



Brookings County

# Travel / Education Request Form

Name(s): Thomas Chester

Department Sheriffs Office.

Position(s) Deputy Sheriff

### Travel/Education

Date(s)	Beginning Odometer	Ending Odometer	Destination
3/9/26 - 3/10/26			Mitchell PD

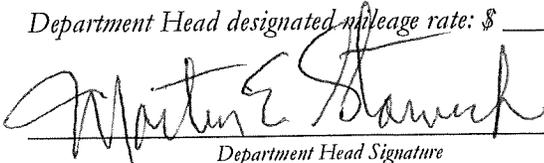
Reason for Travel: Overdose Investigations Training - Mitchell PD

Passengers Donald Baker

### Estimated Expenses

- Method of Travel:  County Vehicle \_\_\_\_\_ Private Auto
  - 117 miles @ \$ \_\_\_\_\_ /per mile = \$ 75.00 ✓
- Meals:
  - 2 Breakfast @ \$ 6 = \$ 12
  - 2 Lunch @ \$ 14 = \$ 28
  - 1 Dinner @ \$ 20 = \$ 20
- Additional Expenses (taxi, parking, etc)
  - Please list \_\_\_\_\_ = \$ \_\_\_\_\_
- Lodging: 1 Estimated number of days/nights My Place = \$ 90.99
- Registration ~~18~~ Estimated cost = \$ 0
- Total Cost Estimate = \$ 225.00

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

  
Department Head Signature

1-26-26  
Date



Brookings County

# Travel / Education Request Form

Name(s): Lisa Radtke

Department: State's Attorney Office Position(s): Legal Assistant

Date(s)	Beginning Odometer	Ending Odometer	Destination
3/14/2026			Brookings- Washington D.C.
3/19/2026			Washington D.C.- Brookings

**Reason for Travel:**

Engage 2026

**Passengers:**

**Estimated Expenses:**

- Method of Travel:  County Vehicle  Private Auto  
\_\_\_\_\_ Miles @ \$ \_\_\_\_\_ /per mile = \$ \_\_\_\_\_
  - Meals:
    - 5 Breakfast(s) @ \$ 10.00 = \$ 50.00
    - 4 Lunch(s) @ \$ 18.00 = \$ 72.00
    - 5 Dinner(s) @ \$ 28.00 = \$ 140.00
  - Additional Expenses (taxi, parking, etc.):  
Please list: Airfare and additional Transportation = \$ 559.00
  - Lodging (Estimated number of nights): 5 nights = \$ 1,746.40
  - Registration (Estimated cost): \_\_\_\_\_ = \$ 1,199.00
- Total Cost Estimate:** = \$ 3,766.40

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

  
\_\_\_\_\_  
Department Head Signature

1/22/26  
\_\_\_\_\_  
Date

# Travel/Education Request Form

Name(s) Eric Gustaf Randy Miller

Department Highway Dept. Position: Highway Supt.

### Travel/Education

DATE(S)	BEGINNING ODOMETER	ENDING ODOMETER	DESTINATION
03-16 - 3-19			Deadwood, SD

Reason for Travel: Highway Superintendent's short course

### Passengers:

### Estimated Expenses:

• Method of Travel:  County Vehicle  Private Auto  
 \_\_\_ Miles @ \$\_\_\_/per mile = \$\_\_\_

• Meals: \_\_\_ Breakfast @ \$\_\_\_ = \$\_\_\_  
 \_\_\_ Lunch @ \$\_\_\_ = \$\_\_\_  
 \_\_\_ Dinner @ \$\_\_\_ = \$\_\_\_

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

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

• Lodging: 3 Estimated number of days/nights = \$ 800

• Registration 400 Estimated cost = \$ 400

Total Cost Estimate = 1200

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

• A travel advance form is attached to this request yes \_\_\_ no \_\_\_

[Signature]  
 Department Head Signature

1-23-2026  
 Date



2026 SHORT COURSE REGISTRATION FORM  
THE LODGE AT DEADWOOD - MARCH 17-19, 2026

**EARLY-REGISTRATION  
DEADLINE IS POSTMARKED BY FEBRUARY 20, 2026**

CONTACT INFORMATION

BUSINESS NAME Brookings County Hwy PHONE 605-696-8270  
 PRIMARY CONTACT Brian Gustad EMAIL bgustad@brookingscountysd.gov  
 ADDRESS 422 Western Ave CITY/STATE/ZIP Brookings County 57276

