

Steve -
Your Copy

STATE OF NEBRASKA

DEPT OF NATURAL RESOURCES

Remit To:

DEPT OF NATURAL RESOURCES
INTERAGENCY BILLING # 290
P.O. BOX 94676
LINCOLN NE 68509-4676



INVOICE

Invoice Number: 65715
Page: 1 of 1
Invoice Date: 08/10/04
Account: 557934
Due Date: 08/10/04

BILLING ADDRESS:

GAME & PARKS COMMISSION
PO BOX 30370
LINCOLN NE 68503-0370

CUSTOMER ADDRESS:

GAME & PARKS COMMISSION
2200 N 33RD ST
LINCOLN NE 68503-0370

<u>Item Number</u>	<u>Remark</u>	<u>Amount</u>
001	29192055.461500 Water Pol TF	7,676.87

AGENCY PRE-AUDIT

D. Baudisla
8/10/04

Total Amount Invoiced 7,676.87

B. 408208



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:

- The Cover Sheet.** Please complete the information below as requested.
- 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.
- 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.
- 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

Project Title: LB 1003 Water Policy Task Force Study/Report (street address, city, state, zip code) **Project No.:** 03-164

Reporting Period: April 1, 2004 to June 30, 2004 **Tax I.D. #** 47-0491233

TOTAL AMOUNT REQUESTED FOR THIS PERIOD: \$ 7,682.47 - 5.60 = 7676.87 (comm exp.) 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 **Signature** **DATE:** 7/22/04

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

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
363694	Hampton Inn and Suites, Scottsbluff	Communications Expense	#3 Expenses for Task Force	5.60 (Dorfbill)
P-1107	DAS Materiel	Publication & Printing	#2 Develop Educational Presentations & Materials	1,235.76
1065	Parkway Plaza Hotel	Food Expense	#3	(346.80 minus 59.50) 287.30
60401	CK of Ogallala, Inc.	Food Expense	#3	(362.00 minus 61.25) 300.75
2696	Holiday Inn, Casper, Wyoming	Food Expense	#3	(652.50 minus 91.00) 561.50
AR1277	Grey Goose Lodge	Board & Lodging	#3	660.00
80722	Grey Goose Lodge	Board & Lodging	#3	55.00
44686	Holiday Inn, Casper, Wyoming	Board & Lodging	#3	1,405.99
363694	Hampton Inn & Suites, Scottsbluff	Board & Lodging	#3	825.00
362067	Gaul, Robert Stephen	Ice for Box Lunches	#3	6.57
151	Eppley Express	Bus for Tour of North Platte & Platte Valley	#3	2,339.00
			TOTAL:	\$ 7676.87

Nebraska Water Policy Task Force/
Nebraska Department of Natural Resources

Project Sponsor:

Project # 03-164 LB1003 Water Policy Task Force/Study

Force/Study

Report for period from April 1, 2004

to June 30, 2004

**PERIODIC REPORT – APRIL 1, 2004 TO JUNE 30, 2004 – PROJECT 03-164 LB
1003 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. The project report to the Legislature (including recommendations of the Water Policy Task Force) was provided in December 2003. On April 15, 2004 LB 962, which implemented many of those recommendations was signed into law. That bill extended the life of the Water Policy Task Force to December 31, 2009. During that period it is anticipated that the Water Policy Task Force will assist with some aspects of implementing LB 962 and address remaining topics not fully covered in its report.

In order to better understand the water issues it has been considering, the Water Policy Task force toured the North Platte and Platte Basin by bus on June 1 to June 4, 2004. A number of State Senators accompanied the task force on the tour. The tour included presentations on water management in the valley, a first-hand look at the impacts of drought, and presentations on a variety of topics relevant to the implementation of LB 962. It should provide good background for the group's future decision making. The tour accounted for most of the expenses incurred during the quarter.

