2018

Employment Date with the State

Game, Fish & Parks

Agency Employed By

November/2018

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

08/30/2018

Date

Authorization

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

Kelly R. Hepler

Name of Authorized Agent



Signature of Authorized Agent Date

Cabinet Secretary

Position/ Title of Authorized Agent

GFP

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance



SOUTH DAKOTA DEPARTMENT OF GAME, FISH AND PARKS

523 EAST CAPITOL AVENUE | PIERRE, SD 57501

October 26, 2018

Daniel Dirks
2116 Bluegill Ave
Brookings, SD 57006

Dear Dan:

Congratulations on your successful completion of the Wildlife Training Officer Program! By this letter, I am advising that you will be permanently assigned to the vacant Wildlife Conservation Officer duty station in Burke, effective immediately. District Conservation Officer Supervisor Spencer Downey will serve as your immediate supervisor. There is no salary adjustment associated with this transfer.

Once you have relocated your residence to the Burke area your assigned duty station will become your home station for purposes of travel reimbursement expenses. State rules allow the agency to pay per diem (meals & lodging) up to a maximum of 20 working days during this timeframe from October 26 – November 22, 2018 while making this transition.

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

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

Law Enforcement Administrator Andy Alban has provided a Household Moving Allowance application to you, along with copies of the applicable statutes/rules pertaining to moving expenses, via email. Please complete this form as soon as possible after relocating and return it to Rachel Comes at the address listed above. She will process your application and gain approval for your move from the Board of Finance at their next regular meeting. Please note that the Board of Finance only meets once a month.





SOUTH DAKOTA DEPARTMENT OF GAME, FISH AND PARKS

523 EAST CAPITOL AVENUE | PIERRE, SD 57501

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

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

Sincerely,

A handwritten signature in black ink that reads "Mark Ohm".

Mark Ohm
Regional Supervisor

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



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Application

Brian Serpan

Name of Applicant

Regional Wildlife Program Manager

SDGFP

Agency Employed By

\$21.80/hr.

Sioux Falls, SD

New Position Title

Fort Pierre, SD

August/2019

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

90591

8-24-19

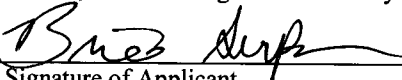
Bureau of Human Resources Class Code

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.

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

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


Signature of Applicant

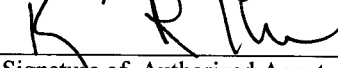
9/11/2019
Date

Authorization

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Kelly B. Hepler
Name of Authorized Agent

Cabinet Secretary
Position/ Title of Authorized Agent


Signature of Authorized Agent Date

GFP
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the
State Board of
Finance on

Date

Signature of Secretary, State Board of Finance

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



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

20641 SD HIGHWAY 1806 | FORT PIERRE, SD 57532

July 1, 2019

Brian Serpan
5701 S Bahnson Ave. Unit 2
Sioux Falls, SD 57108

Dear Brian,

This letter will serve as confirmation of your employment as a Regional Wildlife Program Manager for the South Dakota Game, Fish and Parks - Division of Wildlife, effective August 24th, 2019. Your duty station will be located at the Fort Pierre Game, Fish and Parks District Office, located at 20641 SD HWY 1806, Fort Pierre, SD.

Your pay rate for this position will be \$21.80 per hour for hours worked. This is a permanent position, and we will assist you in applying for reimbursement of your moving expenses, which may not exceed one month's salary. Please retain any documents or receipts of your moving expenses for your reimbursement application.

Congratulations on this appointment, Brian! We are very excited to have you on our Region 2 Game, Fish and Parks Team!

Please feel free to contact me if you have any additional questions regarding this appointment.

Sincerely,

Nathan Baker | Region 2 Terrestrial Resources Supervisor
South Dakota Game, Fish and Parks
20641 SD HWY 1806 | Fort Pierre, SD 57532
605.223.7709 | Nathan.Baker@state.sd.us

Cc: Tony Leif – Wildlife Division Director
Mark Ohm – Region 2 Regional Supervisor
Jeff Wilson – Bureau of Human Resources Manager
Rachel Comes – Executive Secretary



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Application

Heidi Holloway	Asst SID	SDSU - Athletics
Name of Applicant	New Position Title	Agency Employed By
\$37,740	Brookings, SD	
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
0347		
Bureau of Human Resources Class Code	Employment Date with the State	

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Heidi Holloway

Signature of Applicant

9/10/19

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.

JUSTIN G. SELL

Name of Authorized Agent

Justin G Sell

Signature of Authorized Agent

9/18/19

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: Heidi Holloway
FROM: Justin Sell, Director of Athletics
South Dakota State University
RE: Appointment with Intercollegiate Athletics, South Dakota State University

I am pleased to offer you, subject to approval by the President, an appointment as Assistant Sports Information Director in the Athletics Department. The effective date of this appointment are August 26, 2019. Annual appointment dates are June 22nd to June 21st. Your salary is \$37,740 based on 12 months at 100% time. Jason Hove 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.

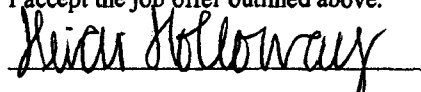
The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota State University. Withholding statements (W-4's) and proof of identity and eligibility to work 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 Assistant Sports Information Director, your position is eligible for state benefits to include household moving allowance of up to \$750 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 22, 2019, retaining a copy for your records.

cc: Human Resources

I accept the job offer outlined above.


Signature of Appointee & Date Signed

2820 Stanley J.
Marshall Center
Brookings, SD 57007

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

GOJACKS.COM

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Application

Yen-Ming Huang

Name of Applicant

Assistant Professor

New Position Title

SDSU

Agency Employed By

108,800

Yearly Salary

Madison, WI

City, State Moving From

Brookings

New Post of Duty (City)

August/2019

Expected Month/Year of Move

00803

Bureau of Human Resources Class Code

August 22, 2019

Employment Date with the State

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

Yen-Ming Huang
Signature of Applicant

6/8/2019
Date

Authorization

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

Jane Mort
Name of Authorized Agent

Dean
Position/ Title of Authorized Agent

[Signature] 9/20/2019
Signature of Authorized Agent Date

SDSU
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on


Date

Signature of Secretary, State Board of Finance

MEMORANDUM

DATE: June 3, 2019

TO: Yen-Ming Huang

FROM: James R. Clem, Pharm.D., Department Head 
South Dakota State University

RE: Appointment with Department of Pharmacy Practice, South Dakota State University

I am pleased to offer you, subject to approval by the President, an appointment as Assistant Professor in the Pharmacy Practice Department. The effective date of this appointment is August 22, 2019. Annual appointment dates are June 22nd to June 21st. Your salary is \$108,800 based on 12 months at 100% time. James Clem 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 an Assistant Professor, your position is eligible for state benefits to include household moving allowance of up to 1 month salary as outlined in SDCL 3-9-12.

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 26, 2019, retaining a copy for your records.

cc: Jane Mort

I accept the job offer outlined above.



Signature of Appointee

I have read, understand and accept all the expectations of my employment as outlined:

Uen-Ming Chang 6/8/2019
Signature of Appointee Date

Encl: College/Departmental Expectations Document

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Application

Aaron Hunt

Name of Applicant

\$103,000

Yearly Salary

Gilbert, AZ

City, State Moving From

00803

Bureau of Human Resources Class Code

Assistant Professor

New Position Title

Brookings, SD

New Post of Duty (City)

9/16/19

Employment Date with the State

SDSU

Agency Employed By

9/2019

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.

Aaron Hunt

Signature of Applicant

9/25/19

Date

Authorization

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Jane Mort

Name of Authorized Agent

Duan

Position/ Title of Authorized Agent

Jane Mort

Signature of Authorized Agent

Date

9/25/2019

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

College of Pharmacy and Allied Health Professions

DATE: August 20, 2019

TO: Aaron Hunt, Ph.D.

FROM: Jane Mori, Pharm.D. 
Dean of the College of Pharmacy and Allied Health Professions
South Dakota State University

RE: Appointment with the Department of Allied and Population Health, South Dakota State University

I am pleased to offer you, subject to approval by the President, an appointment as Assistant Professor/Coordinator of the Master of Public Health in the Allied and Population Health Department. The effective date of this appointment is September 16th, 2019. Annual appointment dates are June 22nd to June 21st. Your salary is \$103,000 based on 12 months at 100% time. Dr. Sharrel Pinnu 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. 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 Professor/Coordinator of the Master of Public Health, your position is eligible for state benefits to include household moving allowance of up to 1 month salary as outlined in SDCI, 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, the Expectations of Employment Document and the Conflict of Interest Form to my attention no later than August 22nd, retaining a copy for your records.

cc: Dr. Dennis Hedge, Provost and VPAA
Personnel File, Dr. Aaron Hunt

I accept the job offer outlined above.

College of Pharmacy and Allied Health Professions

Avera Health and Science Center 133, Box 2202C | Brookings, SD 57007 | 605-688-6197 | 605-688-6232 (Fax) | www.sdstate.edu/pharmacy-allied-health-professions

I accept the job offer outlined above.

Digitally signed by Larry Hunt 8/20/2019 | 09:48 PDT
DN: cn=Larry Hunt, o=

Signature of Appointee

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

Household Moving Allowance State of South Dakota

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

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

Please check one:

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

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

Application

Kimberley Ann Johnson

Name of Applicant

Scene Shop Supervisor

New Position Title

South Dakota State University

Agency Employed By

\$41,500

Yearly Salary

Chaska, MN

City, State Moving From

Brookings

New Post of Duty (City)

10/19

Expected Month/Year of Move

00590

Bureau of Human Resources Class Code

9/30/2019

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.

Kimberley Johnson
Signature of Applicant

10/2/19
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.

Dr. David Reynolds

Name of Authorized Agent

Director, School of Performing Arts

Position/ Title of Authorized Agent

David Reynolds 10/2/2019
Signature of Authorized Agent Date

South Dakota State University

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance




SOUTH DAKOTA STATE UNIVERSITY

School of Performing Arts

MEMORANDUM

DATE: September 23, 2019

TO: Kim Johnson

FROM: David Reynolds, Director, School of Performing Arts
South Dakota State University 

RE: Appointment with School of Performing Arts, South Dakota State University

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Scene Shop Supervisor in the School of Performing Arts. The effective date of this appointment is September 30, 2019. Your annual salary will be \$41,500 per year based on being a 12-month employee. I will serve as your direct supervisor. As with all employees, you will be evaluated annually. We will provide an additional \$750 to assist with moving expense reimbursements based on policies for allowable expenses (see attached).

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

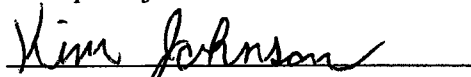
You are required to provide an official transcript for your highest degree within 30 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of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

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 September 27, 2019, retaining a copy for your records.

Cc: Lynn Sargeant, Dean

I accept the job offer outlined above.



Signature of Appointee

Encl: Intellectual Property Policy

Household Moving Allowance State of South Dakota

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

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

Please check one:

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

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

Application

Christopher McDaniel

Name of Applicant

Broadcast Services Assistant

New Position Title

SDSU - Athletics

Agency Employed By

\$33,000

Yearly Salary

Ankeny, IA

City, State Moving From

Employment Date with the State

Expected Month/Year of Move

00346

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.

Christopher McDaniel

Signature of Applicant

9/27/19

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.

