



# The Nebraska Environmental Trust

preserving NATURAL NEBRASKA™ for future generations

## PERIODIC REPORT COVER SHEET AND INSTRUCTIONS

Please use this form to file periodic project reports as required in your Trust grant contract. These reports should consist of the following four parts:

1. **The Cover Sheet.** Please complete the information below as requested.
2. **Request for Reimbursement.** You must submit original invoices to document each expense for which you request reimbursement, unless otherwise provided in your grant contract. Each invoice must contain the name, address and social security or federal tax identification number of the vendor, and an itemized list of services or goods with costs and the dates of service or delivery. If invoices contain non-grant items, clearly note the exceptions. On the reverse of this page you will find a table entitled "Summary of Invoices Submitted for Reimbursement." List each invoice on the table, providing the information as requested. Be sure the expenditure description contains sufficient information to determine that the item or activity is a legitimate project expense. The column "Budget Category" references the categories you created in your contract budget outline: each invoice must identify which category name it falls under. Copy the table if you need additional reporting space. Clip the invoices in the order listed on the Summary sheet.
3. **Project Narrative.** On a separate page(s), describe project activities, partners and results of the project for this period. If modifications were made to the project, describe the changes and explain why they were necessary. Quantify any results you can, for example, acres restored, pounds recycled, etc.
4. **Report on Matching and In-Kind Expenditures.** Use this form to report all resources expended on the project other than those funded by the Trust. Examples of these costs could include materials, labor, donations, other matching funds or volunteer labor time.

**Project Sponsor:** Nebraska Water Policy Task Force/Nebraska Department of Natural Resources

**Fiscal Agent:** Steve Gaul, Designated Project Representative or Gayle Starr, Fiscal Officer, NDNR

**Fiscal Agent Address:** P.O. Box 94676, Lincoln, NE 68509-4676  
(street address, city, state, zip code)

**Project Title:** LB 1003 Water Policy Task Force Study/Project **Project No.:** 03-164

**Reporting Period:** July 1, 2003 through 11/1/04 **Tax I.D. #** 47-0491233  
~~September 30, 2003~~

**TOTAL AMOUNT REQUESTED FOR THIS PERIOD:** \$ 17,982.21 **ACH or CHECK.**

I certify that this report is correct and just, that all expenses were necessary expenses of the project and were incurred in accordance with the approved grant agreement, including any amendments thereto; and that progress of the work and services under grant contract is satisfactory and consistent with the amount billed. As the Sponsor named above, or agent thereof, I hereby claim reimbursement from the STATE OF NEBRASKA for the attached and itemized expenses, for which payment has not previously been made by the STATE OF NEBRASKA.

**FOR THE SPONSOR:** Robert Stephen Gaul **DATE:** 4/27/04  
Signature

Robert Stephen Gaul **TITLE:** Designated Project Representative  
Typed or Printed Name

\_\_\_\_\_  
Nebraska Environmental Trust Signature **DATE:** \_\_\_\_\_



# The Nebraska Environmental Trust

preserving NATURAL NEBRASKA™ for future generations

## SUMMARY OF INVOICES SUBMITTED FOR REIMBURSEMENT

Invoice # or Date	Vendor	Description of Services	Budget Category	Invoice Amount
Doc #257543	John Burke		#12 Expenses	\$ 381.30
Doc #260575	Lyle Henrich		#12 Expenses	67.68
Doc #254391	Robert Ambrosek		#12 Expenses	1,267.92
B #266136	Hasselbalch Imaging	Printing	#2 Develop Education Presentations & Materials	441.00
Nov. 7&16, 2003	Dept. of Administrative Services	Printing	#12 Expenses	38.62
B #262821	CDR Associates	Facilitation	#1 Facilitate Mtgs.	4,204.48
Doc #284982	Gloria Erickson		#12 Expenses	1,719.27
B #275717	CDR Associates	Facilitation	#1 Facilitate Mtgs.	4,363.65
1-5-04	DAS Printing		#2 Develop Educational Presentations & Materials	432.45
12-5-03	DAS Printing		#2 Develop Educational Presentations & Materials	15.71
1-29-04	Holiday Inn, Lincoln		#12 Expenses	121.50
640068814	Dell	Power Point Projector	#2 Develop Educational Presentations & Materials	2,789.10
			<b>TOTAL:</b>	\$ CONTINUED

