

Household Moving Allowance State of South Dakota

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

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

Please check one:

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

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

Application

John Matthesen

Name of Applicant

\$92726

Yearly Salary

804113

Bureau of Human Resources Class Code

Rapid City, SD

City, State Moving From

Area Engineer

New Position Title

Belle Fourche, SD

New Post of Duty (City)

7/16/91

Employment Date with the State

DOT

Agency Employed By

10/2/19

Expected Month/Year of Move

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

John Matthesen
Signature of Applicant

10/9/19
Date

Authorization

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

Greg Fuller
Name of Authorized Agent

Director of Operations
Position/ Title of Authorized Agent

Greg Fuller 10/11/19
Signature of Authorized Agent Date

South Dakota Dept. of Transportation
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance

October 30, 2018

John Matthesen
8610 Heather Dr
Rapid City SD 57702

Dear John,

This letter is to confirm your appointment to the position of Engineering Manager III (11-2215) with the Department of Transportation in Belle Fourche. Your employment will begin on October 24, 2018, at an annual salary of \$90,463.92. Your immediate supervisor is Todd Seaman, Rapid City Region Engineer.

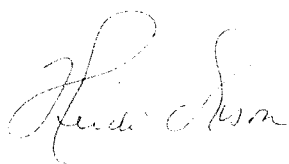
As agreed, this position also carries with it payment by the State for your actual moving expenses up to one month's salary based on the rules established by the Board of Finance. Attached, please find the guidelines for household moving allowances. If you should terminate your employment prior to six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

As a condition of this offer, you are required to relocate to the Spearfish/Belle Fourche area no later than the end of August 2022. This agreement was made to accommodate your personal family obligations. You must request reimbursement prior to September 1, 2022, to receive moving expenses.

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

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

Sincerely,



Heidi Olson
Human Resources Manager
Department of Transportation

cc: Supervisor
Personnel file

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Application

Lacy Elrod
Name of Applicant

V's Services Coord.
New Position Title

Game, Fish & Parks
Agency Employed By

\$54,246.24
Yearly Salary

Floresville, TX
City, State Moving From

Rapid City
New Post of Duty (City)

October
~~September~~ / 2019
Expected Month/Year of Move

90570
Bureau of Human Resources Class Code

Sept 24, 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.

Lacy Elrod
Signature of Applicant

8-22-19
Date

Authorization

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

K R H
Name of Authorized Agent

Kelly R Heder 10/6/19
Signature of Authorized Agent Date

Department Secretary
Position/ Title of Authorized Agent

CFP
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

4130 ADVENTURE TRAIL | RAPID CITY, SD 57702

August 22, 2019

Lacy Elrod
2437 CR 329
Floresville, TX 78114

Dear Lacy,

While I have received your verbal acceptance of the Visitor Services Coordinator, Outdoor Campus West Director position serving in Rapid City, SD, this letter will serve as your official confirmation of your appointment to the position. The effective date of your appointment to this position will be September 24, 2019.

I will serve as your direct supervisor. This position is classified on the general pay structure as a "K". This is a salaried position and your starting salary will be 10% higher than the minimum at \$54,246.24.

Because you have been recruited as professional staff, I also want to advise you that the Department will request payment of actual expenses associated with your move from Texas to Rapid City, SD up to a maximum of one month's salary. I have pasted a link below to the Household Moving Allowance Form that I would ask you to complete and return to me as soon as possible. This will allow us to have the paperwork in place and get you reimbursed in a timely manner.

https://sdsos.gov/about-the-office/assets/HouseholdMovingAllowanceFilling_20180123.pdf

If you have any questions please don't hesitate to contact me. I look forward to working with you and I am confident that your knowledge, skills and abilities will be a great asset to the SD Game, Fish and Parks.

Sincerely,

John Kanta
Regional Supervisor – Region 1

Cc: Tony Leif, Wildlife Division Director
Heather Villa, Chief of Administration
Taniya Bethke, Education and R3 Coordinator
Jeff Wilson, Human Resource Manager – BHR
Rachel Comes, Executive Secretary
Personnel File



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

Application

Jenna Meehan

Name of Applicant

\$35,875

Yearly Salary

00346

Bureau of Human Resources Class Code

Cedar Falls, IA

City, State Moving From

Assistant Director of Development

New Position Title

Brookings, SD

New Post of Duty (City)

Oct 2019

Employment Date with the State

SDSU Athletics

Agency Employed By

10/19

Expected Month/Year of Move

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

Jenna Meehan

Signature of Applicant

10-30-19

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.