JUSTIN G. SELL

Name of Authorized Agent

DIRECTOR OF ATHLETICS

Position/ Title of Authorized Agent

Justin G. Sell

Signature of Authorized Agent

9/27/19

Date

SDSU

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance



SOUTH DAKOTA STATE UNIVERSITY

MEMORANDUM

DATE: September 19, 2019

TO: Christopher McDaniel

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

RE: Appointment with Intercollegiate Athletics, South Dakota State University

I am pleased to offer you, subject to approval by the President, an appointment as Broadcast Services Assistant in the Athletics Department. The effective date of this appointment is September 27, 2019. Annual appointment dates are June 22nd to June 21st. Your salary is \$33,000 based on 12 months at 100% time. Tyler Merriam 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 Broadcast Services Assistant, your position is eligible for state benefits to include household moving allowance of up to \$500 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 September 23, 2019, retaining a copy for your records.

cc: Human Resources

I accept the job offer outlined above.

Signature of Appointee & Date Signed

2820 Stanley J.
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.

Application

<p><u>Kristopher Osterloh</u> Name of Applicant</p> <p><u>\$ 77,131 (9 mos 100%) Orinda, CA</u> Yearly Salary City, State Moving From</p> <p><u>00800</u> Bureau of Human Resources Class Code</p>	<p><u>Asst. Professor in Agronomy Dept - SDSU</u> New Position Title Agency Employed By</p> <p><u>BROOKINGS, SD</u> New Post of Duty (City)</p> <p><u>Aug. 2019</u> Expected Month/Year of Move</p> <p><u>August 22, 2019</u> Employment Date with the State</p>
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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

Sept 10, 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.

John Killefer
Name of Authorized Agent

Dean CAEES
Position/ Title of Authorized Agent

[Signature] 9-11-19
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

College of Agriculture and
Biological Sciences

Agronomy, Horticulture and Plant
Science Department

SAG 244 Box 2207A
1010 Rotunda Lane North
South Dakota State University
Brookings, SD 57007-1098
Phone 605-688-8123
FAX: 605-688-4802

MEMORANDUM

DATE: 8 April 2019

TO: Kristopher Osterloh, Ph.D.

FROM: Dr. David Wright, Department Head
Agronomy, Horticulture and Plant Science, South Dakota State University

RE: Appointment with Agronomy, Horticulture and Plant Science Department, South Dakota State University

I am pleased to offer you, subject to approval by the President, an appointment as an Assistant Professor in the Department of Agronomy, Horticulture and Plant Science. The effective date of this appointment is 22 August 2019. Annual appointment dates are 22 August through 21 May. Your salary is \$77,131 based on 9 months at 100% time. Dr. David Wright, Department Head, 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.

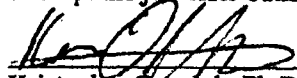
You are required to provide an official transcript for your highest degree within 30 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated and return with this offer letter, 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 Withholding statements (W-4's) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from the Payroll office. Your portion of these forms must be completed on or before your first day of employment. BOR requires direct deposit of payroll checks for all employees.

As an Assistant Professor, your position is eligible for state benefits to include household moving allowance of up to one-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 19 April 2019, retaining a copy for your records.

I accept the job offer outlined above.



Kristopher Osterloh, Ph.D.

Encl: Intellectual Property Policy
Intellectual Property Form
Conflict of Interest Form

cc: Supervisor

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

Dan Kahn

Name of Applicant

Instructor

New Position Title

University of SD

Agency Employed By

\$63,500

Yearly Salary

Gurnee, IL

City, State Moving From

Vermillion, SD

New Post of Duty (City)

August 2019

Expected Month/Year of Move

00900

Bureau of Human Resources Class Code

08/22/2019

Employment Date with the State

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

Dan Kahn

Signature of Applicant

09/16/2019

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.

Emery Wasley

Name of Authorized Agent

Assistant Vice President, Human Resources

Position/ Title of Authorized Agent

Emery Wasley

Signature of Authorized Agent

10/15/19

Date

University of South Dakota

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance



UNIVERSITY OF
SOUTH DAKOTA
COLLEGE OF ARTS & SCIENCES

MEMORANDUM

DATE: April 3, 2019

TO: Dan Kahn

FROM: Michael Kruger, Dean, College of Arts and Sciences

RE: Appointment with the USD Department of Computer Science

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Instructor in the Department of Computer Science. This is a term position, the effective date of which is August 22, 2019. Annual appointment dates are *August 22nd through May 21st*. Your salary is \$63,500 based on nine months at 100% time. Jose Flores will be your direct supervisor. As with all employees, you will be evaluated annually. This offer is contingent on the favorable results of a background check.

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

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

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

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 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 12, 2019, retaining a copy for your records. Send the signed documents to:

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

cc: Jose Flores, Chair, Department of Computer Science
Nathan Gotto, HR Generalist, Office of Human Resources

I accept the job offer outlined above.

Jan Kalin 4/3/2019

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.

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

Currie McFayden

Name of Applicant

36,018

Yearly Salary

00346

Bureau of Human Resources Class Code

Bowling Green, KY

City, State Moving From

Asst Sports Information Director

New Position Title

Vermillion, SD

New Post of Duty (City)

09/30/2019

Employment Date with the State

USD Athletics

Agency Employed By

September 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

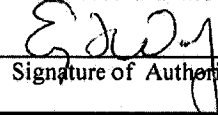
09/30/19
Date

Authorization

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

Emery Wasley

Name of Authorized Agent



Signature of Authorized Agent

10/7/19

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



DATE: September 4, 2019
TO: Currie McFayden
FROM: David Herbster, Athletic Director, Intercollegiate Athletics
SUBJECT: Appointment with the University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Assistant Sports Information Director. The effective date of this appointment is September 30, 2019. Your salary will be at an annualized rate of \$36,018.00. Your supervisor is Bryan Boettcher. This offer of employment is contingent on the favorable results of a background check. As with all administrative 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 appointment shall commence on September 30, 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.

The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated and return with this offer letter, retaining a copy for your records. In addition to the intellectual properties, I have also included a conflict of interest and an employee information form, please complete these forms (retaining a copy for your records) and return with this letter.

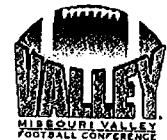
Per NCAA rules the attached addendum must be signed acknowledging notice of by-laws pertaining to your employment.

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 enclosed. 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.



DEPARTMENT OF ATHLETICS

University of South Dakota • 414 East Clark Street • Vermillion, SD 57069
605-658-5500 • 605-677-5618 fax • 605-677-4028 fax • www.GoYotes.com



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 \$3,000 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.

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, Conflict of Interest and the employee information form to the attention of:

Please retain a copy of these documents for your files.



David Herbster
Director of Athletics

I accept the job offer outlined above.

DocuSigned by:

Currie Pittman McFayden

A26E521AB400491

9/5/2019

Signature

Date

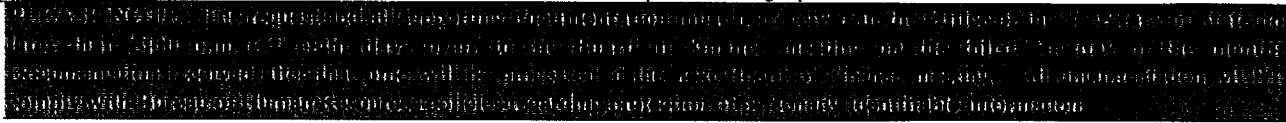
Household Moving Allowance State of South Dakota

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

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

Please check one:

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



Application

Kyle Miller

Name of Applicant

\$68,540

Yearly Salary

20802

Bureau of Human Resources Class Code

Maryville, MO

City, State Moving From

Assistant Professor

New Position Title

Vermillion, SD

New Post of Duty (City)

08/2019

Employment Date with the State

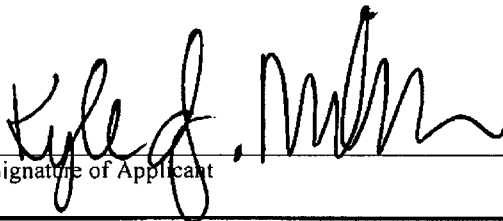
USD

Agency Employed By

06/2019

Expected Month/Year of Move

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



Signature of Applicant

9-30-19

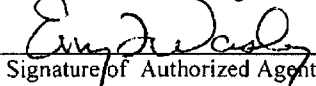
Date

Authorization

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

Emery Wasley

Name of Authorized Agent



Signature of Authorized Agent

10/7/19

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

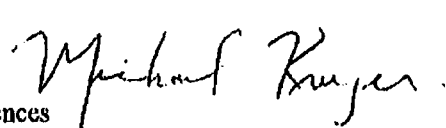
Signature of Secretary, State Board of Finance

A1051921
22



UNIVERSITY OF
SOUTH DAKOTA
COLLEGE OF ARTS & SCIENCES

MEMORANDUM

DATE: April 10, 2019
TO: Kyle Miller
FROM: Michael Kruger, Dean, College of Arts & Sciences 
RE: Appointment with the Department of Media & Journalism, University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Assistant Professor in the Department of Media & Journalism. The effective date of this appointment is August 22nd, 2019. Annual appointment dates are *August 22nd through May 21st*. The salary for this position is \$68,540 based on nine months at 100% time. Michelle Van Maanen is your direct supervisor. As with all employees, you will be evaluated annually. This offer is contingent on the favorable results of a background check.

This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime. You are required to provide an official transcript for your highest degree within 30 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records. In addition to the intellectual properties, also enclosed is a conflict of interest form, please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records.

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

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

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

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

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

I accept the job offer outlined above.

 4-11-19
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.

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

Carly Schanock

Name of Applicant

Health Sciences & Natural Sciences Librarian

New Position Title

USD-University Libraries

Agency Employed By

\$57,500

Yearly Salary

Oneida, WI

City, State Moving From

Vermillion, SD

New Post of Duty (City)

September 2019

Expected Month/Year of Move

00820-Assistant Librarian

Bureau of Human Resources Class Code

October 1, 2019

Employment Date with the State

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



Signature of Applicant

9/15/19

Date

Authorization

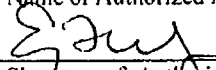
The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best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

Emery Wasley

Name of Authorized Agent

Assistant Vice President, Human Resources

Position/ Title of Authorized Agent



Signature of Authorized Agent

10/7/19

Date

University of South Dakota

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance



UNIVERSITY OF
SOUTH DAKOTA
MEMORANDUM

*Rec'd
9/19/19
KRM*

DATE: September 5, 2019
TO: Carly Schanock
FROM: Daniel Daily, Dean of Libraries, University of South Dakota *did*
RE: Appointment with University Libraries, University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, a faculty appointment as Health Sciences and Natural Sciences Librarian with the rank of Assistant Librarian. As a faculty librarian serving departments within the Sanford School of Medicine, School of Health Sciences, and the College of Arts and Sciences you will be expected to develop and maintain a working, interactive, and dynamic relationship with faculty, students, and researchers that both supports and advances the mission of the University of South Dakota.

Your primary location for serving students, faculty, and researchers will be at and through the I.D. Weeks Library on the Vermillion, SD campus while some travel within South Dakota will be required.

The effective date of this appointment is October 1, 2019 and is eligible for renewal on an annual basis. Annual appointment dates are June 22 through June 21. Your salary is \$57,500 based on 12 months at 100% time. As a member of the University Libraries faculty you will report to the Dean of Libraries. 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.

As the Health Sciences and Natural Sciences Librarian, your position is eligible for state benefits to include household moving allowance of up to 1 month's salary as outlined in SDCL 3-9-12. The University of South Dakota will provide up to \$4791.66 in moving expenses.