REQUEST FOR REIMBURSEMENT

We are requesting reimbursement in the amount of \$7,682.47 for expenses incurred on Project #03-164 *Nebraska Water Policy Task Force* during the period of April 1, 2004 to June 30, 2004. Those expenses are for the following broad categories:

- #2 Develop Educational Materials and Presentations
- #3 Expenses for Task Force

Pleas note that some of the individual invoices are higher than our billings to the Trust. A number of non-task force members who were not state employees registered for the Water Policy Task Force Tour. Those individuals were part of a group billing for meals, but were responsible for later reimbursing those meal costs. The billings to the Trust have been reduced by the amount of those reimbursements or anticipated reimbursements.

B. 366170

Eppley Express

Invoice

PO Box 1924
Kearney, NE 68848-1924

Date	Invoice #
6/8/2004	151

Bill To

STATE OF NE- DEPT OF NATURAL RESOURCES
ANGELA KESSLER
PO BOX 94676
LINCOLN NE 68509-4676

P.O. No.	Terms	Project
	Due on receipt	

Item	Quantity	Description	Rate	Amount
Charter	1	6/1-4/04 MOTORCOACH CHARTER - WATER TOUR WATER POLICY TASK FORCE WATER TOUR	2,339.00	2,339.00

Please pay from this invoice.	Total	\$2,339.00
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Phone #	Fax#
308-234-6066	308-237-7328

Web Site
www.eppleyexpress@nebi.com

(PLEASE PRINT OR TYPE)

SOCIAL SECURITY NUMBER/FTIN: 509-56-6529
 NAME: ROBERTS Carol
 ADDRESS: 712 West Summer Circle
 CITY: Luaco, NE 68522
 STATE: NE
 ZIP CODE: 68522
 HEADQUARTER CITY: Luaco
 LICENSE NUMBER: [blank]
 AUTO OWNER: Nancy Accord

STATE OF NEBRASKA
NEBRASKA ACCOUNTING SYSTEM

EXPENSE REIMBURSEMENT DOCUMENT

TRANSACTION TYPE: WARRANT WRITING
 WARRANT FLAG: M
 DOCUMENT NUMBER: 302067

TRANSPORTATION DOCUMENT NO.: [blank]
 LODGING DOCUMENT NO.: [blank]
 PAY DATE: [blank]

AGENCY/DIVISION: [blank]
 DATE: [blank]
 DESCRIPTION: [blank]
 AMOUNT: [blank]

DATE	PARTICULARS	STARTED	STOPPED	MEALS	LODGING	RATE	TRANSPORTATION		TOTAL	
							MILES	AMOUNT		
5/24	Account P Columbia, Missouri, Madison Sq F	0700			63.19				63.19	
5/25	Columbia, Missouri, Madison Sq F		1800		63.19				63.19	
6/13	Chapen Wyoming, with Polay IF Tour							6.57	6.57	
TOTALS							126.38		6.57	132.95