Nebraska Water Policy Task Force/  
Nebraska Department of Natural Resources

Project # 03-164

Project Sponsor: Nebraska Department of Natural Resources

Report for period from July 1, 2003 through September 30, 2003



**PERIODIC REPORT – JANUARY 1, 2004 TO MARCH 31, 2004 – PROJECT 03-164 LB1003 WATER POLICY STUDY/PROJECT**

The purpose of this project has been to review specific issues related to Nebraska surface water and groundwater law and to identify options and make recommendations to the Governor and Legislature relating to water policy changes deemed desirable by a 49 member water policy task force. Although work began in July 2002 and the task force provided its report to the Unicameral in December 2003, some work on implementation continued in the early months of 2004 and some consultant work that occurred in late 2003 was not billed until early 2004. In early 2004 there were also a number of presentations made to explain the work and recommendations of the task force. The legislation proposed by the task force was adopted by the Nebraska Unicameral with only a few changes and signed into law by Governor Johanns on April 15, 2004. The task force and its charge did not sunset with completion of the legislation and additional work is expected on items within its charge but not fully addressed by the legislation. The task force may also assist with some aspects of implementation of its recommendations / the legislation. There are likely to be some charges for those activities in the final quarter of the grant.



# The Nebraska Environmental Trust

preserving NATURAL NEBRASKA™ for future generations

## REPORT ON MATCHING AND IN-KIND EXPENDITURES

Please summarize all resources expended on the project other than those funded by the Trust. Examples of these costs could include materials, labor, donations, other grants, matching funds or volunteer labor time.

ITEM	SOURCE	\$ VALUE
<b>TOTAL:</b>		<b>\$</b>

Report for period from \_\_\_\_\_ to \_\_\_\_\_



STATE OF NEBRASKA  
NEBRASKA ACCOUNTING SYSTEM

EXPENSE  
REIMBURSEMENT DOCUMENT

PLEASE PRINT OR TYPE

SOCIAL SECURITY NUMBER / FTIN: 507-44-8062

NAME: Kyle Heinrichs

ADDRESS: 503 Road 4

CITY: Shickley STATE: NE ZIP CODE: 68436

TITLE: Truck Test Form - Shickley

AUTO OWNER: Kyle LICENSE NUMBER: 34-120

TRANSACTION TYPE: WARRANT WRITING

WARRANT FLAG: M R

DOCUMENT NUMBER: 260575

TRANSPORTATION DOCUMENT NO.

LODGING DOCUMENT NO.

PAY DATE

DESCRIPTION

AMOUNT

TOTAL

AGENCY/DIVISION

DATE

DATE	PARTICULARS	TIME STOPPED	MEALS	LODGING	RATE	MILES	TRANSPORTATION		MISCELLANEOUS	TOTAL
							STARTED	AMOUNT		
12-18-03	Truck Test Meeting Lincoln	97650			2.36	188		67.68		67.68
	SHICKLEY TO UNCLE JOHN + RD	0800								
TOTALS										67.68

TRANSACTION CODING				AMOUNT			
AG	DIV	FUND	PRG	S-P	ACT	DEBIT	CREDIT
TOTAL							

I claim reimbursement from the STATE OF NEBRASKA for the above expenses incurred by me in the line of duty and declare that this is a true account of such expenses for which payment has not previously been made by the STATE OF NEBRASKA.

EMPLOYEE SIGNATURE (OR INDEPENDENT CONTRACTOR [OTHER])

DATE

DIVISION APPROVAL

DATE

I hereby certify that the above claim for reimbursement is proper under applicable statutes, and that the claim for mileage, if any, for use of a privately owned vehicle, is authorized according to Section 81-1176.