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 September 13, 2019, retaining a copy for your records.


Please send the signed documents to:

Kim Miller
132 I.D. Weeks Library
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: Dr. Kurt Hackemer, USD Provost
Carl Gutzman, USD Human Resources
Kim Miller, Department payroll representative

I accept the job offer outlined above.



Signature of Appointee

9/15/19

Date

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: 09-13-2019 Agency: Tourism-Office of Arts
Agency Address: 711 E. Wells Ave., Pierre, SD 57501
Agency Phone Number: 605-773-3301
Employee Requesting Reimbursement: Patrick Baker
Total Amount of Reimbursement: \$65.04
Date(s) of Hosting Expense: 08-28-2019
Receipts Attached: Y / N
Explanation of official business performed: Hosting employees of statewide nonprofit arts service organization Arts South Dakota for annual planning summit with staff of South Dakota Arts Council; provided food for working lunch at Dolly-Reed Plaza in Pierre.

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

Patrick Baker Signature of Employee 09-13-2019 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.

James D. Hagen Name of Department/Office Head James D. Hagen Secretary, Dept. of Tourism Position/Title of Agency Official
[Signature] Approval: *[Signature]*
Date: 09.16.2019 Date: 09.16.2019
Signature of Department/Office Head Date

State Board of Finance Approval

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

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

La Minestra
106 East Dakota Ave
Pierre, SD 57501
(605) 224-8090

Check#: 67306
Date: 08/28/19 Time: 10:04am
Table: TOG050

[Seat 1]
1 4 Corners Pizza \$25.00
1 Veggie Pizza \$24.00
1 Greek Full Salad \$11.50
Add Chicken
Subtotal: \$60.50
Tax: \$4.54
Sbt1 w/Tax: \$65.04
Amt Due: **\$65.04**

Please pay your server
Mark

Customer Copy

La Minestra
106 East Dakota Avenue
Pierre, SD 57501
Phone: 605-224-8090

Check Number 67306
Check Date 08/28/19
Card Type Visa
Card Number *****5691

Reference Number 028745

Amount \$65.04

Tip: _____

Total: _____

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: 5/13/19 Agency: Tourism
Agency Address: 711 E Wells Ave. Pierre
Agency Phone Number: 773-3301
Employee Requesting Reimbursement: Nate Johnson
Total Amount of Reimbursement: \$216
Date(s) of Hosting Expense: 5/8/19
Receipts Attached: Y / N

Explanation of official business performed: This dinner was part of a training
evening we do for our seasonal welcome center employees
each spring. There were a total of 18 employees on
four

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 5/13/19

Authorization

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

Name of Department/Office Head Wanda Goodman

Position/Title of Agency Official Deputy Secretary

Signature of Department/Office Head [Signature]

Date 5.15.19

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance _____

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

Lintz Brothers Pizza
Hermosa
605-255-4808
Here 05/08/2019 6:24P
Trans 0000175903

Order 345

Server: Brian L.
Guest: Nate

Buffet	17 @ \$10.00	\$170.00
Tip Included In Buffet	17 @ \$2.00	\$34.00
Buffet		\$10.00
Tip Included In Buffet		\$2.00

Sub Total		\$216.00
Total		\$216.00
Paid		\$216.00

VISA \$216.00

Card No.: *****3633
Approval: 008078

Name	Rate	Sales	Amount
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*****WE HOPE TO SEE YOU
AGAIN*****

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: 9/10/19
Agency: TOURISM
Agency Address: 711 E Wells Ave
Agency Phone Number: 605.773.3301
Employee Requesting Reimbursement: Katlyn Richter
Total Amount of Reimbursement: \$82.41 - \$6.62 (beer on 2/2) = \$75.79 USD
Date(s) of Hosting Expense: 9/4/19
Receipts Attached: (Y)/N

Explanation of official business performed: The Department of Tourism is focusing on the UK as a travel market. In conjunction with US-Travel/Brand USA's UK Travel week, our team met with individual journalists to share South Dakota story ideas and invited them to

attend the Buffalo Roundup
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.

Katlyn Richter
Signature of Employee

9/10/19
Date

Authorization

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

Wanda Goodman
Name of Department/Office Head

Deputy Secretary
Position/Title of Agency Official

Wanda Goodman
Signature of Department/Office Head

9.10.19
Date

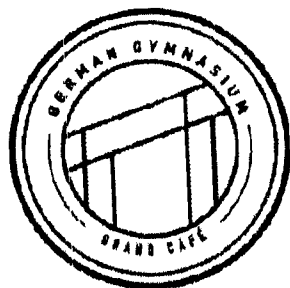
State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

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1 King's Boulevard
London, N1C 4BU
Tel: 0207 287 8000
reservations@germangymnasium.com
www.germangymnasium.com
V.A.T. 649259790

1x GC Goulash Soup	£	9.75
Item Total	£	9.75
Disc. Service Charge 12.50%	£	1.22
Total	£	10.97

17:00 Wednesday 4 Sep 2019
Table: 38
3 Guest(s)
Server: ALBERT
Order Number: 746650

Incl. of VAT (20.00%) £ 1.63

Are you a Club D&D member yet?
Find out more about rewards & benefits

German Gymnasium *Laura Miller*
London

M: ***42581
TID: ***2024 S2392
SCH ID: 469247577510772
Waiter ID: 38 Table ID: 38
HANDSET: 1

VISA CREDIT
ATD: A0000000031010
Visa Credit

*****3879
PAN SEQ NO. 14
ICC

SALE AMOUNT £10.97
TOTAL £10.97

SIGNATURE VERIFIED

Thank You = 13.45
04/09/19 17:01 USD
AUTH CODE: 004109

CUSTOMER COPY
PLEASE RETAIN RECEIPT

B R A S S E R I E

2/2

MAX

10 Monmouth Street
London WC2H 9HB
020 7806 1007
max@coventgardenhotel.co.uk
www.coventgardenhotel.co.uk

524 Catalina

Tbl 8/1 Chk 1625 Gst 2
Station 04Sep'19 18:12

1 Main Risotto	18.50
1 Grilled Tuna	20.00
1 French Fries	5.50
1 Moretti	6.00

8.33 VAT TTL	56.25
Net TTL	47.92
Food	44.00
Beverage	6.00
12.5% S/C	6.25
19:10 Total	56.25

Vat No. 200 9033 63

Room Number _____

Signature _____

Print Name _____

An optional service charge of
12.5% is added to your bill

Alex

COVENT GARDEN HOTEL-F&B

10 MONMOUTH STREET
COVENT GARDEN

M*****01687

TID****9616

AID : A0000000031010

Visa Credit

VISA

**** * 3879

ICC PAN.SEQ 14

SALE

CARDHOLDER COPY

PLEASE KEEP THIS RECEIPT
FOR YOUR RECORDS

AMOUNT £56.25

Verified by Signature =

THANK YOU

19:12 04/09/19

AUTH CODE:

\$68.96
USD

004105

Transaction Date Posting Date Description Amount Running balance

Posted Transactions

Transaction Date	Posting Date	Description	Amount	Running balance
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/08/19	09/08/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/08/19	09/08/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/08/19	09/08/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/08/19	09/08/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/07/19	09/07/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/07/19	09/07/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/07/19	09/07/19	[REDACTED]	[REDACTED]	[REDACTED]
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⊕ 09/06/19	09/06/19	[REDACTED]	[REDACTED]	[REDACTED]
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⊕ 09/06/19	09/06/19	[REDACTED]	[REDACTED]	[REDACTED]
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⊕ 09/05/19	09/05/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/05/19	09/05/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/05/19	09/05/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/04/19	09/04/19	THE GERMAN GYMNASIUM LONDON GB #7A830507P36LPBQ42	\$13.45	[REDACTED]
⊕ 09/04/19	09/04/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/04/19	09/04/19	COVENT GARDEN HOTEL LONDON WC2H GB #74083327RVBE5YA84	\$68.96	[REDACTED]

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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: 9/10/19
Agency: TOURISM
Agency Address: 711 E Wells Ave
Agency Phone Number: 605.773.3301
Employee Requesting Reimbursement: Katlyn Richter
Total Amount of Reimbursement: \$98.97
Date(s) of Hosting Expense: 9/5/19
Receipts Attached: (Y)/N

Explanation of official business performed: The Department of Tourism is focusing on the UK as a travel market. In conjunction with US-Travel/Brand USA's UK Travel week, our team met with individual journalists to share South Dakota story ideas and invited them to

attend the Buffalo Roundup
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.

Katlyn Richter
Signature of Employee _____ Date 9/10/19

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.

Wanda Goodman _____ Deputy Secretary _____
Name of Department/Office Head Position/Title of Agency Official
Wanda Goodman _____ 9.10.19 _____
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.

Accounts

Brokerage

Transfer & Pay

Plan & Learn

Security & Support

Account Summary

Switch Account

Print

Transaction Date	Posting Date	Description	Amount	Running balance
Posted Transactions				
09/08/19	09/08/19	[REDACTED]	[REDACTED]	[REDACTED]
09/08/19	09/08/19	[REDACTED]	[REDACTED]	[REDACTED]
09/08/19	09/08/19	[REDACTED]	[REDACTED]	[REDACTED]
09/08/19	09/08/19	[REDACTED]	[REDACTED]	[REDACTED]
09/08/19	09/08/19	[REDACTED]	[REDACTED]	[REDACTED]
09/07/19	09/07/19	[REDACTED]	[REDACTED]	[REDACTED]
09/07/19	09/07/19	[REDACTED]	[REDACTED]	[REDACTED]
09/07/19	09/07/19	[REDACTED]	[REDACTED]	[REDACTED]
09/07/19	09/07/19	[REDACTED]	[REDACTED]	[REDACTED]
09/06/19	09/06/19	[REDACTED]	[REDACTED]	[REDACTED]
09/06/19	09/06/19	[REDACTED]	[REDACTED]	[REDACTED]
09/06/19	09/06/19	[REDACTED]	[REDACTED]	[REDACTED]
09/06/19	09/06/19	[REDACTED]	[REDACTED]	[REDACTED]
09/06/19	09/06/19	[REDACTED]	[REDACTED]	[REDACTED]
09/05/19	09/05/19	ACMA SHARD LONDON GB #74830507T34RA2Y97	\$14.39	[REDACTED]
09/05/19	09/05/19	[REDACTED]	[REDACTED]	[REDACTED]
09/05/19	09/05/19	LONDON GRIND LONDON SE1 9RGB #741436175006A9329	\$22.23	[REDACTED]
09/05/19	09/05/19	[REDACTED]	[REDACTED]	[REDACTED]
09/05/19	09/05/19	[REDACTED]	[REDACTED]	[REDACTED]
09/05/19	09/05/19	[REDACTED]	[REDACTED]	[REDACTED]
09/05/19	09/05/19	Stoney "That 2gether Co Islington GB #74007487T20JBVEP	\$36.13	[REDACTED]
09/04/19	09/04/19	[REDACTED]	[REDACTED]	[REDACTED]
09/04/19	09/04/19	[REDACTED]	[REDACTED]	[REDACTED]
09/04/19	09/04/19	[REDACTED]	[REDACTED]	[REDACTED]

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Aqua

aqua

Level 31 The Shard
31 St. Thomas St. London SE1 9RY
Tel: 0203 011 1256
VAT Reg: 142 440 545

1101 DONIKA

b1 403/1 Chk 6700 Gst 0
05Sep'19 11:43

1 EB Tea 5.50
1 Americano 5.00

1.75 VAT TTL 11.81
Net TTL 10.06
Subtotal 10.50
12.5% SVC 1.31
Total 11.81

A discretionary 12.5% service charge has been included.

