

TRAVEL REQUEST

TO: LAWRENCE COUNTY COMMISSIONERS

FROM: DEPARTMENT Equalization NAME Tim Hodson

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)

This is for us to attend our annual school which was postponed from last fall due to COVID.

LIST ALL PERSONNEL FROM YOUR OFFICE MAKING THE TRIP:

Tim Hodson, Carmen Symonds, Mike Meehan

PLACE OF MEETING OR PROPOSED DESTINATION:

Pierre

DATE OF SCHEDULED MEETING PER PREPARED PROGRAM: May 23rd - 27th
(Attach copy, if available, to this request)

DATE OF TRIP TO BEGIN May 22nd DATE TO BE COMPLETED 27th

PROPOSED METHOD OF TRANSPORTATION: Fleet Vehicle

Estimated cost of Transportation -----	_____
Meals and Lodging <u>5</u> days -----	<u>1886.40</u>
Registration -----	_____
Estimated misc. -----	_____

TOTAL ESTIMATED COST OF TRIP ----- 1886.40

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: Travel

DATE: 4-20-22 SIGNED: [Signature]

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

DATE: _____ SIGNED: _____
CHAIRMAN OF THE BOARD

APPENDIX 6

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

I, Carmen Symonds, 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: 4/20/22

EMPLOYEE SIGNATURE: Carmen Symonds

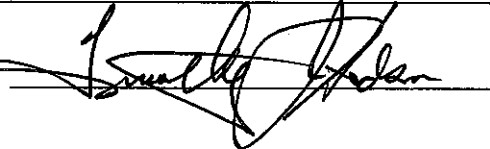
DEPARTMENT HEAD SIGNATURE: [Signature]

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

I, Mike Meehan, 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: 4/20/22

EMPLOYEE SIGNATURE: 

DEPARTMENT HEAD SIGNATURE: 

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

I, Tim Hodson, 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: 4-20-22

EMPLOYEE SIGNATURE: _____

DEPARTMENT HEAD SIGNATURE: _____

TRAVEL REQUEST

TO: LAWRENCE COUNTY COMMISSIONERS

FROM: DEPARTMENT Equalization

NAME Ben Pisan ^{Tim Hodson}

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 required 15hr USPAP Course in Pierre

LIST ALL PERSONNEL FROM YOUR OFFICE MAKING THE TRIP:

Ben Pisan

PLACE OF MEETING OR PROPOSED DESTINATION:

Pierre

DATE OF SCHEDULED MEETING PER PREPARED PROGRAM: (Attach copy, if available, to this request)

April 27th & 28th

DATE OF TRIP TO BEGIN April 26th

DATE TO BE COMPLETED April 28th

PROPOSED METHOD OF TRANSPORTATION:

Fleet vehicle

Estimated cost of Transportation -----
Meals and Lodging 2 days -----
Registration -----
Estimated misc. Books -----

84.00
375.00
50.00

TOTAL ESTIMATED COST OF TRIP -----

509.00

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:

Travel

DATE:

4-20-22

SIGNED:

[Signature]

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

DATE: _____


SIGNED: _____

CHAIRMAN OF THE BOARD

**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: 4/20/22

EMPLOYEE SIGNATURE: 

DEPARTMENT HEAD SIGNATURE: 