JUSTIN G. SELL

Name of Authorized Agent

Justin G. Sell

Signature of Authorized Agent

11/8/19

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: October 4, 2019

TO: Jenna Meehan

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

RE: Appointment with Intercollegiate Athletics, South Dakota State University

I am pleased to offer you, subject to approval by the President, an appointment as Assistant Director of Development in the Athletics Department. The effective date of this appointment is October 21, 2019. Annual appointment dates are June 22nd to June 21st. Your salary is \$35,875 based on 12 months at 100% time. Blake Day 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 Director of Development, 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 October 11, 2019, retaining a copy for your records.

cc: Human Resources

I accept the job offer outlined above.

Jenna Meehan 10-7-19
Signature of Appointee & Date Signed

1021 S. D. Ave.
Waxahatchie, SD 57147

1-800-445-2200
605-625-2200

GOJACKS.COM

Household Moving Allowance State of South Dakota

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Pierre SD 57501

Phone: 605-773-3537

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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 3:00 pm, 21 days prior to the Board of Finance meeting on the third Friday 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

Aaron Rowbotham

Name of Applicant

27,500

Yearly Salary

MOBILE, AL

City, State Moving From

005016

Bureau of Human Resources Class Code

Res. Hall Director

New Position Title

Brookings

New Post of Duty (City)

7/22/2019

Employment Date with the State

SDSU

Agency Employed By

July 2019

Expected Month/Year of Move

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

[Signature]
Signature of Applicant

11/6/19
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.

Rebecca Peterson
Name of Authorized Agent

Director - Housing & Residential Life
Position/ Title of Authorized Agent

[Signature] 11/6/19
Signature of Authorized Agent Date

SDSU
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance



SOUTH DAKOTA STATE UNIVERSITY

Housing and Residential Life

MEMORANDUM

DATE: JULY 12, 2019

TO: Aaron Rowbotham

FROM: CHRIS KABERLINE, ASSOCIATE DIRECTOR
South Dakota State University

RE: Appointment with HOUSING & RESIDENTIAL LIFE, South Dakota State University

I am pleased to offer you, subject to approval by the President, an appointment as RESIDENCE HALL DIRECTOR in the HOUSING & RESIDENTIAL LIFE Department. The effective date of this appointment is JULY 22, 2019. Annual appointment dates are JULY 22, 2019 to MAY 21, 2020. Your salary is \$27,445 based on a 10 months at 100% time. Brian Dominguez 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 a Residence Hall Director, your position is eligible for state benefits to include household moving allowance of \$1500 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 July 17, 2019, retaining a copy for your records.

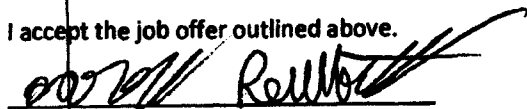
Aaron, we are very excited to have you formally join the SDSU Housing & Residential Life team. I am confident that you will complement the very dedicated staff already in place, as well as make significant contributions to the growth of our program. Please do not hesitate to contact me if we can answer any questions or be of help as you make your transition.

Sincerely,

Christina M. Kaberline
Associate Director of Housing & Residential Life

cc: Brian Dominguez
cc: Human Resources

I accept the job offer outlined above.



Signature of Appointee

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

State Hosting Reimbursement Request – SDCL 3-9-2.1

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Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

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Application

Date: 10/17/2019 Agency: GOED
Agency Address: 711 E Wells Ave Pierre SD 57501
Agency Phone Number: 605-773-4633
Employee Requesting Reimbursement: Kyle Peters
Total Amount of Reimbursement: 36.64 plus tip
Date(s) of Hosting Expense: 10/17/2019
Receipts Attached: Y/N
Explanation of official business performed: Hosted business prospect for Lake Norden development

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

Signature of Employee

Date

10/17/2019

Authorization

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

Name of Department/Office Head

Position/Title of Agency Official

Signature of Department/Office Head

Date

10/25/19

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.