Casum

Level 31 The Shard - 31
Aqua Shard
St Thomas Street
London SE1 9RY
020 3011 1256

MID: 39581
TID: 9275
05-09-2019 12:37:35

BATCH: 00001455
ICC

AID: A00000000031010
APP LABEL: Visa Credit

VISA
XXXX XXXX XXXX 3879

TABLE NO.: 403
SALE

TOTAL = 14.59 USD
£ 11.81

PERMISSION TO DEBIT
ACCOUNT

SIGNATURE VERIFIED
AUTH CODE: 005312

PLEASE KEEP RECEIPT FOR
YOUR OWN RECORDS

ALEX



London Grind
2 London Bridge
SE1 9RA
020 3019 7178
grind.co.uk

Order# 7639196 - 1
Server: Lara T
Table: 54
Date: 05/09/2019, 13:23

*Squash, wild rice,	£8.00
pomegranate, sprouts	
*Beetroot salmon	£7.00
tartare, sesame	
*Filtered Sparkling	£1.00
*Service Charge	£2.00

Subtotal:	£18.00
VAT Included:	£2.67

Total:	£18.00

@grind / grind.co.uk
020 3019 7178 / alex@grind.co.uk

** CARDHOLDER COPY **

London Grind

Visa Credit
*****3879
SAMI
100

Please debit my
account.
Amount: £18.00
TOTAL: £18.00
= 22.23 USD

SIGNATURE VERIFIED

Please keep receipt
for your records
PTID: 30771055
MID: ****54124
IID: ****1549
Date: 05/09/2019
Time: 14:19:39
Authcode: 005372
AID: A0000000031010
App Seq: 14

Claire Dodd meeting

THAI 2GETHER

158 Hemingford Road
London, N1 1DF
United Kingdom
073 9739 3909
thaitogethercatering@gmail.com

TABLE	D 9
Thursday	05/09/19
=====	
3 Sharing Starter A	18.75
2 Pad Thai	0.00
2 Chicken	17.80
1 Cashew Nuts	0.00
1 Chicken	8.90
=====	
Sub Total	45.45
Service	Not Included

Total = \$ 45.45
= \$ 56.15 USD
Service Not Included

Thank you/ Kob Khun Ka

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: 9/10/19
Agency: TOURISM
Agency Address: 711 E Wells Ave
Agency Phone Number: 605-773-3301
Employee Requesting Reimbursement: Katlyn Richter
Total Amount of Reimbursement: \$ 27.79
Date(s) of Hosting Expense: 9/6/19
Receipts Attached: Y / N

Explanation of official business performed: The Department of Tourism is focusing on the UK as a travel market. In conjunction with U.S. Travel/Brand USA's UK Travel week, our team met with individual journalists to share South Dakota story ideas and invited them to attend the Buffalo Roundup

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.

Katlyn Richter
Signature of Employee

9/10/19
Date

Authorization

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

Wanda Goodman
Name of Department/Office Head

Deputy Secretary
Position/Title of Agency Official

Wanda Goodman
Signature of Department/Office Head

9.10.19
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

Accounts

Brokerage

Transfer & Pay

Plan & Learn

Security & Support

Account Summary

Switch Account

Print

Transaction Date	Posting Date	Description	Amount	Running balance
Posted Transactions				
⊕ 09/08/19	09/08/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/08/19	09/08/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/08/19	09/08/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/08/19	09/08/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/08/19	09/08/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/07/19	09/07/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/07/19	09/07/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/07/19	09/07/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/07/19	09/07/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/06/19	09/06/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/06/19	09/06/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/06/19	09/06/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/06/19	09/06/19	WELLS COVENT GARDEN LONDON WC2E 6B #746833271V8LTRW12	127.75	[REDACTED]
⊕ 09/06/19	09/06/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/05/19	09/05/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/05/19	09/05/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/05/19	09/05/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/05/19	09/05/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/05/19	09/05/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/05/19	09/05/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/04/19	09/04/19	[REDACTED]	[REDACTED]	[REDACTED]
⊕ 09/04/19	09/04/19	[REDACTED]	[REDACTED]	[REDACTED]



RESTAURANT & BAR

Reprint # 2

Bill's Restaurants LTD
13 Slingsby Place, London, WC2E 9AB
TEL: 020 7240 8183,
VAT: 174 9214 91

HK# 23 TBL# 43
enta # 8440
/09/2019 09:41:43 GUESTS 2

RESTAURANT	
YOGHURT & GRANOLA	6.50
EGGS BENEDICT	8.50
POT OF TEA	2.50
AMERICANO BLK	2.50
TOTAL:	20.00
5% Opt Service Charge	2.50
Terminal 3 T#0000038	-----
TOTAL:	£22.50

Sales-VAT	VAT Rate	VAT Amt	Total
16.67	20.00%	3.33	20.00

Last Served 06/09/2019 09:41:58

Thank you for dining at Bill's.

Laura Jackson
BILLS COVENT GARDEN
COVENT GARDENS

*****48666
TID****6474
AID : A0000000031010
Visa Credit

VISA
**** * 3879
ICC PAN.SEQ 14

CARDHOLDER COPY
PLEASE KEEP THIS RECEIPT
FOR YOUR RECORDS

AMOUNT \$27.79 USD = £22.50

Verified by Signature

THANK YOU
09 44 06/09/19

AUTH CODE: 006122

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. (T) eight days prior to the Board of Finance meeting on the 1st day of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Date: 10/3/19
Agency: TOURISM
Agency Address: 711 E WELLS AVE, PIERRE SD 57501
Agency Phone Number: 605 773 3301
Employee Requesting Reimbursement: KATHLYN RICHTER on behalf of Holiday Inn Rushmore Plaza
Total Amount of Reimbursement: 30.00
Date(s) of Hosting Expense: 9/24/19, 9/25/19
Receipts Attached: Y N

Explanation of official business performed: The Department of Tourism hosted a press trip with journalists for the Buffalo Roundup. We utilized the breakfast service for the guests before staff picked them up for the days activities.

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: 10/3/19

Authorization

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

Name of Department/Office Head: Dept. of Tourism Secretary of Tourism
Approval: [Signature] Position Title of Agency Official
Signature of Department/Office Head: [Signature] Date: 10/03/2019

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.



Holiday Inn

114

09-27-19

SD Dept. of Tourism & State Development 711 E. Wells Avenue Pierre SD 57501 United States	Folio No. : 428463 A/R Number : OFTOUR Group Code : SDT Company : SD Department of Tourism Membership No. : Invoice No. : 98629	Room No. : 9029 Arrival : 09-24-19 Departure : 09-26-19 Conf. No. : Rate Code : INHSE Page No. : 1 of 1
SD Dept of Tourism Room list only		

Date	Description	Charges	Credits
09-24-19	Gold Bison Grille Brkfst - Food 001866220190924102534	11.82	
09-24-19	Gold Bison Grille Service Charge 001866220190924102534	2.13	
09-24-19	Gold Bison Grille - Tax 001866220190924102534	1.05	
09-25-19	Gold Bison Grille Brkfst - Food 001873120190925102444	11.82	
09-25-19	Gold Bison Grille Service Charge 001873120190925102444	2.13	
09-25-19	Gold Bison Grille - Tax 001873120190925102444	1.05	
Total		30.00	0.00
Balance		30.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

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

Application

Date: 10/1/19
Agency Address: 711 E Wells Ave Agency: Tourism
Agency Phone Number: 605 773 3301
Employee Requesting Reimbursement: Katlyn Richter
Total Amount of Reimbursement: 126.63 → lunch at Sage Creek Grille in Custer
Date(s) of Hosting Expense: 9/28/19
Receipts Attached: Y / N

Explanation of official business performed: The Dept of Tourism hosted 13 journalists for the Buffalo Roundup press trip across the state. Journalists had assigned stories and we worked with partners to showcase restaurants, attractions and parks.

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.

Katlyn Richter
Signature of Employee _____ Date 10/1/19

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.

Wanda Goodman _____ Deputy Secretary _____
Name of Department/Office Head Position/Title of Agency Official
Wanda Goodman _____ 10.1.19 _____
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.

SAGE CREEK GRILLE

611 MT RUSHMORE ROAD
CUSTER, SD, 57730
(605)-673-2424

8854 AMANDA

Check: 5849 Guests: 6
Table: 14-1
09/28/2019 12:28PM

SAGE CREEK GRILLE

1	SALMON MELT	14.00
1	FIELD GREENS	12.00
	BACON BITS	2.00
	CHICKEN	5.00
1	SALMON ENTREE	15.00
	CUP	4.00
1	BOWL	6.00
1	SM HOUSE	6.00
1	POT ROAST	13.00
2	COKE	5.00
2	HOT TEA	5.00
2	BLT	24.00
1	CUP SOUP	4.00

	SUBTOTAL	115.00
	Tax	8.63
TOTAL DUE		\$123.63

Thank You!
Please come again!

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: 10/1/19 Agency: Tourism
Agency Address: 711 E Wells Ave
Agency Phone Number: 605 773 3301
Employee Requesting Reimbursement: Kathlyn Richter
Total Amount of Reimbursement: \$18.49 Hosted coffee for 3, after arrived in
Date(s) of Hosting Expense: 9/25/19 SD from their flight + campfire
Receipts Attached: Y / N supplies.
Explanation of official business performed: The Dept of Tourism hosted 13 journalists for the Buffalo roundup press trip across the state. Journalists had assigned stories and we worked with partners to showcase restaurants, attractions and parks.
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.
Kathlyn Richter 10/1/19
Signature of Employee Date

Authorization

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

Wanda Goodman Deputy Secretary
Name of Department/Office Head Position/Title of Agency Official
Wanda Goodman 10.1.19
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.

Harriet & Oak Cafe and Roaster

329 Main St, Ste 2
Rapid City, SD 57701
(605) 791-0396

September 25, 2019
1:11 PM
Aaron

PURCHASE

Receipt: dkhe
Authorization: 025949

Visa Credit
AID A0 00 00 00 03 10 10

FOR HERE

Cortado	\$2.50
Latte x 2	\$6.50
12oz/Cappuccino	
London Fog	\$3.60
1/2 oz (\$0.60)	
<hr/>	
Subtotal	\$12.60
7.5% Sales Tax	\$0.94
Tip	\$2.03
<hr/>	
Total	\$15.57
Visa 3879 (Chip)	\$15.57

WALL DRUG

510 Main Street
Wall, SD 57790
(605)279-2175
www.walldrug.com

9/25/19 3:56 PM Receipt #: 060426-05
Your cashier today is Till 5

26	CAMPING	2.69
SUBTOTAL		2.69
RETAIL SALES TAX 8		0.22
TOTAL		2.91
Credit Card		2.91
TOTAL TENDERED		2.91
<hr/>		
Change		0.00

CARD INFORMATION:

Name: RICHTER/KATLYN F
Card Type: Visa
Account: 3879
Amount: **USD \$2.91**
Approval #: 025269
Date: 9/25/19
Reference #: 003060426001
MID: **5359
Mode: Issuer
Card Name: Visa Credit
AID: A0000000031010

Thank you for shopping with us!