AGENCY AUTHORIZED SIGNATURE

DATE

ENCUMBRANCE LIQUIDATION CODING					AMOUNT		
ENCUMB. NO.	AG	DIV	FUND	PRG	S-P	ACT	CREDIT
TOTAL							









NAME	POSITION #	POSITION	RC.TR.	RUN DAY	RUN DATE	LJS	OWH	# OF LINES	NON-CONTRACT \$	AGENCY \$	SAVINGS
	29-01108	Natural Resources Specialist III, Lincoln	KS	Sunday	November 2, 2003	X		66	\$417.36	\$373.54	\$43.82
	29-01108	Natural Resources Specialist III, Lincoln	KS	Sunday	November 9, 2003	X		66	\$417.36	\$373.54	\$43.82
	29-01066	Geoplotic Survey Technician, Lincoln	KS	Sunday	November 16, 2003	X		56	\$357.18	\$263.02	\$94.16
	29-01066	Geoplotic Survey Technician, Lincoln	KS	Sunday	November 23, 2003	X		56	\$357.18	\$263.02	\$94.16
								251	\$1,598.04	\$1,397.12	\$200.92
	29-01106	Natural Resources Specialist III, Lincoln	KS	Sunday	November 2, 2003	X	X	72	\$493.92	\$316.22	\$177.70
	29-01106	Natural Resources Specialist III, Lincoln	KS	Sunday	November 9, 2003	X	X	71	\$487.06	\$311.83	\$175.23
	29-01066	Geoplotic Survey Technician, Lincoln	KS	Sunday	November 16, 2003	X	X	59	\$404.74	\$258.13	\$146.61
								202	\$1,395.72	\$887.18	\$508.54
	29-01-00	Public - Legal Notice	ZZ	Friday	November 7, 2003	X		24	\$15.71	\$15.71	\$0.00
	29-01-00	Public - Legal Notice	ZZ	Sunday	November 16, 2003	X		35	\$22.51	\$22.51	\$0.00
								59	\$38.62	\$38.62	\$0.00

**Hasselbalch Imaging & Photography**

Photography • Film Processing • Digital Imaging  
 101 N. 14th Street Suite 7  
 Lincoln, NE 68508  
 Phone (402) 475-7226 Fax (402) 475-4714

B# 266136

CUSTOMER'S ORDER NO.	PHONE	DATE
		11-14-07
NAME NE. Dept. of Natural Resources		
ADDRESS		

SOLD BY	CASH	COD	CHARGE	ON ACCT	MOSE REID	PAID OUT	
QTY.	DESCRIPTION					PRICE	AMOUNT
98	3x7						441-
Water Policy Task							
Force							
orig. photos put on CD's							
						TAX	
RECEIVED BY	29192055.521500					TOTAL	441-

*Randy Burt*

123887

All claims and returned goods MUST be accompanied by this bill.

**NEBS** To Reorder:  
 800-225-6380 or nebs.com

**Thank You**

12-18  
 mtg  
 Pictures marked  
 out

(PLEASE PRINT OR TYPE)

STATE OF NEBRASKA  
NEBRASKA ACCOUNTING SYSTEM

SECURITY NUMBER / FTIN: 505-56-6030

NAME: Gloria J. Erickson

ADDRESS: 315 18th Ave

CITY: Holdrege

STATE: NE ZIP CODE: 68949

TITLE: WPTF member

HEADQUARTER CITY: Holdrege

AUTO OWNER: Self

LICENSE NUMBER: 37B270

TYPE CODE:

# EXPENSE REIMBURSEMENT DOCUMENT

AGENCY/DIVISION: Department of Natural Resources  
Water Policy Task Force/Executive Committee

TRANSACTION TYPE: WARRANT WRITING

WARRANT FLAG: M R

DOCUMENT NUMBER: 284982

TRANSPORTATION DOCUMENT NO.

LODGING DOCUMENT NO.

PAY DATE:

DESCRIPTION	PAYEE REFERENCE	AMOUNT
TOTAL		351.81

DATE	PARTICULARS	STARTED	STOPPED	MEALS	LODGING	RATE	TRANSPORTATION		MISCELLANEOUS	TOTAL	
							MILES	AMOUNT			DESCRIPTION
7/29	Holdrege → Lincoln	6:15 am	8:45 am			36.5	162	59.13		59.13	
7/29	Inn 4 Less Motel				43.75					43.75	
7/30	Lincoln → Holdrege	1:00 pm	3:30 pm			"	162	59.13		59.13	
8/19	Holdrege → Ogallala	6:45 am	8:30 am			36.5	170	62.05		62.05	
8/20	Ogallala → Holdrege	4:00 pm	7:45 pm			36.5	170	62.05		62.05	
9/16	Holdrege → Kearney	3:00 pm	3:45 pm			36.5	30	10.95		10.95	
9/16	Kearney → Holdrege	8:30 pm	9:15 pm			"	30	10.95		10.95	
9/17	Holdrege → Kearney	7:30 am	8:15 am			"	30	10.95		10.95	
9/17	Kearney → Holdrege	4:00 pm	4:45 pm			"	30	10.95		10.95	
10/21	Holdrege → Kearney	7:30 am	8:15 am			36.5	30	10.95		10.95	
10/21	Kearney → Holdrege	4:00 pm	4:45 pm				30	10.95		10.95	
							TOTALS	844	308.06		351.81

I claim reimbursement from the STATE OF NEBRASKA for the above expenses incurred by me in the line of duty and declare that this is a true account of such expenses for which payment has not previously been made by the STATE OF NEBRASKA.