10/17/19 1:00 PM

Charge Receipt

Table: 0	Check: 29

Guest: 1	Ticket: 29
John Wayne Burger	\$12.45
... Sweet Pot Fries	
... Ranch	
... [Done]	
Chicken Salad	\$9.95
... Grilled Chicken	
... Ranch	
... [Done]	
Patty Melt	\$9.75
... Soup	
... NO Sauce	
... NO Onion	
... [Done]	
... ADD Grilled Mushrooms	
... [Done]	
Soup of the Day	\$2.25
... NO Sauce	

Guest 1 Sub-Total	\$34.40

Check Sub-Total	\$34.40
Sales Tax	\$2.24

Check Total	\$36.64

Payments	
Credit	\$36.64

Amount Due	\$0.00

Tips	
Credit	\$0.00

TotalTips	\$0.00

Server: Wait 1
 Table No: 0
 Check No: 29
 Tab Name: Big

SALE

ACCT: *****9768
 APP NAME: CAPITAL ONE
 AID: A0000000041010
 TC: E9D2B244D4D627AB
 Entry: Chip
 APPROVAL: 01281P

Amount: \$36.64
 Tip: \$ 6.60
 Total: \$ 43.24

X.....
 Member: PETERS, KYLE

By signing this check you are hereby agreeing to make the necessary funds available in exchange for goods and services recieved.

APPROVED
 Customer Copy

Thanks!! Please Come Again!!
 Come Enjoy Happy Hour With Us Monday Thru
 Friday 3pm-6pm!!
 (605)785-3111

State Hosting Reimbursement Request – SDCL 3-9-2.1

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Application

Date: 11.1.19
Agency: Tourism
Agency Address: 711 E. Wells Ave. Pierre, SD 57501
Agency Phone Number: 605-773-3301
Employee Requesting Reimbursement: Wanda Goodman
Total Amount of Reimbursement: \$64.24
Date(s) of Hosting Expense: 10.30.19
Receipts Attached: Y N

Explanation of official business performed: I am requesting reimbursement for a lunch that I hosted with a staff member from the Family Travel Association. The person, Peter Bopp was in Pierre for touring and for a meeting with me to discuss the Association's work and how it pertains to S.D.

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.

Wanda Goodman 11.1.19
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.

James Hagen Department Secretary
Name of Department/Office Head Position/Title of Agency Official
James D. Hagen 11.1.19
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.

La Minestra
Electronic Journal Receipt Printout
11/01/19 11:18:22am

Employee: 1779 Register: 0002
Table: 16 Check: 70019
Time: 12:30:17 Date: 10/30/19

--[Seat 1]-----

1 Ice Tea	\$2.89
1 Greek Half Salad	\$4.75
No Onions	
1 Greek Half Salad	\$4.75
1 Chk Tortellini	\$16.00
1 Marks Fav Pasta	\$17.00
2 Coffee	\$5.80

Subtotal:	\$51.19
Tax:	\$3.84
Amt Due:	\$55.03

Visa	\$55.03-

Tip	\$15.00

only claiming \$9.21,
~~bill~~ as that
would be the 18%
allowed on the ~~bill~~ \$51.19

\$51.19 bill
9.21 gratuity
3.84 tax

\$64.24

State Hosting Reimbursement Request – SDCL 3-9-2.1

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Application

Date: 11.5.19
Agency: Tourism
Agency Address: 711 E. Wells Ave. Pierre, SD 57501
Agency Phone Number: 773-3301
Employee Requesting Reimbursement: Wanda Goodman Request payment to the State Game Lodge
Total Amount of Reimbursement: \$6,828.90
Date(s) of Hosting Expense: 10.23.19
Receipts Attached: N invoice

Explanation of official business performed: The Department of Tourism sponsored the opening reception and dinner for the Family Travel Assoc Summit. The event was attended by 130 tourism industry media, travel agents and suppliers from around the world

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.

Wanda Goodman 11.5.19
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.

James Hage Department Secretary
Name of Department/Office Head Position/Title of Agency Official
James D. Hage 11.5.19
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.