State Hosting Reimbursement Request – SDCL 3-9-2.1

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

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

Application

Date: 10/1/19
Agency: Tourism
Agency Address: 711 E Wells Ave
Agency Phone Number: 605 773 3301
Employee Requesting Reimbursement: Katlyn Richter
Total Amount of Reimbursement: \$26.70 → Breakfast in Rapid City for
Date(s) of Hosting Expense: 9/30/19 some international guests
Receipts Attached: Y / N

Explanation of official business performed: The Dept of Tourism hosted 13 journalists for the Buffalo roundup press trip across the state. Journalists had assigned stories and we worked with partner to showcase restaurants, attractions and parks.

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.

Katlyn Richter
Signature of Employee _____ Date 10/1/19

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.

Wanda Goodman _____ Deputy Secretary
Name of Department/Office Head _____ Position/Title of Agency Official
Wanda Goodman _____ 10.1.19
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.

Harriet & Oak Cafe and Roaster

329 Main St, Ste 2 September 30, 2019
Rapid City, SD 57701 11:15 AM
(605) 791-0396 Aaron

PURCHASE

Receipt: 6g1T
Ticket: Steph
Authorization: 00845D

Visa Credit
AID A0 00 00 00 03 10 10

TO GO

London Fog x 2	\$7.20
1/2 oz (\$0.60)	
Poptart	\$2.75
Raspberry	
Poptart	\$2.75
Blueberry	
SMOOTHIE BOWL	\$8.00
ACAI BOWL	

Subtotal	\$20.70
7.5% Sales Tax	\$1.55
Tip	\$4.45

Total	\$26.70
Visa 3448 (Chip)	\$26.70

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: 10/1/19
Agency: Tourism
Agency Address: 711 E Wells Ave
Agency Phone Number: 605 773 3301
Employee Requesting Reimbursement: Katlyn Richter
Total Amount of Reimbursement: \$4.30
Date(s) of Hosting Expense: 9/29/19 Guest wasn't feeling well and preferred fruit over offered hot breakfast
Receipts Attached: Y / N

Explanation of official business performed: The Dept of Tourism hosted 13 journalists for the Buffalo roundup press trip across the state. Journalists had assigned stories and we worked with partner to showcase restaurants, attractions and parks.

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: *Katlyn Richter* Date: 10/1/19

Authorization

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

Name of Department/Office Head: *Wanda Goodman* Position/Title of Agency Official: *Deputy Secretary*
Signature of Department/Office Head: *Wanda Goodman* Date: 10.1.19

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.

Sylvan Lake Dining Room
24572 US Hwy 87
Custer, SD 57730

Emp: 7951-Amaton Ck #: 93

09/29/2019 Table: 13
07:20 AM Guests: 17

1 Open Food 4.00

Sub Total: 4.00

Tax Total: 0.30

Total Due: 4.30

Thank You!

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

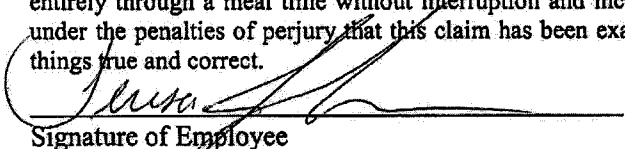
When Application and Authorization sections are completed, please submit the original to:
State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

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

Application

Date: 10/02/2019 Agency: Animal Industry Board
Agency Address: 411 S Fort St, Pierre
Agency Phone Number: 605-773-3321
Employee Requesting Reimbursement: Pizza Ranch / Ft Pierre
Total Amount of Reimbursement: \$78.44
Date(s) of Expense: 09/24/2019
Event Leave Time: 8:00 am Event Return Time: 5:00 pm
Explanation of official business performed: African Swine Fever Exercise
Via Video conferencing in the AIB conference room with a working lunch for 10
participants. Lunch was provided for 4 industry participants, 1 federal participant
and 5 AIB employees. See attached documentation.

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

10/02/2019

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.

Dustin Oedekoven, DVM

Name of Department/Office Head

State Veterinarian

Position/Title of Agency Official


Signature of Department/Office Head

10/02/2019

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.

Ticket # 9
9/24/2019 11:14 am WHITNEY B

*** PICK UP ***

773-3321
ATTN:TERRY
JOHNSON, ANIMAL
INDUSTRY BOARD

House Acc 84.32

Family 6.99
Cheesy Ranch St

Large 12.99
Stampede
Orig Crust

Large 11.99
Orig Crust
Pepperoni

Large 11.99
Cheese Pizza
Orig Crust

Large 10.99
Apple Dessert P

Additional Items

16 Piece Chi 23.49

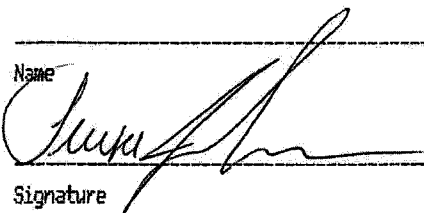
Subtotal 78.44
State Tax SD ~~5.00~~
Total ~~84.32~~
78.44

Tip _____

Total _____

Ticket # 9

Name



Signature

Johnson, Terry (DOA)

From: Tedrow, Todd
Sent: Friday, September 27, 2019 9:20 AM
To: Johnson, Terry (DOA)
Subject: SFEAR Tuesdays participants

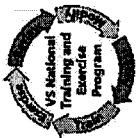
Per your request here are the participants from Tuesday.

Todd Tedrow, DVM	AIB	Pierre
Dustin Oedekoven, DVM	AIB	Pierre
Susan Reenders, DVM	AIB	Pierre
Lynn Tesar, DVM	USDA APHIS VS	Pierre
Steve Rommereim	AIB/Pork Board	Alcester
Mendel Miller, DVM	AIB	Pierre
Becki Slater	Wisconsin Dept of Ag	Madison, WI
Spencer Jacobsen	Smithfield Foods	Sioux Falls
Ellen Sporrer	Smithfield Foods	Watertown
Terry Johnson	AIB	Pierre

Did I forget anyone?

Thanks,
Todd

Todd Tedrow, DVM
Staff Veterinarian
South Dakota Animal Industry Board
411 S. Fort St | Pierre, SD 57501
PH: 605.773.3321 | FX: 605.773.5459
www.aib.sd.gov



SFEAR Exercise StartEx
Initiating Actions and Expected Player Positions

	Monday, September 23 Foreign Animal Disease Investigation	Tuesday, September 24 Movement Standstill	Wednesday, September 25 Depopulation and Disposal	Thursday, September 26 Secure Pork Supply Permitting
Initiating Actions to Begin Play	<p>Play begins when the playing producers contact their state animal health agency to report an unusual animal illness. The exceptions to this are North Carolina and Oklahoma. For these states, the state animal health agency will be contacted by a diagnostic laboratory.</p> <p>This event will occur between 0800 and 0900 local time.</p>	<p>Play begins with a joint NASAHO - VS emergency conference call.</p> <p>This event will begin at 0800 (Central Daylight Time).</p>	<p>Play begins when the state's depopulation and disposal team arrives at the infected premises.</p> <p>This arrival time should be coordinated with the host producer, and the start-time should be communicated to the Lead Controller. It is recommended that this initiating event begin between 0800 and 0900 local time.</p>	<p>Play begins when the state disseminates its guidance related to permitting movement out of the control area(s). This guidance will be distributed to the simulation cell and the applicable playing producers, per the contact information provided by the Lead Controller. To allow effective play, this information should be disseminated no later than 1100 local time.</p>
Expected Player Positions at StartEx	<p>This day begins as a normal day; there is no thought that a possible disease event is on the horizon. All players participating in this day's exercise should begin play from their typical duty/workstation. The exception to this is FADDs/assistants who have more than several hours travel time to a suspect premises; these teams may be pre-deployed, waiting for release from their superiors.</p>	<p>This day begins as a normal day; there is no thought that a possible disease event is on the horizon. The initiating event should involve only players who were invited to the joint NASAHO - VS conference call. These players should participate in the call from their local duty/workstation. All other players that may participate in play on this day should be at their normal duty/workstations until called to participate.</p>	<p>This day begins with the state fully into a notional FAD response. The field teams are deployed, and the playing components of the ICS are set up and ready to play.</p>	<p>This day begins with the state fully into a notional FAD response. The applicable components of the state's ICS are assembled and ready to play.</p>

Notes: FADD = foreign animal disease diagnostician; NASAHO = National Association of State Animal Health Officials; VS = Veterinary Services; ICS = Incident Command Structure; and FAD = foreign animal disease

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

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

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

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

Application

Date: 10/02/2019 Agency: SD Brand Board
Agency Address: 209 West Dakota Avenue, Pierre, SD 57501
Agency Phone Number: 605-773-3324
Employee Requesting Reimbursement: See attached listing
Total Amount of Reimbursement: \$53.⁰⁰
Date(s) of Expense: 08.28.19 and 09.13.19
Event Leave Time: _____ Event Return Time: _____
Explanation of official business performed: Training meetings for brand inspectors conducted by staff from Pierre office.

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.

Debbie J Trapp
Name of Department/Office Head

Executive Director
Position/Title of Agency Official

Debbie Trapp
Signature of Department/Office Head

10/3/19
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.

BRAND BOARD TRAINING MEETINGS

Home Station Per Diem Reimbursement Request

<u>Date</u>	<u>Location</u>	<u>Employee / Duty Station</u>	<u>Amount</u>
08/28/19	Winner, SD	Richard Halligan	\$14.00
		Gary Christensen	\$14.00
		Scott Hollenbeck	\$14.00
09/13/19	Faith, SD	James Holloway	\$11.00

TOTAL \$53.00

Two R Bar and Grill LLC

**PO Box 204
Faith, SD 57626**

V#12609251

091319 Training

52047000

16

To: SD Brand Board
Attn: Amy
209 W Dakota Ave
Pierre, SD 57501

Date: 09/13/2019

<u>QUANTITY</u>	<u>DESCRIPTION</u>	<u>PRICE</u>	<u>AMOUNT</u>
4	Mush/Swiss Burg with FF	\$ 8.50	\$ 34.00
1	Mush/Swiss Burg with Salad	\$ 9.40	\$ 9.40
1	1/3 Cheeseburger w/ FF	\$ 8.25	\$ 8.25
1	1/2 Cheeseburger with salad	\$ 10.60	\$ 10.60
4	1/2 Cheeseburger with FF	\$ 9.70	\$ 38.80
1	Philly Sandwich	\$ 6.99	\$ 6.99
1	Philly Sandwich with FF	\$ 9.74	\$ 9.74
1	Chef Salad	\$ 7.65	\$ 7.65
2	Coffee	\$ 1.00	\$ 2.00
3	Iced Tea	\$ 2.50	\$ 7.50
1	Coke	\$ 2.50	\$ 2.50
1	Pepsi	\$ 2.50	\$ 2.50
	Sub Total		\$ 139.93
	Tax		-
	Total		\$ 139.93
	18% Tip		\$ 25.19
	Total Due:		\$ 165.12

* only invoice available *

V# 12609085

082819 Training

52047000

16

Teena's Kitchen
Mailing Address
29250 321st Ave.
Colome, SD 57528

765257

ORDER INFO	customer's order no.	(605) 842-2475	date	8-28-19
	name	SD Brand Board		
	address			
	city, state, zip			
sold by	cash <input type="checkbox"/>	charge <input type="checkbox"/>	check <input type="checkbox"/>	shipping information
	c.o.d. <input type="checkbox"/>	on acct. <input type="checkbox"/>	# _____	

quantity	description	price	amount
1	@14 ⁰⁰		1400
2	gratuity 18%		3024
3			
4			198 24
5			
6			
7			
8	Thank You!		
9	Teena		
10			
11			
12			
13			
14			
15			
16			

received by



keep this slip for reference

DC5808UV/10-13

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

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

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

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

Application

Date: 9/19/2019 Agency: Game, Fish and Parks
Agency Address: 523 E Capitol Avenue
Agency Phone Number: 605.773.3718
Employee Requesting Reimbursement: _____
Total Amount of Reimbursement: \$66.56
Date(s) of Expense: 9/19/2019
Event Leave Time: 11:30 am Event Return Time: 1:00 pm
Explanation of official business performed: _____
work lunch meeting w/ Game, Fish and Parks, Agriculture and Environment & Natural Resources

Attendees: Kelly Hepler, Kim Vannenman, Jeanne Goodman, Tony Leif, Scott Simpson, Chris Petersen, Dani Hanson, Jon Kotilnek

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

Rachel Cross
Signature of Employee

9/19/2019
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

KRH
Signature of Department/Office Head

9/19/2019
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.