REGISTRATION

REGISTRATION TYPE	QUANTITY	PAID BY 2/20/2026	PAID AFTER 2/20/2026	TOTAL
COUNTY / GOVERNMENT ATTENDEE REGISTRATION		\$200 each	\$250 each	<u>2</u>
8-FT VENDOR BOOTH ( INCLUDES ONE FREE CONFERENCE BADGE )		\$400 each	\$500 each	
ADDITIONAL VENDOR / CONSULTANT / CONTRACTOR (booth required)		\$200 each	\$250 each	
SPOUSE / SIGNIFICANT OTHER		\$50 each	\$75 each	
				<u>\$400</u>

Attendance at conference functions requires registration. Registrants will be issued name badges, which are required for admittance to all functions.

NAMES FOR CONFERENCE BADGES

- Brian Gustad
- Bandy Miller
- 
- 
- 
- 
- 
- 

SPONSORSHIP LEVELS

Diamond - \$5000   
  Platinum - \$2500   
  Gold - \$1000   
  Silver - \$500

Optional Designation of Sponsorship:  GENERAL  MEALS  BREAK  KEYNOTE

PAYMENT TYPE

Credit Card   
  Check - Make payable to SDACHS   
  Purchase Order No.

Credit Card Number	Exp. Date	Security Code
Name on Card	Signature	Phone Number
Address	City, State	Billing Zip Code

\* A 3.6% convenience fee will be assessed to each credit card transaction. Large sponsorship payment – Check only!

Choose the meals you plan to participate in: Attendee / Vendor Meals:  Wednesday Breakfast  Wednesday Lunch  
 Wednesday Banquet  Thursday Breakfast

Spouse Meals:  Wednesday Breakfast  Wednesday Lunch  Wednesday Banquet  Thursday Breakfast

Mall Completed Registration Form and payment to: SDACHS, Brian Gustad, Secretary/Treasurer  
 422 Western Ave, Brookings, SD 57006

Registration forms with credit card or purchase order payment method may be emailed to:  
 bgustad@brookingscountysd.gov

South Dakota Association of County Highway  
 Superintendents  
 422 Western Avenue  
 Brookings, SD 57006 US  
 6056954371  
 bgustad@brookingscountysd.gov

# Invoice

BILL TO:
Brookings County 422 Western Ave Brookings SD 57006

SHIP TO:

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
SDACHS Dues	01/06/2026	\$600.00	02/28/2026	Net 60	

DATE	SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
	2026 NACE Dues		1	525.00	525.00
	2026 SDACHS Dues		1	75.00	75

BALANCE DUE

**\$600.00**

# Travel / Education Request Form

Name(s): Thomas Chester

Department Sheriffs Office.

Position(s) Deputy Sheriff

**Travel/Education**

Date(s)	Beginning Odometer	Ending Odometer	Destination
<u>4/7/26 - 4/9/26</u>			<u>Deadwood Grand</u>

Reason for Travel: sex offender conference

Passengers \_\_\_\_\_

**Estimated Expenses**

- Method of Travel:  County Vehicle \_\_\_\_\_  Private Auto
  - 429 miles @ \$\_\_\_\_/per mile = \$ 150<sup>00</sup>
- Meals:
  - 2 Breakfast @ \$ 6 = \$ 12
  - 2 Lunch @ \$ 14 = \$ 28
  - 3 Dinner @ \$ 20 = \$ 60
- Additional Expenses (taxi, parking, etc)  
Please list \_\_\_\_\_ = \$ \_\_\_\_\_
- Lodging: ~~\_\_\_\_\_ Estimated number of days/nights~~ = \$ staying @ parents place
- Registration ~~40~~ Estimated cost = \$ 0
- Total Cost Estimate = \$ 250<sup>00</sup>

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

M. E. Hamer  
Department Head Signature

1-26-26  
Date