

TRAVEL REQUEST

T0: LAWRENCE COUNTY COMMISSIONERS  
FROM: DEPARTMENT Equalization NAME Ben Pisani

Hereby requests permission to travel inside/outside the boundaries of the state of South Dakota, for the purpose herein stated: (give specific nature if business and interest of the department to justify the cost involved)

To attend the SDAAO school to take the basics Course.

LIST ALL PERSONNEL FROM YOUR OFFICE MAKING THE TRIP:

Ben Pisani

PLACE OF MEETING OR PROPOSED DESTINATION:

Pierre SD

DATE OF SCHEDULED MEETING PER PREPARED PROGRAM: Sept 20th -> 24th  
(Attach copy, if available, to this request)

DATE OF TRIP TO BEGIN Sept. 19th DATE TO BE COMPLETED sept. 24th

PROPOSED METHOD OF TRANSPORTATION: \_\_\_\_\_

Estimated cost of Transportation -----  
Meals and Lodging 5 days -----  
Registration -----  
Estimated misc. -----

\$210, \$516.90  
\$350

TOTAL ESTIMATED COST OF TRIP -----

\$1076.90

Will this expense, in whole or part, be paid by any state agency or sponsoring group? If answer is yes, show estimated \$ \_\_\_\_\_

Fund or Budget from which expense is to be paid: Equalization - Travel

DATE: 9-3-21

SIGNED: [Signature]

PERMISSION HEREBY GRANTED - REJECTED BY LAWRENCE COUNTY BOARD OF COMMISSIONERS>

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

CHAIRMAN OF THE BOARD

APPENDIX 8

**TRAVEL AND TRAINING  
AGREEMENT  
Over \$500.00 but under \$1,000**

I, Ben Pisanì, as an employee of  
Equalization Department do hereby agree, as a  
condition of approving travel/training expenses of \$500.00 or more and/or two  
weeks of paid leave from my work, to reimburse Lawrence County for said  
expenditures in the event I discontinue my employment with Lawrence County less  
than six (6) months from the completion of said training. By attending said  
training, I agree that said reimbursement may be deducted from any amounts owed  
to me by Lawrence County.

DATE: 09/03/21

EMPLOYEE SIGNATURE: 

DEPARTMENT HEAD SIGNATURE: 