

Travel / Education Request Form

Name(s): Misty Moser

Department: Weed and Pest

Position(s): Supervisor

Date(s)	Beginning Odometer	Ending Odometer	Destination
3/20/2019			Clear Lake SD
3/20/2019			Milbank SD

Reason for Travel:

Deuel County Annual Meeting and Grant County Annual Weed meeting

Passengers:

None

Estimated Expenses:

- Method of Travel: County Vehicle Private Auto

210 Miles @ \$ 0.00 /per mile = \$ 0.00

- Meals: 0 Breakfast(s) @ \$ _____ = \$ 0.00

0 Lunch(s) @ \$ _____ = \$ 0.00

0 Dinner(s) @ \$ _____ = \$ 0.00

- Additional Expenses (taxi, parking, etc.):

Please list: 0 = \$ 0.00

- Lodging (Estimated number of nights): 0 = \$ 0.00

- Registration (Estimated cost): 0 = \$ 0.00

Total Cost Estimate: = \$ 0.00

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



 Department Head Signature

3-21-19

 Date

Brookings County

Travel / Education Request Form

Name(s): Jim Sampson and Robert Hill

Department: Commission and County Development Position(s): GIS and Emergency Manager/Director

Date(s)	Beginning Odometer	Ending Odometer	Destination
4/10/2019			Yankton, SD

Reason for Travel:

ESRI - GIS for damage assessment meeting in Yankton, SD.

Passengers:

Both as listed

Estimated Expenses:

- Method of Travel: County Vehicle Private Auto

_____ Miles @ \$ _____ /per mile = \$ 0.00

- Meals: _____ Breakfast(s) @ \$ _____ = \$ 0.00

2 Lunch(s) @ \$ 11.00 = \$ 22.00

_____ Dinner(s) @ \$ _____ = \$ 0.00

- Additional Expenses (taxi, parking, etc.):


Please list: None anticipated = \$ _____

- Lodging (Estimated number of nights): N/A = \$ _____

- Registration (Estimated cost): N/A = \$ _____

Total Cost Estimate: = \$ 22.00

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



Department Head Signature

3/28/2019

Date

Brookings County

Travel / Education Request Form

Name(s): Robert W. Hill

Department: County Development

Position(s): Director

Date(s)	Beginning Odometer	Ending Odometer	Destination
4/11/2019			Mitchell, SD

Reason for Travel:

Attend a Region 6 and Homeland Security Grant Meeting in Mitchell, SD.

Rescheduled from 3/14/2019 due to flooding issues.

Passengers:

Estimated Expenses:

- Method of Travel: County Vehicle Private Auto

234.4 Miles @ \$ 0.42 /per mile = \$ 98.45

• Meals: Breakfast(s) @ \$ = \$ 0.00

1 Lunch(s) @ \$ 11.00 = \$ 11.00

 Dinner(s) @ \$ = \$ 0.00

- Additional Expenses (taxi, parking, etc.):

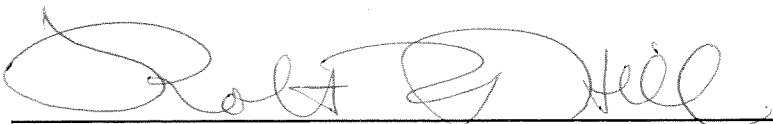
Please list: None anticipated = \$

• Lodging (Estimated number of nights): N/A = \$

• Registration (Estimated cost): N/A = \$

Total Cost Estimate: = \$ 109.45

Department Head designated mileage rate: \$ /per mile


Department Head Signature

4/01/2019
Date

Brookings County

Travel / Education Request Form

Name(s): Richard Haugen,

Department: Development-Emergency Management Position(s): Deputy Director

Date(s)	Beginning Odometer	Ending Odometer	Destination
April 25, 2019			Madision, SD

Reason for Travel:

Attend yearly National Weather Service - Weather Awareness Training to be held in Madision at 7:00 PM

Passengers:


None.

Estimated Expenses:

- Method of Travel: County Vehicle Private Auto
 - _____ Miles @ \$ _____ /per mile = \$ 0.00
- Meals:
 - _____ Breakfast(s) @ \$ _____ = \$ 0.00
 - _____ Lunch(s) @ \$ _____ = \$ 0.00
 - _____ Dinner(s) @ \$ _____ = \$ 0.00
- Additional Expenses (taxi, parking, etc.):
 - Please list: _____ = \$ _____
- Lodging (Estimated number of nights): _____ = \$ _____
- Registration (Estimated cost): _____ = \$ _____

Total Cost Estimate: = \$ 0.00

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


 Department Head Signature

4/01/2019
 Date

Travel/Education Request Form

Name(s) Rae Lynn Maher

Department County Development-Emergency Mgmt Position Office Manager

Travel/Education

Date(s)	Beginning Odometer	Ending Odometer	Destination
April 25, 2019			Madison, SD

Reason for Travel:

To attend NWS Sioux Falls Weather Awareness Training

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

4/01/2019
 Date

Brookings County

Travel / Education Request Form

Name(s): Mike Bartley & Lee Ann Pierce

Department: Commission

Position(s): Commissioner

Date(s)	Beginning Odometer	Ending Odometer	Destination
July 11-16, 2019			Las Vegas, NV

Reason for Travel:

NACo National Convention

Passengers:

Estimated Expenses:

- Method of Travel: County Vehicle Private Auto

116 Miles @ \$ 0.42 /per mile = \$ 48.72

Meals: 6 Breakfast(s) @ \$ 10.00 = \$ 60.00

7 Lunch(s) @ \$ 14.00 = \$ 98.00

6 Dinner(s) @ \$ 21.00 = \$ 126.00

- Additional Expenses (taxi, parking, etc.):

Please list: parking, airline, taxi = \$ 1,000.00

Lodging (Estimated number of nights): 5 = \$ 200.00

Registration (Estimated cost): \$490 = \$ 490.00

Total Cost Estimate: = \$ 2,022.72

Department Head designated mileage rate: \$ /per mile


Department Head Signature

3/27/19
Date

Stacy Steffensen

From: naco@naco.org
Sent: Wednesday, March 27, 2019 2:25 PM
To: Stacy Steffensen
Subject: NACo Order Confirmation: Invoice #234071



NACo Order Confirmation Notice

This message is to confirm the receipt of your recent order.

Customer: Ms. Stacy Steffensen
Date: 3/27/2019

Invoice #: [REDACTED]
Invoice Date: 3/27/2019 3:25:00 PM

Bill To:

Ms. Stacy Steffensen
Commission Department Director
Brookings County
520 3rd St., Suite 210
Brookings, SD 57006

Total: 980.00
Payment Amount: 0.00
Balance: 980.00

Purchase Order:

Please send a copy of the purchase order to NACo at the address below

Customer	Qty	Item	Price	Discount	Taxes	Shipping	Sub-Total	Paid	Balance
Bartley Mike	1.00	Member Registration Rate (Early)	490.00	0.00	0.00	0.00	490.00	0.00	490.00
Pierce Lee Ann	1.00	Member Registration Rate (Early)	490.00	0.00	0.00	0.00	490.00	0.00	490.00

Remittance Addresses

National Association of Counties
PO Box 79007