EMPLOYEE SIGNATURE: *Gloria J. Erickson* DATE: 2-12-04

DIVISION APPROVAL: *Chad Bleed* DATE: 2-17-04

I hereby certify that the above claim for reimbursement is proper under state statutes, and that the claim for mileage, if any, for use of a privately owned vehicle, is authorized according to Section 81-1178.

AGENCY AUTHORIZED SIGNATURE: *Rob Paulk* DATE: 2/19/04

ACCOUNT	DEBIT	CREDIT
TOTAL		

ENCUMBRANCE LIQUIDATION CODING	AMOUNT
AG DIV FUND PRG S-P ACT	CREDIT
TOTAL	

STATE OF NEBRASKA  
NEBRASKA ACCOUNTING SYSTEM

**EXPENSE  
REIMBURSEMENT DOCUMENT**

NUMBER/FTN  
56-6030

TYPE CODE

ADDRESS  
Gloria J. Erickson  
315 18th Ave

CITY  
Holdrege

STATE  
NE

ZIP CODE  
68949

TITLE  
WIFE Member

HEADQUARTER CITY  
Holdrege

AUTO OWNER  
Self

LICENSE NUMBER

TRANSACTION TYPE  
WARRANT WRITING

WARRANT FLAG  
M R

DOCUMENT NUMBER

TRANSPORTATION DOCUMENT NO.

LODGING DOCUMENT NO.

PAY DATE

AGENCY/DIVISION  
Department of Natural Resources  
Water Policy Task Force / Executive Committee

DESCRIPTION

AMOUNT

TOTAL

DATE	PARTICULARS		TIME		MEALS	LODGING	TRANSPORTATION		MISCELLANEOUS	TOTAL	
	NAME OF PLACE AND NATURE OF SERVICE	STATE	STARTED	STOPPED			RATE	MILES			AMOUNT
11/18	Holdrege → Kearney		7:15am	8:00am			36.5	30	10.95	10.95	
11/18	Kearney → Holdrege		5:00pm	5:45pm	"		"	30	10.95	10.95	
11/19	Holdrege → Kearney		7:15pm	8:00am	"		"	30	10.95	10.95	
11/19	Kearney → Holdrege		4:30pm	5:15pm	"		"	30	10.95	10.95	
12/13	Holdrege → Kearney		7:30am	8:15am	"		"	30	10.95	10.95	
12/13	Kearney → Holdrege		4:00pm	4:45pm	"		"	30	10.95	10.95	
TOTALS									180	65.70	65.70

I claim reimbursement from the STATE OF NEBRASKA for the above expenses incurred by me in the line of duty and declare that this is a true account of such expenses for which payment has not previously been made by the STATE OF NEBRASKA.

EMPLOYEE SIGNATURE (  INDEPENDENT CONTRACTOR  OTHER )  
*Gloria J. Erickson*

DATE  
2-12-04

TRANSACTION CODING				AMOUNT			
AG	DIV	FUND	PRG	S-P	ACT	DEBIT	CREDIT
TOTAL							

DIVISION APPROVAL  
*Ann Reed*

DATE  
2-17-04

I hereby certify that the above claim for reimbursement is proper under state statutes, and that the claim for mileage, if any, for use of a privately owned vehicle, is authorized according to Section 81-1176.

AGENCY AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ENCUMBRANCE LIQUIDATION CODING						AMOUNT	
ENCUMB. NO.	AG	DIV	FUND	PRG	S-P	AGT	CREDIT
TOTAL							



STATE OF NEBRASKA  
NEBRASKA ACCOUNTING SYSTEM

**EXPENSE  
REIMBURSEMENT DOCUMENT**

TRANSACTION TYPE: WARRANT WRITING  
WARRANT FLAG: M  
DOCUMENT NUMBER: 284982

TRANSPORTATION DOCUMENT NO.  
LODGING DOCUMENT NO.  
PAYDATE

DESCRIPTION  
PAYEE REFERENCE  
AMOUNT  
TOTAL

OR TYPE  
SECURITY NUMBER / FTIN: 205-56-6030  
NAME: Gloria J. Erickson  
ADDRESS: 315 18th Ave  
CITY: Holdrege  
STATE: NE ZIP CODE: 68949  
HEADQUARTER CITY: Holdrege  
TITLE: WPTF Member  
LICENSE NUMBER: Self  
AUTO OWNER: Self

