

Travel/Education Request Form

Name(s) Lee Ann Pierce

Department Commission Position Commissioner

Travel/Education

Date(s)	Beginning Odometer	Ending Odometer	Destination
FEB 25			Sioux Falls
Apr 28			
JUNE 2			

Reason for Travel:

JDC Advisory Board Meetings

Passengers: _____

Estimated Expenses:

•Method of Travel: County Vehicle Private Auto Air
116 Miles \$.43 /mile = \$ 0.00

•Meals: _____ Breakfast @ \$ _____ = \$ 0.00
 _____ Lunch @ \$ _____ = \$ 0.00
 _____ Dinner @ \$ _____ = \$ 0.00

Employees will not be reimbursed for meals that are included in the registration fee.

•Additional Expenses (taxi, parking, etc.):
 Please list _____ = \$ _____

•Lodging: _____ Estimated number of days/nights = \$ _____

•Registration: _____ Estimated Cost = \$ _____

Total Cost Estimate = \$ 0.00 146.16

•Department Head designated mileage rate: \$ _____ /mile

•A travel advance form is attached to this request Yes No

Sally Stiffens
 Department Head Signature

5-10-16
 Date

Travel / Education Request Form

Name(s) Misty Moser

Department Weed & Pest Department Position Supervisor

Travel / Education

Date(s)	Beginning Odometer	Ending Odometer	Destination
<u>May 10th 2016</u>			<u>Huron</u>

Reason for Travel Data Logger Presentation (computers for trucks)

Passengers None

Estimated Expenses

- Method of Travel: County Vehicle Private Auto
150 miles @ \$___ / per mile = \$ _____
 - Meals: Breakfast @ \$ _____ = \$ _____
 Lunch @ \$ _____ = \$ _____
 Dinner @ \$ _____ = \$ _____
 - Additional Expenses (taxi, parking, etc):
Please list _____ = \$ _____
 - Lodging: Estimated number of days/nights _____ = \$ _____
 - Registration: Estimated cost _____ = \$ _____
- Total Cost Estimate = \$ _____

Department Head designated mileage rate: \$ 42 /per mile

Misty Moser Department Head Signature 5-2-16 Date

Travel/Education Request Form

Name(s) Robert W. Hill

Department County Development Position Director

Travel/Education

Date(s)	Beginning Odometer	Ending Odometer	Destination
5/18/2016			Sioux Falls, SD

Reason for Travel:

Attend the SANFORD HEALTH Emergency Management Conference 2016 in Sioux Falls, SD.

Passengers: 0

Estimated Expenses:

•Method of Travel: County Vehicle Private Auto Air
100 Miles \$ /mile = \$ 0.00

•Meals: 0 Breakfast @ \$ 5.00 = \$ 0.00
0 Lunch @ \$ 9.00 = \$ 0.00
0 Dinner @ \$ 12.00 = \$ 0.00

Employees will not be reimbursed for meals that are included in the registration fee.

•Additional Expenses (taxi, parking, etc.):
 Please list None = \$

•Lodging: 0 Estimated number of days/nights = \$

•Registration: 0 Estimated Cost = \$

Total Cost Estimate = \$ 0.00

•Department Head designated mileage rate: \$ 0.00 /mile

•A travel advance form is attached to this request Yes No


 Department Head Signature

5/11/2016
 Date

Travel / Education Request Form

Name(s) Misty Maser

Department Weed & Pest Department Position(s) Supervisor

Travel/Education

Date(s)	Beginning Odometer	Ending Odometer	Destination
May 18 & 19			Pierre SD

Reason for Travel Atv Safety Training Course & Weed Management Training

Passengers Liam Delaney, Thomas Tochedo, David Hynes

Estimated Expenses

- Method of Travel: County Vehicle Private Auto
 - 382 miles @ \$.42 /per mile = \$ 160.44
 - Meals:
 - 4 Breakfast @ \$ 6.00 = \$ 24.00
 - ~~0~~ Lunch @ \$ _____ = \$ _____
 - 5 Dinner @ \$ 15.00 = \$ 60.00
 - Additional Expenses (taxi, parking, etc)
Please list _____ = \$ _____
 - Lodging: 1 Estimated number of days/nights = \$ 220.00
 - Registration _____ Estimated cost = \$ _____
- Total Cost Estimate = \$ 464.44

Department Head designated mileage rate: \$ _____ /per mile

Misty Maser
Department Head Signature

5-3-16
Date

Travel/Education Request Form

Name(s) Aaron Scheer

Department Commission Position Maintenance

Travel/Education

Date(s)	Beginning Odometer	Ending Odometer	Destination
June 9, 2016			Brookings

Reason for Travel:

Attend Hillyard's Annual Custodial Seminar

Passengers: _____

Estimated Expenses:

•Method of Travel: County Vehicle Private Auto Air
_____ Miles \$ _____ /mile = \$ 0.00

•Meals: _____ Breakfast @ \$ _____ = \$ 0.00
_____ Lunch @ \$ _____ = \$ 0.00
_____ Dinner @ \$ _____ = \$ 0.00

Employees will not be reimbursed for meals that are included in the registration fee.

•Additional Expenses (taxi, parking, etc.):
Please list _____ = \$ _____

•Lodging: _____ Estimated number of days/nights = \$ _____

•Registration: _____ Estimated Cost = \$ _____

Total Cost Estimate = \$ 0.00

•Department Head designated mileage rate: \$ _____ /mile

•A travel advance form is attached to this request Yes No



Department Head Signature

5-11-16
Date



You're Invited!

Come join us for our Annual Custodial Seminar!