243 E CHURCH
PIERRE

Zone : 1
Pierre/Fort
Pierre

House Acc 66.56

Time order
deliver at:
noon

** Qty 8 Of **
3 Piece Dinn 59.92
Mash Potatoe

Subtotal 59.92
Delivery Charge 2.00
State Tax SD 4.64
Total 66.56

Tip -----

Total -----

Ticket # 3
(1909011071)

For Rewards Info:
www.ranchrewards.com
Phone: 855-321-3401

Make Ticket

Tell us how we are doing at:

966-835-5871

or by visiting

www.pizzaranchfeedback.com

We are giving away a \$250 Pizza Ranch
Gift Card each week to 1 person who
takes

the survey. See site for details.

Pizza Ranch #2000
321 E. HUSTAN
FORT PIERRE, SD 57532
605-223-9114

THANK YOU FOR YOUR ORDER!

Ticket # 3
9/19/2019 10:17 am JASMINE

*** DELIVERY ***

280-5856
GAME FISH AND
PARKS
523 E CAPITAL
PIERRE

Zone : 1
Pierre/Fort
Pierre

House Acc 66.56

Time order
deliver at:
noon

** Qty 8 Of **
3 Piece Dinn 59.92
Mash Potatoe

Rachel Comes

Name

Rachel Comes

Signature

Game Fish and Parks

Direct Invoice

Beth

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____ 09/19/2019 22:26:36

REQUEST: _____

=====

INVOICE NUMBER : _____ 09192019 DATE: 09/19/2019 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 09/19/2019_SD_GAME_FISH_AND_PARKS _____

SIGNATURE APPR CD: _____

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

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

0001 66.56 001 3121 52053700 0601110 _____

_____ N N N N _____

0002 _____

0003 _____

0004 _____

: _____ : _____
: _____ GROSS AMOUNT: _____ 66.56

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

09/19/2019

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: 9-6-19 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: 88.20
Date(s) of Expense: 8-27-19
Event Leave Time: 10:00 am Event Return Time: 4:00 pm
Explanation of official business performed: Workforce Development Council 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

Secretary
Position/Title of Agency Official

M. Hultman

9-12-19

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.

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

Invoice

Date	Invoice #
8/27/2019	4650

Bill To
South Dakota Dep. of Labor

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
15	Food Sales Taco Bar	10.00	150.00
	SD Sales Tax	7.50%	11.25
		Total	150.00 161.25

Meeting Agenda
WORKFORCE DEVELOPMENT COUNCIL
Sharpe Conference Room
123 W. Missouri Ave., Pierre
August 27, 10:00 a.m. CDT

- | | |
|--|-----------------------------|
| A. Call to Order | Chairman Anderson |
| B. Roll Call | Jami Burrer |
| C. Approval of Minutes from May 22, 2019 | ACTION |
| D. DLR Updates | Dawn Dovre |
| E. Operation Overload: Super Saturday | Amber Hulse |
| F. Career Exploration and Readiness in the Schools | Andrea Diehm
Megan Tatum |
| G. Perkins State Plan | Laura Scheibe |
| H. WIOA Unified State Plan Update | Kendra Ringstmeyer |
| I. Labor Market information | Melodee Lane |
| J. Business Services | Taige Tople |
| K. Registered Apprenticeship Grant | Rebecca Long |
| L. Optimize DLR | Derek Gustafson |
| M. DLR Outreach Campaigns | Dawn Dovre |
| N. Public Comment | |
| O. Round Table | |
| P. Next Meetings | Mackenzie Decker |
| Q. Adjourn | |

South Dakota Department of Labor and Regulation

Name of Meeting: WDC Meeting
Date: August 27, 2019
Location: Pierre, SD
Meeting Hours: 10AM to 4PM
Explanation of Business:

17

Attendees

Home-Duty Station

Sign-In Signature

	<u>Attendees</u>	<u>Home-Duty Station</u>	<u>Sign-In Signature</u>
	Jerry Bunker	Pierre	Jerry Bunker /
Board member	W. J. ...		W. J. ...
Board member	TRACIE BONDE	Fort Pierre	Tracie Bonde /
	Lee Anderson	Mitchell	Lee Anderson /
	Dawn Doyre	Pierre	Dawn Doyre /
Board member	Patricia Long	Pierre	Patricia Long /
	Carl Carlson	Sioux Falls	Carl Carlson /
	MACKAYE DECKER	PIERRE	Mackaye Decker /
	George Talle	Pierre	George Talle /
Board member	Billy Logan	Huron	Billy Logan /
	Derek Gustafson	DLR Pierre	Derek Gustafson /
	Melba Lane	DLR Aberdeen	Melba Lane /
	Eric Weiss	Pierre	Eric Weiss /
	Kim Ludwig	Aberdeen	Kim Ludwig /
	Kendia Ringmeyer	Pierre	Kendia Ringmeyer /
	Laura Schaefer	Pierre	Laura Schaefer /
	Paul Beran	Fort Pierre	Paul Beran /

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

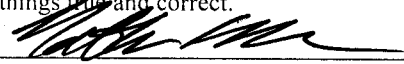
When Application and Authorization sections are completed, please submit the original to:
State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

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: 08/22/19 Agency: Highway Patrol
Agency Address: 118 W. Capitol Ave.
Agency Phone Number: 605-773-5486
Employee Requesting Reimbursement: Nathan Moore
Total Amount of Reimbursement: \$80.00
Date(s) of Expense: 08/14-08/16/19
Event Leave Time: 07:30 Event Return Time: 12:00
Explanation of official business performed: recruit orientation, recruits stay at LET

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

9/6/19
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.

Craig Price
Name of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official


Signature of Department/Office Head

9/12/19
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.

RECRUIT MOORE
PER DIEM
FORM

FOR

AMBER

LEYENDECKER

Name NATHAN MOORE

State of South Dakota
Travel Payment Detail

(Not valid unless Accompanied By Approved Voucher)

Invoice ID	Date	EMPL #	Return Date	Advance	Expense	License Number	Home Station
	8/21/19	164492	8/16		X	-	Pierre

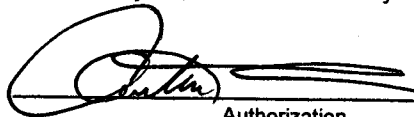
Date mm/dd/yy	Description	Time		Auto Miles	Trans Cost	Meals	Lodging	Misc Expenses
		Leave	Return					
8/14	Pierre	0730				34.00		
8/15	Pierre					40.00		
8/16	Pierre		1200			6.00		
SUBTOTALS						80.00		

GRAND TOTAL	80.00
APPLY TO ADVANCE	
AMOUNT REIMBURSABLE	80.00

Purpose Of Travel Recruit Orientation

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 8/16/19
 Date


 Authorization 8-20-19
 Date

Authorization _____ Date _____

Long Form Per Diem Information

Name NATHAN MOORE HP# 136 Employee # 164492

Date Left 8/14/19 Time 0730

Date Returned 8/16/19 Time 1200

Traveled to PERRE Reason RECRUIT ORIENTATION

Attach Motel Receipt if applicable
Attach this form to signed travel voucher

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

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

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

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

Application

Date: 9/16/19 Agency: DENR
Agency Address: 523 E. CAPITOL AVE
Agency Phone Number: 605-773-3754
Employee Requesting Reimbursement: GEOFF OSTERMAN
Total Amount of Reimbursement: (\$60.00 2-DINNERS, 1 LUNCH, 1 BREAKFAST)
Date(s) of Expense: 9/11/19 - 9/13/19
Event Leave Time: 9/11/19 (10AM) Event Return Time: 9/13/19 (12 PM)
Explanation of official business performed: ATTENDANCE @ SD WATER/WASTEWATER ASSOCIATION'S 85TH CONFERENCE. LUNCHES, BREAKFAST & BANQUET ARE WORKING OPPORTUNITIES TO TALK TO AND WORK WITH OPERATORS WHILE AT THE CONFERENCE.

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.

Geoff Osterman
Signature of Employee

9/16/19
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.

MARK MAYER
Name of Department/Office Head
Mark Mayer
Signature of Department/Office Head

DRINKING WATER ADMINISTRATOR
Position/Title of Agency Official
9/16/19
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

OFFICIAL PROGRAM
South Dakota Water and Wastewater Association
85th Annual Conference Agenda
Pierre-Ramkota Inn
September 11-13, 2019

TUESDAY SEPTEMBER 10

- 1:30 Public Hearing for OpCert Rule Changes- Matthew Training Center
- 2:00 Operator Certification Board Meeting-Matthew Training Center
- 5:00 2020 Water Seminar Planning Meeting-Ramkota Restaurant
- 6:00 SDWWA Board Meeting/Dinner-Cattlemen's Club Steakhouse
- 6:00 AWWA-SD Section Board Meeting & Dinner-Longbranch

WEDNESDAY SEPTEMBER 11

- 7:15 Golf Tournament at Hillsvieiw Golf Course
 - 8:00 "Shootout at the River"-Oahe Downstream Recreation Area Shooting Complex
 - 9:00 – 4:00 Registration in Foyer Area
 - 9:30 Tour of Mid-Dakota Water Treatment Plant
 - 10:00 Tour of Pierre Wastewater Treatment Plant
- Directions for Shootout and tours available at registration desk-Transportation on your own

General Session-Amphitheater II
Moderator-DelRon Peters-2019 President of SDWWA

- 1:00 Welcome-The Honorable Steve Harding, Mayor of Pierre
- 1:10 AWWA Update-Aurel Arndt, AWWA Treasurer
- 1:30 WEF Update-Aimee Killeen, WEF Board of Trustees
- 1:50 Big Sioux Flood Information System-Tim Cowman, DENR
- 2:30 Break
- 2:45 SCADA Security-Mike Chorne, AE2S
- 3:15 Centrifugal Pump Critical Frequency and Vibration Woes-AI Erickson-HDR
- 3:45 Brookings 4th Street Tower Replacement Project-Chad Bachman, Brookings Municipal Utilities

Evening Activities-Gallery "A"

- 5:30 Commercial Committee Meet 'n Greet

6:00 Dinner Buffet

7:00 Bean Bag Tourney-AWWA YP

THURSDAY SEPTEMBER 12

9:00 – Noon Registration in Foyer Area

8:00 – Noon Manufacturers' Displays-Lake Oahe Lobby

10:00 SD WARN Annual Meeting-Lake Sharpe Dock "A"

10:30 SD WEA Annual Meeting- Lake Sharpe Dock "B"

11:45 85th Annual SDWWA Business Meeting & Luncheon-Gallery "A"