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: [Signature] DATE: 6/8/04

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

DIVISION APPROVAL: [Signature] DATE: 6-8-04

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: [Signature] DATE: 6/9/04



B.363694

HAMPTON INN & SUITES - SCOTTSBLUFF
301 WEST HIGHWAY 26
FED ID#47-0833951*308-635-5200
SCOTTSBLUFF, NE 69361

STATEMENT

DEPT OF NATURAL RESOURCES
ATTN: PAM BONEBRIGHT
PO BOX 94676

WPTF

LINCOLN, NE 68509

PAGE 1 DONR - DEPT OF NATURAL RESOURCES

STATEMENT CLOSING DATE: 06/01/04

DATE	AR TRANS#	FOLIO #	DESCRIPTION	DEBITS	CREDITS	BALANCE
05/02/04			BEGINNING BALANCE		4504 B.317144Pd	18.06
06/02/04	191207	71008	Rm 307 [RTD FR GLOCK, GENE:RCPT A]	55.00		73.06
06/02/04	191208	71010	Rm 316 [RTD FR KURTZ, TINA:RCPT A]	55.00		128.06
06/02/04	191209	71009	Rm 305 [RTD FR JOHANNES, CLINT:RCPT A]	55.00		183.06
06/02/04	191210	71003	Rm 200 [RTD FR BLEED, ANN:RCPT A]	55.00		238.06
06/02/04	191211	71006	Rm 207 [RTD FR FRIESEN, CURT:RCPT A]	55.00		293.06
06/02/04	191212	71315	Rm 223 [RTD FR VOGT, BOB:RCPT A] *Bus Drive	55.00		348.06
06/02/04	191213	71007	Rm 212 [RTD FR GAUL, STEVE:RCPT A]	55.00		403.06
06/02/04	191214	71004	Rm 302 [RTD FR BURLING, CARROLL:RCPT A]	55.00		458.06
06/02/04	191215	71002	Rm 110 [RTD FR BARELS, BRIAN:RCPT A]	55.00		513.06
06/02/04	191216	71005	Rm 329 [RTD FR CAPPELL, CLAUDE:RCPT A]	55.00		568.06
06/02/04	191217	71001	Rm 225 [RTD FR UHRENHOLDT, RICHARD:RCPT A]	55.00		623.06
06/02/04	191218	71014	Rm 325 [RTD FR SCHMIDT, ALLEN:RCPT A]	55.00		678.06
06/02/04	191219	71012	Rm 111 [RTD FR PATTERSON, ROGER:RCPT A]	60.60		738.66
06/02/04	191220	71000	Rm 322 [RTD FR NELSON, JIM:RCPT A]	55.00		793.66
06/02/04	191221	71011	Rm 107 [RTD FR MADER, GARY:RCPT A]	55.00		848.66

Bal. Due \$830.60

CLOSING BALANCE ~~848.66~~

PAST DUE ACCT - PLEASE CONTACT

QUESTIONS CONCERNING THIS ACCOUNT?
CALL: BEKAH GORSUCH
308-635-5238

CURRENT	31-60	61-90	91-120	121-150	OVER 150
830.60	0.00	9.03	9.03	0.00	0.00

REQUISITION

ON STATE PURCHASING AGENT—DAS MATERIEL DIVISION

Agency Use Only 758	Date 4/29/04	Six Digit Account Number 29-01-00	Previous Req. No. of this Job	Agency Requisition No. P-1107
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Dept. of Natural Resources Division

to **4th Floor NSOB** **301 Centennial Mall South** **Lincoln** **68509-4676**
Floor/Room No. Building Street Address City Zip Code

Person to Contact **Terry Cartwright** Phone **1-3939** Fax

Title of Piece to be Printed **Nebraska Resources #14 LB962** Form Number

Job Description	Type of Job	Delivery Due Date
<input type="checkbox"/> Form <input type="checkbox"/> Brochure <input type="checkbox"/> Bus. Card <input checked="" type="checkbox"/> Newsletter <input type="checkbox"/> Letterhead <input type="checkbox"/> Book <input type="checkbox"/> Certificate <input type="checkbox"/> Envelope <input type="checkbox"/> Variable Print	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Reorder <small>never printed before same item with changes same item with no changes</small>	(Allow minimum 10 work days) May 17 if possible 25

	No. Originals	No. Copies	Ink Color	Paper Color	Paper Weight and Type
<input type="checkbox"/> Cover					
<input type="checkbox"/> Text					
<input type="checkbox"/> Other	1	2900	Black & Bright White	on Aster	70 lb. Hammermill via smooth text or comp.