13389 US Hwy 16A
 Custer, SD 57730
 605-255-4541 / 605-255-4706 FAX
 www.custerresorts.com

TAX ID:

SD Tourism (FTA)

Folio ID	Folio	CheckIn	CheckOut	Balance
SDTFTA	153756	10/23/2019		6,828.90
Master Folio				

Only Invoice Available

Date	Room	Description / Voucher	Charges	Credits	Balance
10/23/2019	SDTFTA	Banquet Food Sales - Non-Tax - 10/21,65ppl @ \$15 Ba	975.00	0.00	975.00
10/23/2019	SDTFTA	Promo Fee - 3%	29.25	0.00	1,004.25
10/23/2019	SDTFTA	Banquet Food Sales - Non-Tax - 10/21, 65ppl @ \$12 Bk	780.00	0.00	1,784.25
10/23/2019	SDTFTA	Promo Fee - 3%	23.40	0.00	1,807.65
10/23/2019	SDTFTA	Bqt Service Charge - Non-Tax - Service Charge	351.00	0.00	2,158.65
10/23/2019	SDTFTA	Promo Fee - 3%	10.53	0.00	2,169.18
10/23/2019	SDTFTA	Banquet Food Sales - Non-Tax - 10/21, 130ppl @ \$29 D	3,770.00	0.00	5,939.18
10/23/2019	SDTFTA	Promo Fee - 3%	113.10	0.00	6,052.28
10/23/2019	SDTFTA	Bqt Service Charge - Non-Tax - Service Charge	754.00	0.00	6,806.28
10/23/2019	SDTFTA	Promo Fee - 3%	22.62	0.00	6,828.90

*FTA Summit opening
 reception & dinner.*

Team/Department Code 017
 Project Number _____
 Approval # 109
 Date: 10.30.19

James D. Hagen
 Secretary, Dept. of Tourism
 Approval: _____
 Date: 10.31.2019

State Hosting Reimbursement Request – SDCL 3-9-2.1

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Application

Date: 10/21/19
Agency: TOURISM
Agency Address: 711 E Wells Ave, Pierre SD 57501
Agency Phone Number: 605 773 3301
Employee Requesting Reimbursement: Katlyn Richter on behalf of Coster Resorts
Total Amount of Reimbursement: \$ 1,687.00
Date(s) of Hosting Expense: 9/27/19, 9/28/19
Receipts Attached: Y N
Explanation of official business performed: Dept. of Tourism hosted journalists for the Buffalo Roundup. We ate in the park and had the park bill us for those expenses.

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

[Signature]
Signature of Employee

10/21/19
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.

Dept. of Tourism
Name of Department/Office Head

Secretary of Tourism
Position/Title of Agency Official

James D. Hagen
Secretary, Dept. of Tourism

[Signature]
Signature of Department/Office Head

Approval: [Signature]

Date: 10-20-2019

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.

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: SEP 28, 2019 Agency: TOURISM
Agency Address: 711 E. WELLS AVE.
Agency Phone Number: 773-3301
Employee Requesting Reimbursement: CIARA ROUNDS
Total Amount of Reimbursement: ~~10.52~~ 10.52
Date(s) of Hosting Expense: SEP 28, 2019
Receipts Attached: Y N
Explanation of official business performed: HOSTING JOURNALIST FOR
Panfalo 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.

[Signature] OCT 1, 2019
Signature of Employee Date

Authorization

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

Dept. of Tourism James D. Hagen Secretary of Tourism
Name of Department/Office Head Position/Title of Agency Official
[Signature] 10.17.2019
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.

Mornin' Sunshine

824 E 8TH ST
CHADRON, NE 69337-2753
(605) 745-5550
morninsunshine.com

Sep 28, 2019
11:06 AM

Ticket: Ciara Rounds AmEx 3724
Authorization 349028
Receipt Vwf1

1EX
AID A0 00 00 00 25 01 04 02

12oz Cnai Latte	\$3.35
Subtotal	\$3.35
South Dakota Sales Tax	\$0.15
City Sales & Use Hot Springs, SD	\$0.07
Municipal Hot Springs	\$0.03
Tip	\$1.00

