

Travel/Education Request Form

Name(s): Troy Waldman

Department: Moody Sheriff

Position: Sheriff

Travel/Education

Date(s)	Destination
04-19-0424-26	Sex offender conference and Sheriff Assn conference
	Deadwood

Reason for Travel: T

Passengers: 2

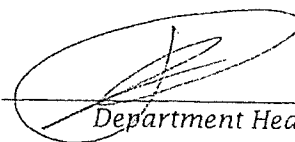
Estimated Expenses:

- 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: 4 Estimated number of days/nights = \$ 400
- Registration: 85 Estimated cost = \$ 85

Total Cost Estimate = \$ _____

 S2 - 1A
Department Head Signature

01-31-20
Date

Travel/Education Request Form

Name(s): Marc Blum

Department: Highway

Position: Superintendent

Travel/Education

Date(s)	Destination
March 23-26, 2020	Deadwood, SD

Reason for Travel: SD Highway Superintendent's Short Course

Passengers: None

Estimated Expenses:

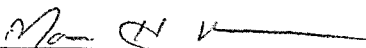
- Method of Travel: County Vehicle Private Auto
 _____ Miles @ \$ _____/per mile = \$ _____
- Meals:

1	Breakfast	@	\$ _____	6.00	= \$ _____	6.00
2	Lunch	@	\$ _____	14.00	= \$ _____	28.00
3	Dinner	@	\$ _____	20.00	= \$ _____	60.00

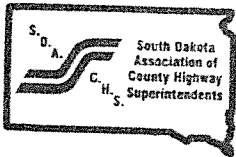
****Employees will not be reimbursed for meals that are included in the registration fee.*

- Additional Expenses (taxi, parking, etc):
Please list _____ = \$ _____
- Lodging: 3 Estimated number of days/nights = \$ _____ 282.00
- Registration Estimated cost = \$ _____ 100.00

Total Cost Estimate = \$ _____ \$476.00


Department Head Signature

03/03/20
Date



**2020 SHORT COURSE REGISTRATION FORM
THE LODGE AT DEADWOOD - MARCH 24-26, 2020**

**EARLY-REGISTRATION
DEADLINE IS POSTMARKED BY MARCH 13, 2020**

CONTACT INFORMATION

BUSINESS NAME Mealy Co Highway Dept PHONE 605-947-2932
 PRIMARY CONTACT Marc Blum EMAIL mchd2@iw.net
 ADDRESS PO Box 9 CITY/STATE/ZIP Falconer, SD 57028

REGISTRATION

REGISTRATION TYPE	QUANTITY	PAID BY 3/13/2020	PAID AFTER 3/13/2020	TOTAL
COUNTY HIGHWAY EMPLOYEES	1	\$100 each	\$150 each	100
GOVERNMENT (DOT, LTAP EMPLOYEES)		\$100 each	\$150 each	
8-FT VENDOR BOOTH (INCLUDES ONE FREE CONFERENCE BADGE)		\$400 each	\$500 each	
VENDOR / CONSULTANT / CONTRACTOR		\$150 each	\$200 each	
SPOUSE / SIGNIFICANT OTHER		\$20 each	\$50 each	
				100.00

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

NAMES FOR CONFERENCE BADGES

- | | |
|---------------------|-----------|
| 1. <u>Marc Blum</u> | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

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 3.5% convenience fee will be assessed to each credit card transaction.

Mail Completed Registration Form and payment to: SDACHS, DJ Buthe, Secretary/Treasurer, 2124 E. 60th St. North, Sioux Falls, SD 57104

Registration forms with credit card or purchase order payment method may be emailed to dbuthe@minnehahacounty.org