Concurrent Sessions

Session A-Wastewater Treatment/Collection-Amphitheater II

Moderator-Dave VanCleave, Rapid City

1:00 Collection System Odor Control-Darin Skutt, Carus Corporation

1:30 Anaerobic Digester Microbiology-Chris Schmit, SDSU

2:00 Biogas Conditioning System Project-Michael Johnson, HDR

2:30 Break

2:45 Aberdeen WWTP High Flow/Sewer Collapse Event-Peggi Badten, Aberdeen

3:15 Sanitary Sewer Overflow Sampling/Reporting-Ray Woodworth, DENR

3:45 SD WARN-Brad Lawrence, SD WARN

4:15 Scuba Diving Capabilities for Municipalities-Caleb Gilkerson, Central Divers

Session "B"-Water Treatment/Distribution-Gallery "F"/"G"

Moderator-Erin Steever, Banner Associates

1:00 Well Maintenance-Kurt Anderson, Sioux Falls

1:30 Nitrification in Mid-Dakota RWS-Scott Gross, Mid-Dakota RWS and Joe Honner, Bartlett and West

2:00 Water Main Relining in Sioux Falls-Joe Munson, Banner Associates

2:30 Break

2:45 Alternate Project Delivery Methods-Dustin Dale, AE2S

3:15 Unregulated Contaminant Monitoring (UCMR)-Past, Present, Future-Mark Mayer, DENR

3:45 Community Engineering Corps in SD-Stephen Barr, AWWA

4:30 AWWA-SD Section Business Meeting- Gallery "F"/"G"

Evening Activities- Gallery "A"

6:00 Commercial Committee Social Hour

7:00 **85th Annual SDWWA Banquet & Awards Ceremony**

Master of Ceremonies-Delvin DeBoer, 2020 President of SDWWA

FRIDAY SEPTEMBER 13

7:30 Buffet Breakfast- Gallery "A"

"Water for People" Raffle Prizes to be given

General Session-Amphitheater II

Moderator-Delvin DeBoer, 2020 President of SDWWA

8:30 Manufactured Stormwater Treatment Devices-Technology, Regulation, Design-
Glenn Byers, Contech Engineered Solutions

9:15 PFAS: So Much More Than a Drinking Water Contaminant-Tim Stefanich, Sioux
Falls

10:00 Break

10:15 Zebra Mussels in the Missouri River Reservoirs-Mike Grieman, SD Game, Fish,
and Parks

10:45 Case Studies of Zebra Mussel Control-Jed Reimnitz, HR Green

11:15 Pierre Water Treatment Plant Project-Matt Erickson and Del DeBoer, AE2S

Noon Conference Concludes



SOUTH DAKOTA WATER AND WASTEWATER ASSOCIATION

P.O. BOX 353
PIERRE, SOUTH DAKOTA 57501-0353

2019 SDWWA ANNUAL CONFERENCE REGISTRATION
Pierre-September 11-13, 2019

Geoff Osterman
DENR-DWP
523 E Capitol-DENR
Pierre, SD 57501

Operator Certification #- Not Applicable
SDWWA Member Conference Registration.....\$120.00

Conference registration includes Wednesday Buffet, Thursday Luncheon & Banquet, Friday Breakfast, and SDWWA membership for 2019-20. You have been given two drink tickets for Thursday.

Please return your name tag holder at conclusion of conference.

Thank you for attending the 2019 SDWWA Conference.

2020 SDWWA Conference
Aberdeen Ramkota-September 16-18, 2020

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

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

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

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

Application

Date: 9/26/19 Agency: DENR
Agency Address: 523 E CAPITOL AVE, PIERRE, SD 57501
Agency Phone Number: 605-773-6039
Employee Requesting Reimbursement: ROB KITTA
Total Amount of Reimbursement: 2 supper, 1 lunch & 1 breakfast = \$60⁰⁰
Date(s) of Expense: 9/11/19 - 9/13/19
Event Leave Time: 8AM - 9/11 Event Return Time: 9/13 12PM

Explanation of official business performed: Rob ATTENDED SD WATER & WASTEWATER ASSOCIATION ANNUAL CONFERENCE 9/11-9/13 IN PIERRE. THE MEALS INCLUDED IN THE REGISTRATION INCLUDED

WED SUPPER THURS LUNCH & SUPPER & FRIDAY BREAKFAST. THESE WERE WORKING MEALS AND VALUABLE FOR OPERATORS TO ASK WORK RELATED QUESTIONS

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.

Rob Kitay
Signature of Employee

9-27-19
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.

Mark Mayer
Name of Department/Office Head
Mark Mayer
Signature of Department/Office Head

Drinking Water Administrator
Position/Title of Agency Official
9/25/19
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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



**SOUTH DAKOTA
WATER AND WASTEWATER ASSOCIATION**
P.O. BOX 353
PIERRE, SOUTH DAKOTA 57501-0353

2019 SDWWA ANNUAL CONFERENCE REGISTRATION
Pierre-September 11-13, 2019

Robert Kittay
DENR-DWP
1133 W Capitol
Pierre, SD 57501-

Operator Certification #- Not Applicable
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Please return your name tag holder at conclusion of conference.

Thank you for attending the 2019 SDWWA Conference.

2020 SDWWA Conference
Aberdeen Ramkota-September 16-18, 2020

Email Adr- rob.kittay@pie.midco.net

6:00 Dinner Buffet

7:00 Bean Bag Tourney-AWWA YP

THURSDAY SEPTEMBER 12

9:00 – Noon Registration in Foyer Area

8:00 – Noon Manufacturers' Displays-Lake Oahe Lobby

10:00 SD WARN Annual Meeting-Lake Sharpe Dock "A"

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Noon Conference Concludes



SOUTH DAKOTA DEPARTMENT OF GAME, FISH AND PARKS

523 EAST CAPITOL AVENUE | PIERRE, SD 57501

September 12, 2019

State Board of Finance
Secretary of State Office
500 East Capitol Avenue Ste 204
Pierre, SD 57501-5070

Dear Members of the Board

Game, Fish, and Parks respectfully requests your approval to pay for Jacob Dyer who travelled to Spearfish for a meeting with GFP personnel regarding management of northern hills game production areas. Dyer was not aware that the Best Western in Spearfish who typically honored state rates would not for this stay. It was brought to his attention on July 24th that they did not honor state rates on July 23rd due to the demand for rooms during the busy tourist season, therefore pre-approval from the State Auditor's Office was not obtained by the GFP Central Finance Office.

The hotel bill to Best Western in Spearfish is attached. It was 146.97 for the one night.

Sincerely,

Kelly R. Hepler
Cabinet Secretary



Game Fish and Parks

Employee Reimbursement

Beth

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: _____ ACTION: _____ 09/10/2019 14:07:07

REQUEST: _____

EMP VOUCHER NBR: _____ Z060RB05 DATE: 07/23/2019 MODEL: _____

EMP SHORT NAME : DYERJACOB _____ DYER, JACOB CURR: _____

EMPLOYEE NUMBER: _____ 163497 _____ PIERRE CM/DM : I

TRAVEL BEG DATE: _____ 07/22/2019 _____ APPROVAL NBR: _____ MULTI PYMT: N

TERMS CODE: _____ PYMT DUE DATE: 09/10/2019 DO NOT USE : _____

REMIT MSG: _____ TRAVEL FROM 07/22-07/23/2019 _____

SIGNATURE APPR CD: _____

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

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

0001 _____ 146.97 001 3122 52031000 _____ 0610720 _____

_____ N N N N _____

0002 _____

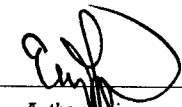
0003 _____

0004 _____

: _____ : _____
: _____ GROSS AMOUNT: _____ 146.97

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

09/10/2019

Authorization Date

STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL

NAME Jacob Dyer ORGANIZATION Game Fish Parks
 ADDRESS 523 E. Capitol Avenue, Pierre, SD 57501 BUDGET ENTITY 61072



Invoice ID	Date	Employee No	Return Date	Adv	Exp	License No.	Home Station	
		163497			X		Pierre	
Date	Description of Travel, Destination	Time	Auto	Trans.	Overnight	Non-Over-	Lodging	Miscellaneous
	Misc Expense, DOT Coding	Leave	Return	Miles	Cost	Meals	Meals	Expense
7-21	Meeting with Kurt Hanson Buffalo	5:00 AM						
7-23	Meeting in Spearfish w/GPA Personnel		8:00 PM				\$146.97	

SUBTOTALS 0 \$0.00 \$0.00 \$0.00 \$146.97 \$0.00

PURPOSE OF TRAVEL Attending Grassland Coalition Event
and networking with other agency staff in Eastern South Dakota

GRAND TOTAL \$146.97
 APPLY TO ADVANCE
 AMOUNT
 REIMBURSABLE \$146.97

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.

 9/10/19  9/10/19
 Claimant Date Authorization Date

 Authorization Date



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

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

Delayed Travel Reimbursement Request

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

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

General Authority: SDCL 4-9-1.1

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

Claimant name: Jacob Dyer

Invoice number: _____

Reason for delay: Process of over state rates

[Signature]
Claimant Signature

9/10/19
Date

[Signature]
Agency Official Authorization

9/12/2019
Date



DEPARTMENT OF CORRECTIONS

ADMINISTRATION

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

September 20, 2019

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

Please accept this letter as the Department of Corrections' request for approval of excess lodging for the South Dakota DOC Honor Guard members Jon Dalen, Brent Schaefer and Andrew Williams. In May they were a part of the ceremonies for the SD Law Enforcement Memorial Ceremony. They had booked rooms for training and the ceremony at the AmericalInn in Fort Pierre checking in on Monday May 13th and checking out on Wednesday May 15th. When they arrived to the hotel on Monday, the hotel clerk told them that they were only listed for Monday and that the hotel was fully booked for Tuesday. They called several other hotels to try and find rooms for both nights, but everywhere was fully booked. They finally found rooms that had just been cancelled at the Clubhouse, but the hotel would not give the state rates on the rooms.

I am requesting approval from the State Board of Finance to exceed the state rate so the employees can be reimbursed the additional expense which they paid to provide service at this event. Please let me know if you need any further information.