Total	\$4.60
AmEx 3724 (Chin)	\$4.60

C. . .

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

Emp: 2768-01a I Ck #: 87

09/28/2019 Table: HOT
08:43 PM Guests: 1

1 Hot Chocolate	2.75
1 Hot Chocolate	2.75

Sub Total:	5.50
Tax Total:	0.42
Total Due:	5.92

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: October 23, 2019 Agency: Bureau of Finance and Management
Agency Address: 500 East Capitol
Agency Phone Number: 605-773-3411
Employee Requesting Reimbursement: Liza Clark, State Chief Finance Officer
Total Amount of Reimbursement: 126.00 (14 meals at 9.00 ea. -- plus delivery)
Date(s) of Expense: 10-23-19
Event Leave Time: 10:30 a.m. Event Return Time: 3:30 p.m.
Explanation of official business performed: Qrtly Governors Council of Economic Advisors Meeting
Meeting location Governor's Large Conference Room - BFM employees home stationed in
Pierre are Commissioner Liza Clark, Secretary Jim Terwilliger, and
State Economist Mark Quasney. (see attached agenda)

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.

Doreen Kayser
Signature of Employee

10-23-19
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.

Liza Clark
Name of Department/Office Head

Commissioner, Bureau Finance Manag
Position/Title of Agency Official

Liza Clark
Signature of Department/Office Head

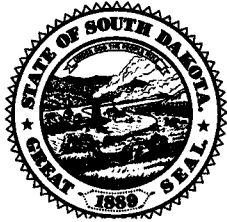
10/23/19
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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



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

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

**Governor's Council of Economic Advisors Meeting
October 23, 2019**

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

10:30 AM –11:30 PM

Roundtable Discussion of Economic, Business, and Industry Trends

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

11:30 PM –1:00 PM

Update on most recent US economic forecast/SD economic trends

- Dr. Ralph Brown will present the most recent IHS Economics forecast for the United States economy as well as recent trends in the South Dakota economy including trends in employment, income and various other economic indicators specific to South Dakota.
- Council discussion on agriculture, tourism, manufacturing, financial services as well as other sectors that have a large presence in the state and how those specific sectors are performing or are expected to perform over 2019-2021.

1:00 PM – 2:00 PM

Overview of SD economic forecast and recent tax collection trends

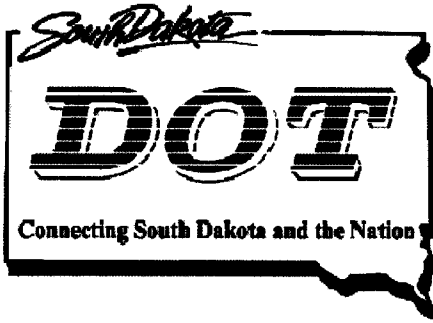
- Jim Terwilliger and Mark Quasney will present the most recent SD specific forecast for specific SD economic indicators from IHS Economics.
- Jim Terwilliger and Mark Quasney will present recent general fund revenue collection trends for major revenue sources that populate the state general fund and how those collection trends compare to the most recent budgeted levels and historical growth rates.

2:00 PM

Other Items

Public Comment

Adjourn



Department of Transportation

Office of the Secretary

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

October 17, 2019

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

Please accept this letter as the Department's request for approval of reimbursement to an employee in his home station. This is for Josh Olson, whom is a participant in the Governor's Leadership Program. A training was held in Aberdeen, SD (his hometown) and hotel reservations were made for him as a part of the program. He requested the reservations be cancelled since he was in his home station and would not be reimbursed. He was informed he really should stay and be a part of the cohort so he did stay and participate until 9 pm then went home. His credit card was charged for the initial nights stay along with taxes in the amount of \$83.75. It appears as if the organizing agency did not cancel the room in time for Josh. The Department is requesting he be reimbursed.

Please consider this request to reimburse Mr. Josh Olson in the amount of \$83.75. If you have any questions concerning this request do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Bergquist", is positioned below the word "Sincerely,".