AGENCY/DIVISION: Department of Natural Resources  
Water Policy Task Force / Executive Committee  
DATE

DATE	PARTICULARS		TIME		MEALS	LODGING	RATE	TRANSPORTATION		MISCELLANEOUS	TOTAL	
	NAME OF PLACE AND NATURE OF SERVICE	STARTED	STOPPED	MILES				AMOUNT	DESCRIPTION			AMOUNT
1/17	Holdrege → Lincoln	5:30am	8:00am				.36	162	58.32			
1/17	Lincoln → Holdrege	2:30pm	5:00pm				.36	162	58.32			
2/10	Holdrege → Lincoln	5:30am	8:00am				.36	162	58.32			
2/10	Lincoln → Holdrege	4:00pm	6:30pm				.36	162	58.32			
2/24	Holdrege → Lincoln	5:45am	8:15am				.36	162	58.32			
2/24	Lincoln → Holdrege	3:00pm	5:30pm				.36	162	58.32			
3/10	Holdrege → Lincoln	5:30am	8:00am				.36	162	58.32			
3/11	Lincoln → Holdrege	11:00am	1:30pm				.36	162	58.32			
3/24	Holdrege → Kearney	7:15am	8:00am				.36	30	10.80			
	Kearney → Holdrege	4:00pm	4:45pm				.36	30	10.80			
TOTALS										1356	488.16	488.16

I claim reimbursement from the STATE OF NEBRASKA for the above expenses incurred by me in the line of duty and declare that this is a true account of such expenses for which payment has not previously been made by the STATE OF NEBRASKA.

EMPLOYEE SIGNATURE: *Gloria J. Erickson* DATE: 2-12-04

DIVISION APPROVAL  
*Ann Bleed* DATE: 2-17-04

I hereby certify that the above claim for reimbursement is proper under state statutes, and that the claim for mileage, if any, for use of a privately owned vehicle, is authorized according to Section 81-1176.

AGENCY AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TRANSACTION CODING				AMOUNT			
AG	DIV	FUND	PRG	S-P	ACT	DEBIT	CREDIT
TOTAL							

ENCUMBRANCE LIQUIDATION CODING						AMOUNT	
ENCUMB. NO.	AG	DIV	FUND	PRG	S-P	ACT	CREDIT
TOTAL							

STATE OF NEBRASKA  
NEBRASKA ACCOUNTING SYSTEM

**EXPENSE  
REIMBURSEMENT DOCUMENT**

**WARRANT TYPE**  
SECURITY NUMBER/FTIN: 205-56-6030  
NAME: Gloria J. Erickson  
ADDRESS: 315 18th Ave  
CITY: Holdrege STATE: NE ZIP CODE: 68949  
TITLE: WPTF member HEADQUARTER CITY: Holdrege  
AUTO OWNER: Self LICENSER NUMBER:

AGENCY/DIVISION: Dept. of Natural Resources  
Water Policy Task Force Executive Committee  
DATE:

**TRANSACTION TYPE**  
WARRANT WRITING  
**WARRANT FLAG**  
M R  
DOCUMENT NUMBER:

TRANSPORTATION DOCUMENT NO.  
LODGING DOCUMENT NO.  
PAY DATE:

DESCRIPTION	PAYEE REFERENCE	AMOUNT
TOTAL		298.08

DATE	PARTICULARS	STARTED	STOPPED	MEALS	LODGING	RATE	TRANSPORTATION MILES	TRANSPORTATION AMOUNT	MISCELLANEOUS DESCRIPTION	AMOUNT	TOTAL	
4/28	Holdrege → Lincoln	5:30am	8:00am			.36	162	58.32				
4/28	Lincoln → Holdrege	3:00pm	5:30pm			.36	162	58.32				
5/19	Holdrege → Lincoln	5:30pm	8:00pm			.36	162	58.32				
5/19	Lincoln → Holdrege	3:30pm	6:00pm			.36	162	58.32				
6/9	Holdrege → Kearney	7:30am	8:15am			.36	30	10.80				
6/9	Kearney → Holdrege	5:00pm	5:45pm			.36	30	10.80				
6/10	Holdrege → Kearney	7:15am	8:00am			.36	30	10.80				
6/10	Kearney → Holdrege	2:00pm	3:15pm			.36	30	10.80				
7/16	Holdrege → Kearney	7:30am	8:15am			.36	30	10.80				
7/16	Kearney → Holdrege	3:00pm	3:45pm			.36	30	10.80				
TOTALS										828	298.08	298.08

I claim reimbursement from the STATE OF NEBRASKA for the above expenses incurred by me in the line of duty and declare that this is a true account of such expenses for which payment has not previously been made by the STATE OF NEBRASKA.