Sincerely,

Candace L. Snyder
Director of Operations
SD Department of Corrections



ClubHouse Hotel & Suites - Pierre

808 West Sioux, Suite 100
 Pierre, SD 57501
 605.494.2582
 www.pierre.clubhouseinn.com

TAX ID:

John Dalen
 7013 Mogen Ave
 Sioux Falls, SD 57108

332 145102 05/13/2019 05/15/2019 0.00
 Master Folio

05/13/2019	332	Room Taxable	129.00	0.00	129.00
05/13/2019	332	SD Sales Tax - 4.5%	5.81	0.00	134.81
05/13/2019	332	Room / Occupancy Tax - 1.5%	1.94	0.00	136.75
05/13/2019	332	City Occ. Tax - 3%	3.87	0.00	140.62
05/13/2019	332	Pierre Occupancy Tax	2.00	0.00	142.62
05/14/2019	332	Room Taxable	129.00	0.00	271.62
05/14/2019	332	SD Sales Tax - 4.5%	5.81	0.00	277.43
05/14/2019	332	Room / Occupancy Tax - 1.5%	1.94	0.00	279.37
05/14/2019	332	City Occ. Tax - 3%	3.87	0.00	283.24
05/14/2019	332	Pierre Occupancy Tax	2.00	0.00	285.24
05/15/2019	332	Visa/Mastercard - ...4875 AP: 000790	0.00	285.24	0.00
		Balance Due			0.00

Summary and Taxes

Taxable Sales	269.00
SD Sales Tax - 4.5%	11.62
Room / Occupancy Tax - 1.5%	3.88
City Occ. Tax - 3%	7.74
Pierre Occupancy Tax - 2.00	4.00

ONLY ENVOICE AVAILABLE

(5/13/19) State Rate \$55.00
 (5/14/19) State Rate \$55.00
 (5/13/19) Occupancy 2.00
 (5/14/19) Occupancy 2.00
 (5/13+14/19) Sales tax 4.5% 4.95
 (5/13+14) R/O tax 1.5% 1.65
 (5/13+14) City oc. tax 3% 3.30
123.90

Thank you for staying with us!
 We invite you to share your experience by leaving
 your feedback on TripAdvisor.com



ClubHouse Hotel & Suites - Pierre

808 West Sioux, Suite 100
 Pierre, SD 57501
 605.494.2582
 www.pierre.clubhouseinn.com

TAX ID:

Brent Schaefer
 PO Box 53
 Marion, SD 57043

204 145103 05/13/2019 05/15/2019 0.00

Master Folio

05/13/2019	204	Room Taxable	129.00	0.00	129.00
05/13/2019	204	SD Sales Tax - 4.5%	5.81	0.00	134.81
05/13/2019	204	Room / Occupancy Tax - 1.5%	1.94	0.00	136.75
05/13/2019	204	City Occ. Tax - 3%	3.87	0.00	140.62
05/13/2019	204	Pierre Occupancy Tax	2.00	0.00	142.62
05/14/2019	204	Room Taxable	129.00	0.00	271.62
05/14/2019	204	SD Sales Tax - 4.5%	5.81	0.00	277.43
05/14/2019	204	Room / Occupancy Tax - 1.5%	1.94	0.00	279.37
05/14/2019	204	City Occ. Tax - 3%	3.87	0.00	283.24
05/14/2019	204	Pierre Occupancy Tax	2.00	0.00	285.24
05/15/2019	204	Visa/Mastercard - ...6853 AP: 013326	0.00	285.24	0.00
		Balance Due			0.00

Summary and Taxes

Taxable Sales	258.00
SD Sales Tax - 4.5%	11.62
Room / Occupancy Tax - 1.5%	3.88
City Occ. Tax - 3%	7.74
Pierre Occupancy Tax - 2.00	4.00

ONLY INVOICE AVAILABLE

(5/13/19) State Rate = \$55.00
 (5/14/19) State Rate = \$55.00
 (5/13/19) Occupancy Rate = 2.00
 (5/14/19) Occupancy Rate = 2.00
 (5/13+5/14) Sales Tax (4.5%) = 4.95
 (5/13+5/14) R/O Tax (1.5%) = 1.65
 (5/13+5/14) City Occ. Tax (3%) = 3.30
123.90

Thank you for staying with us!
 We invite you to share your experience by leaving
 your feedback on TripAdvisor.com



ClubHouse Hotel & Suites - Pierre

808 West Sioux, Suite 100

Pierre, SD 57501

605.494.2582

www.pierre.clubhouseinn.com

TAX ID:

Andrew Williams
23493n 454th Ave
Madison, SD 57042

Room	Folio	CheckIn	CheckOut	Balance
323	145104	05/13/2019	05/15/2019	0.00

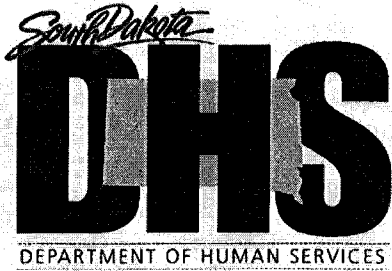
Master Folio

Date	Room	Description / Voucher	Charges	Credits	Balance
05/13/2019	323	Room Taxable	129.00	0.00	129.00
05/13/2019	323	SD Sales Tax - 4.5%	5.81	0.00	134.81
05/13/2019	323	Room / Occupancy Tax - 1.5%	1.94	0.00	136.75
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05/14/2019	323	City Occ. Tax - 3%	3.87	0.00	283.24
05/14/2019	323	Pierre Occupancy Tax	2.00	0.00	285.24
05/15/2019	323	144: Visa/Mastercard - ...9845 AP: 013327	0.00	285.24	0.00
		Balance Due			0.00

Summary and Taxes

Taxable Sales	258.00
SD Sales Tax - 4.5%	11.62
Room / Occupancy Tax - 1.5%	3.88
City Occ. Tax - 3%	7.74
Pierre Occupancy Tax - 2.00	4.00

Thank you for staying with us!
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your feedback on TripAdvisor.com



OFFICE OF THE SECRETARY

Hillsview Plaza, 3800 East Highway 34

c/o 500 East Capitol Avenue

Pierre, South Dakota 57501-5070

Phone: (605) 773-5990 | TTY: (605) 773-5990

FAX: (605) 773-5483

Website: dhs.sd.gov

September 24, 2019

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

Please accept this letter as the Department of Human Services' request for approval of excess lodging for Beth Dokken. Ms. Dokken was attending a training conference in San Francisco, CA. When she made her travel arrangements and room reservations, the room block at \$270.00 per night was sold out. Once this voucher was returned by the Auditor's Office due to the excess lodging, I was informed by Ms. Dokken that she had checked around within a 30 mile radius of the hotel and could not find anything comparable.

I have reminded Ms. Dokken, as well as her supervisor, of the travel policies including obtaining three quotes and approval in advance.

If you have any questions, please contact me or Beth Dokken.

Sincerely,

A handwritten signature in cursive script that reads "Jenny Johnson".

Jenny Johnson, Assistant Director
Division of Budget & Finance

South Dakota Travel Request BOA Fleet & Travel Management SFN 01239-0002		Bureau or Department Human Services	Program SHIINE-SMP Grant
		Division LTSS	Indicate One: In-state <input type="checkbox"/> Out-of-State <input checked="" type="checkbox"/>
Billing Center Code (Last Two Digits Optional) 1 9 2 0 1 <u> </u> 0 0		Method of Travel Plane	Est. Miles (Personal Vehicle)
Travelers Name (Last, First, MI) Dokken, Beth A		Office Phone 773-5433	Home Phone 280-8372
Purpose of Travel Attend CMS National Training Conference		License Number	

JOURNEY INFORMATION

Journey Number	Origin	Odometer Reading	Departure Date	Departure Time	Indicate One: AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
	Sioux Falls, SD		8/ 5 / 19	2:20	
Segment	Destination				
1.	San Francisco, CA		8/ 8 / 19	4:30	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
2.			/ /		AM <input type="checkbox"/> PM <input type="checkbox"/>
3.			/ /		AM <input type="checkbox"/> PM <input type="checkbox"/>
4.			/ /		AM <input type="checkbox"/> PM <input type="checkbox"/>
5.			/ /		AM <input type="checkbox"/> PM <input type="checkbox"/>
6.			/ /		AM <input type="checkbox"/> PM <input type="checkbox"/>
7.			/ /		AM <input type="checkbox"/> PM <input type="checkbox"/>
8.			/ /		AM <input type="checkbox"/> PM <input type="checkbox"/>
REQUIRED: Return to Origin		Final Odometer Reading	Return Date and Time 8/ 8 / 19 10:44		AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>

Comments/Vehicle Problems/Repairs
 Fly back into Pierre. I will be in Sioux Falls for a personal appointment on 8/5/19 am. I booked four nights at the hotel but will likely only need three. Also, the room block was sold out at \$270/night and all that was available in the area was \$342/night. *SR*

COST ESTIMATES FOR OUT OF STATE TRAVEL

Transportation \$700	Meals \$196	Lodging \$1026 <i>SR</i>	Misc. Fees \$100	Total \$2022
General Funds \$	Federal Funds \$2022	Other Funds \$	Non-State Funds \$	

SIGNATURES

NOTE: Driver MUST sign to certify he/she holds a valid driver license

Traveler Signature <i>Beth Dokken</i>	Date 7/17/19	Driver License Number 00886512	Expiration Date 03/20/21
Approving Officer <i>Judith Thomas</i>	Date 7/18/19	Approving Officer <i>Sharonie Rechtenbaugh</i>	Date 7/19/19

AGENCY TRAVEL COORDINATOR USE

Coordinator Name	Date of Entry	Mode
Comments		
Ride Share Contact	Office Phone	Home Phone

FLEET AND TRAVEL MANAGEMENT USE - FOR HIGH MILAGE REQUEST ONLY

Approval Signatures	Date	Comments
Authorization Number		

ONLY INVOICE AVAILABLE



Hyatt Regency San Francisco
 Five Embarcadero Center
 San Francisco, CA 94111
 Tel: 415.788.1234
 Fax: 415.398.2567
www.sanfrancisco.hyatt.com

INVOICE

Beth Dokken
 2301 Sd Highway 1804
 Pierre, SD 57501
 United States

Room No. 0516
 Arrival 2019-08-05
 Departure 2019-08-08
 Page No. 1 of 2
 Folio Window 1
 Folio No. 31172079

Confirmation No. 3748517401
 Group Name

Date	Description	Charges	Credits
08-05-2019	Package Room	371.42	
08-05-2019	Occupancy Tax	52.00	
08-05-2019	Tourism Assessment	3.71	
08-05-2019	CA Assessment	1.00	
08-05-2019	Moscone District Assessment	4.64	
08-05-2019	Destination Fee	25.00	
08-05-2019	Destination Fee Occ Tax	3.50	
08-05-2019	Destination Fee Tourism Assessment	0.25	
08-05-2019	Destination Fee Moscone District Assessment	0.31	
08-06-2019	Package Room	371.42	
08-06-2019	Occupancy Tax	52.00	
08-06-2019	Tourism Assessment	3.71	
08-06-2019	CA Assessment	1.00	
08-06-2019	Moscone District Assessment	4.64	
08-06-2019	Destination Fee	25.00	
08-06-2019	Destination Fee Occ Tax	3.50	
08-06-2019	Destination Fee Tourism Assessment	0.25	
08-06-2019	Destination Fee Moscone District Assessment	0.31	
08-07-2019	Package Room	371.42	
08-07-2019	Occupancy Tax	52.00	
08-07-2019	Tourism Assessment	3.71	
08-07-2019	CA Assessment	1.00	
08-07-2019	Moscone District Assessment	4.64	
08-07-2019	Destination Fee	25.00	
08-07-2019	Destination Fee Occ Tax	3.50	
08-07-2019	Destination Fee Tourism Assessment	0.25	
08-07-2019	Destination Fee Moscone District Assessment	0.31	
08-08-2019	Master Card	XXXXXXXXXXXX0267	-1385.49

ONLY INVOICE AVAILABLE

Total 1385.49 -1385.49

Guest Signature **Balance** 0.00



HYATT
REGENCY
SAN FRANCISCO

Hyatt Regency San Francisco
Five Embarcadero Center
San Francisco, CA 94111
Tel: 415.788.1234
Fax: 415.398.2567
www.sanfrancisco.hyatt.com

INVOICE

Beth Dokken
2301 Sd Highway 1804
Pierre, SD 57501
United States

Confirmation No. 3748517401
Group Name

Room No. 0516
Arrival 2019-08-05
Departure 2019-08-08
Page No. 2 of 2
Folio Window 1
Folio No. 31172079

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.

World of Hyatt Summary

Membership: XXXXXX919T
Bonus Codes:
Qualifying Nights: 3
Eligible Spend: 1189.26
Redemption Eligible: 75.00

Summary Invoice, please see front desk for eligibility details.