Darin P. Bergquist
Secretary Department of Transportation

Ramkota Hotel
1400 8th Ave NW
Aberdeen, SD 57401

Fax: (605)229-0480
Email: aberdeen@ramkota-hotel.com

Phone: (605)229-4040

Web: www.aberdeen.ramkota.com



Guest Charges

Folio #: 261188 Guest : **OLSON, JOSH** Conf #: 201713
Room #: 168 CRS #: BW 793036192-01
Payment Method : Credit Card Company :
Rate : 500 E CAPITAL Arrival: 9/9/2019
 9/9/2019 \$75.00 Pierre, SD 57501 Departure: 9/10/2019

Date	Department	Reference	Voucher	Room	Charge	Credit	Balance
9/9/2019	Room Postings	Auto Posted		168	\$75.00		\$75.00
9/9/2019	Local Bid	Auto Posted		168	\$2.00		\$77.00
9/9/2019	State Tax 9%	Auto Posted		168	\$6.75		\$83.75
9/10/2019	Visa	VI2153	EXPRESS CH	168		\$83.75	\$0.00
Balance							\$0.00

0-1000-7466-1174

Credit Card Payment

Payment Type: Credit Card Amount Paid: \$83.75
Account: VI2153 Approval Code: _02533D_
Account Holder: Approval Amount: (\$83.75)

I agree that my liability for all charges is not waived.

Thank you for staying with the Best Western Ramkota Hotel and Convention Center.

Olson, Josh (DOT)

From: Olson, Josh (DOT)
Sent: Thursday, August 29, 2019 12:56 PM
To: Perry, Heather
Subject: RE: GLDP Aberdeen class info

Heather,

You can cancel my reservation. I already live in Aberdeen.

Josh

From: Perry, Heather <Heather.Perry@state.sd.us>
Sent: Thursday, August 29, 2019 10:08 AM
To: Beck, Brittany <Brittany.Beck@state.sd.us>; Bunkers, Elise <Elise.Bunkers@state.sd.us>; Decker, Mackenzie <Mackenzie.Decker@state.sd.us>; Deschepper, William <William.DeSchepper@state.sd.us>; Dunn, Kevin <Kevin.Dunn@state.sd.us>; Fredrikson, Traci <Traci.Fredrikson@state.sd.us>; Gill, Matthew <Matthew.Gill@state.sd.us>; Johnson, Jeremy (DSS Yankton) <Jeremy.Johnson@state.sd.us>; Kanta, John <John.Kanta@state.sd.us>; Lenards, Jill <Jill.Lenards@state.sd.us>; Little, Alexandra <Alexandra.Little@state.sd.us>; Luebbe, Molly <Molly.Luebbe@state.sd.us>; Michels, Austin <Austin.Michels@state.sd.us>; Nelson, Mark (BIT) <MarkA.Nelson@state.sd.us>; Olson, Josh (DOT) <JoshC.Olson@state.sd.us>; Stenson, Mike <Mike.Stenson@state.sd.us>; Wellman, Garrett (HP179) <Garrett.Wellman@state.sd.us>
Cc: Tyler, Jill <Jill.Tyler@usd.edu>; Fernandez, Jessica <Jessica.Fernandez@state.sd.us>
Subject: GLDP Aberdeen class info

Hello all,

I wanted to provide you with some information for your class coming up September 9-13 in Aberdeen.

About the class

Your instructor for your first session is Dr. Jill Tyler. She is copied on this message. I confirmed with her Tuesday that you will be receiving a syllabus and short readings from her soon. (The book you received in the mail is for the class in November, so you don't need to speed through it over the long weekend!)

Class starts at 9 a.m. in Dakota D at the Aberdeen Ramkota. The class ends at noon CT on Friday.

Based on my experience, I will tell you that you will be quite busy during the week. It is unlikely you will have much time to do office work while in Aberdeen. You will have assigned small group work as well as individual work assignments complete. Please be prepared to work evenings.

What to pack

Dress for this and all GLDP sessions is casual. Shorts, jeans, t-shirts are all fine. In previous years, the instructions have said a laptop is not required but recommended. I highly recommend you bring a laptop. If you do not have access to one, let me know. I will find something you can use.

You should bring your state ID for checking in at the hotel.

Accommodations

Room reservations have been made for you starting Sunday, September 8 and checking out on Friday morning. Confirmation numbers are attached for your reference. Rooms are to be direct billed at state rates. (Again, bring your state ID.)

Lunch will be provided Monday-Thursday. There will be morning snacks each day. A variety of drinks will be available. Breakfast and dinner are on your own. If you have not told me about your special dietary needs, please let me know. I will send you the complete menu next week for reference.

Reimbursement

You can use the attached agenda to accompany your expense report for the week.

My contact info

I will be in Aberdeen on September 9 to meet everyone. Until then, I am available to answer questions and help anytime. My cell number is 317.549.5262.