EMPLOYEE SIGNATURE: *Gloria J. Erickson* DATE: 2-12-04  
 INDEPENDENT CONTRACTOR  OTHER

DIVISION APPROVAL  
*Amo Bled* DATE: 2-17-04

I hereby certify that the above claim for reimbursement is proper under state statutes, and that the claim for mileage, if any, for use of a privately owned vehicle, is authorized according to Section 81-1176.

AGENCY AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AG	DIV	FUND	PRG	S-P	ACT	IDENTIFIER	ACCOUNT	AMOUNT	DEBIT	CREDIT
TOTAL										

ENCUMB. NO.	AG	DIV	FUND	PRG	S-P	ACT	ACCOUNT	AMOUNT	CREDIT
TOTAL									

STATE OF NEBRASKA  
NEBRASKA ACCOUNTING SYSTEM

**EXPENSE  
REIMBURSEMENT DOCUMENT**

SECURITY NUMBER / FTIN: 205-56-6030  
 NAME: Gloria J. Erickson  
 ADDRESS: 315 18th Ave  
 CITY: Holdrege STATE: NE ZIP CODE: 68949  
 HEADQUARTER CITY: Holdrege  
 TITLE: WPTF Member  
 AUTO OWNER: Self  
 LICENSE NUMBER:

TRANSACTION TYPE: WARRANT WRITING  
 WARRANT FLAG: M, R  
 DOCUMENT NUMBER:

TRANSPORTATION DOCUMENT NO.  
 LODGING DOCUMENT NO.  
 PAY DATE:

DESCRIPTION	FAVEE REFERENCE	AMOUNT
TOTAL		515.52

AGENCY/DIVISION: Department of Natural Resources  
 Water Policy Task Force Executive Committee

DATE	PARTICULARS	STARTED	STOPPED	MEALS	LODGING	RATE	TRANSPORTATION MILES	AMOUNT	DESCRIPTION	AMOUNT	TOTAL
8/12	Holdrege → Ogallala	7:00 am	9:30 am			.36	160	57.60			
8/12	Ogallala → Holdrege	3:30 pm	7:00 pm			.36	160	57.60			
9/15	Holdrege → Scottsbluff	3:00 pm	7:00 pm			.36	304	109.44			
9/17	Scottsbluff → Holdrege	12:00 pm	6:00 pm			.36	304	109.44			
10/21	Holdrege → Kearney	8:00 am	8:45 am			.36	30	10.80			
10/21	Kearney → Holdrege	4:00 pm	4:45 pm			.36	30	10.80			
11/18	Holdrege → Kearney	7:30 am	8:15 am			.36	30	10.80			
11/18	Kearney → Holdrege	5:00 pm	5:45 pm			.36	30	10.80			
11/19	Holdrege → Kearney	7:30 am	8:15 am			.36	30	10.80			
11/19	Kearney → Holdrege	3:30 pm	4:15 pm			.36	30	10.80			
12/18	Holdrege → Lincoln	7:00 am	9:30 am			.36	162	58.32			
12/18	Lincoln → Holdrege	6:30 pm	9:00 pm			.36	162	58.32			
TOTALS										515.52	

I claim reimbursement from the STATE OF NEBRASKA for the above expenses incurred by me in the line of duty and declare that this is a true account of such expenses for which payment has not previously been made by the STATE OF NEBRASKA.

EMPLOYEE SIGNATURE: *Gloria J. Erickson* DATE: 2-12-04

AG	DIV	FUND	PRG	S-P	ACT	IDENTIFIER	ACCOUNT	DEBIT	CREDIT
TOTAL									

DIVISION APPROVAL: *Ann Bleed* DATE: 2-17-04

I hereby certify that the above claim for reimbursement is proper under state statutes, and that the claim for mileage, if any, for use of a privately owned vehicle, is authorized according to Section 81-1176.