Please select the location that you plan on attending.

June 8, 2016 – Mitchell, SD
Sherman Center
Dakota Wesleyan University Campus
1200 W University
Mitchell, SD 57301

June 9, 2016 – Brookings, SD
Swiftel Center
824 32nd Ave.
Brookings, SD 57006

SCHEDULE

- 7:15 – 8:15 Registration and Vendor Exhibit Viewing
- 8:15 – 8:45 Introduction
- 8:45 – 9:45 Speaker
- 9:45 – 10:15 Break / Vendor Exhibit Viewing
- 10:15 – 11:00 Training Session
- 11:10 – 11:55 Training Session
- 12:00 – 12:45 Lunch
- 12:45 – 2:00 Vendor Presentations / Door Prizes

TRAINING SESSION TOPICS

- Hillyard University ■ CCAP ■ Carpet Care ■ Micro Fiber 101
- Resilient Floor Care ■ Wood Floor Care ■ Equipment Care & Maintenance ■ Restroom Care

RSVP Deadline – June 3, 2016

To Register: Email Sam at samsmith@hillyard.com or call (800) 666-2744

Travel/Education Request Form

Name(s) Jeff Anderson

Department Highway Position Lead Foreman

Travel/Education

Date(s)	Beginning Odometer	Ending Odometer	Destination
June 9 and 10, 2016			Pierre, SD

Reason for Travel:

2016 Summer meeting

Passengers: _____

Estimated Expenses:

•Method of Travel: County Vehicle Private Auto Air
_____ Miles \$ _____ /mile = \$ 0.00

•Meals: _____ Breakfast @ \$ _____ = \$ 0.00
_____ Lunch @ \$ _____ = \$ 0.00
_____ Dinner @ \$ _____ = \$ 0.00

Employees will not be reimbursed for meals that are included in the registration fee.

•Additional Expenses (taxi, parking, etc.):
Please list _____ = \$ 0.00

•Lodging: _____ Estimated number of days/nights = \$ _____

•Registration: _____ Estimated Cost = \$ _____

Total Cost Estimate = \$ 0.00

•Department Head designated mileage rate: \$ _____ /mile

•A travel advance form is attached to this request Yes No

Richard Beul
Department Head Signature

5-9-16
Date

2016
SUMMER MEETING REGISTRATION FORM

First Name: Jeff Last Name: Anderson

County/Company: Brookings County Highway

Address: 422 Western Ave.

City: Brookings State: SD Zip Code: 57006

Phone: 605-696-8070 E-Mail: JAnderson@brookingsCounty.sd.gov

REGISTRATION FEES

Highway Superintendents & spouses (PAST & PRESENT) FREE

Vendor \$60.00

Additional Vendor Attendees: _____
(names)

All Other Attendees \$30.00

Total Amount Due: \$0.00

June 9th 10

Please remit payment to:

SDACHS
ATTN: DJ BUTHE
P.O. BOX 1364
SIOUX FALLS, SD 57101-1364
(605) 367-4316

Travel/Education Request Form

Name(s) Jennifer Beller

Department Finance Position Sr Finance Asst

Travel/Education

Date(s)	Beginning Odometer	Ending Odometer	Destination
6/14 and 6/15			Pierre

Reason for Travel:

Deputy Workshop

Passengers: _____

Estimated Expenses:

•Method of Travel: County Vehicle Private Auto Air
382 Miles \$ _____ /mile = \$ 0.00

•Meals: 1 Breakfast @ \$ 6.00 = \$ 6.00
1 Lunch @ \$ 11.00 = \$ 11.00
1 Dinner @ \$ 15.00 = \$ 15.00

Employees will not be reimbursed for meals that are included in the registration fee.

•Additional Expenses (taxi, parking, etc.):
 Please list _____ = \$ _____

•Lodging: 1 Estimated number of days/nights = \$ 100.00

•Registration: 1 Estimated Cost = \$ 75.00

Total Cost Estimate = \$ 207.00

•Department Head designated mileage rate: \$ _____ /mile

•A travel advance form is attached to this request Yes No


 Department Head Signature

5/4/16
 Date

Travel / Education Request Form

Name(s) MICHAEL GEUGLER

Department SHERIFF'S OFFICE Position(s) DEPUTY

Travel/Education

Date(s)	Beginning Odometer	Ending Odometer	Destination
10/22/16 - 10/23/16			PIERRE

Reason for Travel INTERVIEW & INTERROGATION COURSE

Passengers _____

Estimated Expenses

- Method of Travel: County Vehicle Private Auto
 _____ miles @ \$ _____ / per mile = \$ 180⁰⁰
 - Meals: Breakfast @ \$ 6.00 = \$ 0
 Lunch @ \$ 11.00 = \$ 0
 Dinner @ \$ 15.00 = \$ 30.00
 - Additional Expenses (taxi, parking, etc)
 Please list _____ = \$ 0
 - Lodging: _____ Estimated number of days/nights = \$ 0
 - Registration _____ Estimated cost = \$ 0
- Total Cost Estimate = \$ 130⁰⁰

Department Head designated mileage rate: \$ _____ / per mile

Michael Geugler
 Department Head Signature

5-5-16
 Date

Date: October 24 – 28, 2016

Location: Pierre – Lodging & meals will be provided at the academy.

This 40 hour course instructed by IPTM is intended to equip those involved in all aspects of police work with the ability to extract information from witness, victims and suspects. Topics include: Phases of Interrogation, Behavior Index Analysis, Interview of Rape Victim, Criminal Personality Profiling and Interviews, etc.