When I drove to the first class two years ago, I was very nervous. I didn't know many people. I was worried I was not going to be up to the class work, although I already had a master's degree. If you're feeling this way, you will be fine! I ended up having a great experience, and I want to do anything I can to make sure you do too. Just let me know.

Safe travels!

Heather Perry
Cell: 317.549.5262



Heather Perry | *Director of Employee & Organizational Development*

South Dakota Bureau of Human Resources
603 East Capitol Avenue | Pierre, SD 57501
Heather.Perry@state.sd.us | 605.773.2668



Group Rooming List

Group Name: ROOM LIST/ GOVERNORS LEADERSHIP PROGRAM

Group Code: RLGOVL

Ramkota Hotel

Business Date: Thursday, August 8, 2019

Printed Date: Thursday, August 8, 2019 4:17:45 PM

Conf #	Arrive	Depart	Last Name	First Name	Rm Type	Adults	Child O/U	Hold	Status	Room #
201700	9/8/2019	9/13/2019	BECK	BRITTANY	QQNS	1	0/0	GRP	Reservation	
201701	9/8/2019	9/13/2019	BUNKERS	ELISE	QQNS	1	0/0	GRP	Reservation	
201702	9/8/2019	9/13/2019	DECKER	MACKENZIE	QQNS	1	0/0	GRP	Reservation	
201703	9/8/2019	9/13/2019	DESCHEPPER	WILLIAM	QQNS	1	0/0	GRP	Reservation	
201704	9/8/2019	9/13/2019	DUNN	KEVIN	QQNS	1	0/0	GRP	Reservation	
201705	9/8/2019	9/13/2019	GILL	MATT	QQNS	1	0/0	GRP	Reservation	
201706	9/8/2019	9/13/2019	JOHNSON	JEREMY	QQNS	1	0/0	GRP	Reservation	
201707	9/8/2019	9/13/2019	KANTA	JOHN	QQNS	1	0/0	GRP	Reservation	
201708	9/8/2019	9/13/2019	LENARDS	JILL	QQNS	1	0/0	GRP	Reservation	
201709	9/8/2019	9/13/2019	LITTLE	ALEXANDRA	QQNS	1	0/0	GRP	Reservation	
201710	9/8/2019	9/13/2019	LUEBBE	MOLLY	QQNS	1	0/0	GRP	Reservation	
201711	9/8/2019	9/13/2019	MICHELS	AUSTIN	QQNS	1	0/0	GRP	Reservation	
201712	9/8/2019	9/13/2019	NELSON	MARK	QQNS	1	0/0	GRP	Reservation	
201713	9/8/2019	9/13/2019	OLSON	JOSH	QQNS	1	0/0	GRP	Reservation	
201714	9/8/2019	9/13/2019	STENSON	MIKE	QQNS	1	0/0	GRP	Reservation	
201715	9/8/2019	9/13/2019	WELLMAN	GARRETT	QQNS	1	0/0	GRP	Reservation	
201716	9/8/2019	9/13/2019	TYLER	JILL	QQNS	1	0/0	GRP	Reservation	

Dowling, Kayla

From: Tamara Darnall <Tamara.Darnall@sdlegislature.gov>
Sent: Tuesday, October 15, 2019 9:58 AM
To: Dowling, Kayla
Cc: Hancock, Jason; Cichos, Sue; Richardson, Carol
Subject: [EXT] November Board of Finance Meeting

Good Morning Kayla!

During the 2018 legislative session, HB 1311 was passed. This bill set the salary for each member of the Legislature equal to one-fifth of the South Dakota median household income as reported by the United States Census Current Population Survey. The amount is required to be ascertained and adjusted each year by the State Board of Finance to take effect the first day of January of each year for every regular legislative session.

The Legislative Research Council requests to be included on the agenda for the November 19, 2019 State Board of Finance meeting to present information needed to complete this process for the upcoming legislative session.

Please let me know if you have any questions. If you are no longer the person I should contact regarding this request please let me know.

Thank you.
Tami



Tamara Darnall
Chief Fiscal & Program Analyst
South Dakota Legislative Research Council
500 East Capitol Avenue, Pierre, SD 57501
Office: (605) 773-3251 | Homepage: SDLegislature.gov