AGENCY AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ENCUMB NO.	AG	DIV	FUND	PRG	S-P	ACT	ACCOUNT	AMOUNT	CREDIT
TOTAL									





A Buhrmann Company  
Software | Services | Solutions

850 ASBURY DRIVE  
BUFFALO GROVE IL 60089

# INVOICE

B # 308339

INVOICE NO: 2420397  
INVOICE DATE: MAR-03-2004  
CUSTOMER NO: 166282

AMOUNT DUE: 128.00

Please Pay in UNITED STATES DOLLARS

DUE DATE: APR-02-2004

PLEASE BE SURE THIS ADDRESS SHOWS THROUGH WINDOW.

S  
O  
L  
D  
T  
O

NE DEPT OF NATURAL RESOURCE  
PO BOX 94676  
LINCOLN NE 68509-4676  
|||||

R  
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ASAP SOFTWARE  
P.O. BOX 95414  
CHICAGO IL 60694-5414  
|||||

154-1/1:155

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE.

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER	CUSTOMER PO NO	ATTENTION	SHIP VIA	PAGE
2420397	03/03/2004	166282	291456	MARY KREINER	UPS GROUND OUR COST	1 OF 1
TERMS	ORDER NUMBER	ASAP FED TAX I.D. NUMBER	SOLD TO		DUE DATE	
NET 30	02420397	36-3328437	NE DEPT OF NATURAL RESOURCE		04/02/2004	

ITEM NUMBER	DESCRIPTION	QTY ORDERED	QTY SHIPPED	QTY B/O	TAX	UNIT PRICE	AMOUNT
1819442	COMPACTFLASH CF PCCARD ADAPTER FOR DIGITAL CAMERAS AND PDAS% KINGSTON TECHNOLOGY CF/ADP	2	2	0	N	9.00	18.00
1804399	256MB FLCARD COMPACTFLASH DIGTLCAM% KINGSTON TECHNOLOGY CF/256	2	2	0	N	55.00	110.00

29192055.534900 = 128.00

SPECIAL INSTRUCTIONS

THANK YOU FOR YOUR ORDER!

SHIP TO

NE DEPT OF NATURAL RESOURCE  
TH FLOOR  
01 CENTENNIAL MALL SOUTH  
INCOLN NE 68508  
UNITED STATES

### INVOICE

ASAP SOFTWARE  
850 ASBURY DRIVE  
BUFFALO GROVE IL 60089  
PHONE: 847-465-3710  
FAX: 847-465-3277  
www.asap.com

SALE AMOUNT

128.00

FREIGHT, HANDLING & INSURANCE

0.00

SALES TAX

0.00

TOTAL

128.00

If you need to return any of these items, please review ASAP's Return Policy on the back, and contact our Quality Assurance Department at 800-272-3717 or via e-mail at returns@asap.com.

Please Pay in UNITED STATES DOLLARS





Karen

OK to pay - A. Bleed.

**INVOICE**

2-Feb-04

Contract # 5744 (04)  
PO 9463 (09) ✓ 2/17/04 DB  
REC # 10809 (00) B. 28488 ✓ 2/17/04 DB  
VOU # 2442120, B. 285599

**Ann Bleed**  
Nebraska Department of Water Resources  
301 Centennial Mall South, 4th Floor  
PO Box 94676  
Lincoln, NE 68509-4676

**Project #IFPL02002**  
**Invoice #8202-OR**

**Facilitation services for the Water Policy Task Force**  
**Period: January 2004**

<u>Labor</u>	<u>Hours</u>	<u>Rate</u>	<u>Total</u>
Christopher Moore		\$ 200	\$ -
Jonathan Bartsch		\$ 125	\$ -
Support Staff	<u>2.50</u>	\$ 50	\$ 125.00 ✓
Total Labor	2.5		\$ 125.00
 <u>Expenses (see attached receipts)</u>			
Long distance			\$ 0.48
 Total Expenses			\$ 0.48
<b>TOTAL DUE THIS INVOICE</b>			<b>\$ 125.48</b> ✓

Previously Invoiced	\$ 101,291.07
This Invoice	\$ 125.48
<b>TOTAL INVOICED TO DATE</b>	<b>\$ 101,416.55</b>

Contact: Paula Taylor, Financial Director  
Make checks payable to: CDR Associates  
FEIN: 84-0770962