

Travel/Education Request Form

Name(s): DeAnna Berke & Alicia DeSchepper

Department: Equalization

Position: Director & Deputy Director

Travel/Education

<i>Date(s)</i>	<i>Destination</i>
September 15 th - 19 th	Sioux Falls, SD

Reason for Travel: 2025 Assessors School

Passengers:

Estimated Expenses:

- Method of Travel: County Vehicle = \$ 60.00

- Meals:
 - ___ Breakfast @ \$6.00 x2 = \$ 12.00
 - __4__ Lunch @ \$14.00 x2 = \$ 112.00
 - __1__ Dinner @ 20.00 x2 = \$ 40.00

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

- Additional Expenses (taxi, parking, etc):
Please list _____ = \$ 0
- Lodging: Estimated number of days/ night 1 Friday Night = \$300
- Registration - Class Cost \$500 - Course 4 x2 = \$1000.00
- Estimated cost

Total Cost Estimate = \$1,524

DeAnna Berke, Director of Equalization

June 25th, 2025