Finished Flat Paper Size	Finished Size	Pre-Press/Computer Services	Print
<input type="checkbox"/> 8 1/2x11 <input type="checkbox"/> 8 1/2x14 <input type="checkbox"/> 4 1/4x5 1/2 <input type="checkbox"/> 5 1/2x8 1/2 <input type="checkbox"/> 11x17 <input type="checkbox"/> 2x3 1/2 <input checked="" type="checkbox"/> Other 11x25		<input type="checkbox"/> Typesetting <input type="checkbox"/> Screen <input type="checkbox"/> Halftone <input type="checkbox"/> Art Design <input type="checkbox"/> Bleed <input type="checkbox"/> PMT/Velox <input type="checkbox"/> Proof <input checked="" type="checkbox"/> Color Key Proof	<input type="checkbox"/> One Side Only # <input checked="" type="checkbox"/> Front and Back XXXX # <input type="checkbox"/> Front and Back Tumble #

Comments	Printer's Use Only
Newsletter on CD in Adobe Indesign 2.0.2 Mailing labels will be sent to Paula via mail. Please return all artwork. Artwork will be delivered April 29.	<input type="checkbox"/> P.D. <input checked="" type="checkbox"/> M.O. Press MO Up 2900 Sheets Press Size 11 x 25 <input type="checkbox"/> Sift on Press <input type="checkbox"/> Perf. on Press Paper Ordered \$ 267.36

Finishing	SPECIAL WORK (Sample if Available)	
<input type="checkbox"/> Collating: Number Sheets _____ x Number Copies _____ = Total Sheets Collated _____ <input type="checkbox"/> Binding: <input type="checkbox"/> Staple Upper Left <input type="checkbox"/> Staple Two at Side <input type="checkbox"/> Staple Two at Top <input type="checkbox"/> Other: <input type="checkbox"/> Saddle Stitch <input type="checkbox"/> Perfect <input type="checkbox"/> Spiral Bind/Color <input type="checkbox"/> Plastic Comb/Color <input type="checkbox"/> Punching: <input type="checkbox"/> 3-Hole <input type="checkbox"/> 2-Hole <input type="checkbox"/> 5-Hole <input type="checkbox"/> Side <input type="checkbox"/> Top <input type="checkbox"/> Other: <input type="checkbox"/> Padding: Sheets Per Pad: _____ <input type="checkbox"/> Chipboard Back <input type="checkbox"/> Fanout <input checked="" type="checkbox"/> Trimming: To Size: 11x25 <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Folding: <input checked="" type="checkbox"/> Half + 3 Pgs <input type="checkbox"/> Letterfold <input checked="" type="checkbox"/> Per Sample <input checked="" type="checkbox"/> To Size: 5 1/2 x 8 1/2 Beg. Number _____ <input type="checkbox"/> Packaging: <input type="checkbox"/> Box <input type="checkbox"/> Band <input type="checkbox"/> Shrink <input type="checkbox"/> Other: End Number _____	<input type="checkbox"/> Numbering <input type="checkbox"/> Perforating <input type="checkbox"/> Scoring <input type="checkbox"/> Laminating	

Mailing
<input type="checkbox"/> Inserting: #1 #2 #3 #4 #5 #6 (Include Sample) <input checked="" type="checkbox"/> Addressing: <input checked="" type="checkbox"/> Inkjet <input type="checkbox"/> Tab Only <input checked="" type="checkbox"/> Other: E-mail file <input checked="" type="checkbox"/> Postage: <input type="checkbox"/> 1st-Class <input type="checkbox"/> 1st Presort <input type="checkbox"/> 1st Permit <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Nonprofit <input type="checkbox"/> Periodical <input checked="" type="checkbox"/> Other: 3rd class

Transaction Coding—Internal Use Only								Amount
Agency	Division	Fund	Program	Sub-Pro	Activity	Account	Percent	Debit
29061013	921500	29192055	521500					

AUTHORIZATION	DATE STAMP
State Statute 81-1118(3) requires processing or approval of the printing of all state agencies through the DAS Print Shop. Authorized Agent Signature: _____ Title: Admin. Officer Date: 4/29/04	Date Received: _____ Date Released: 5-26 Retain Gold Copy for Your Records
I hereby certify that the items specified on this requisition are for the exclusive use of this Department, a Political Subdivision of the State of Nebraska.	Quantity Total: 2900 Total Job Cost: 1235.76

Batch Number 366170 V 06/15/04 Pending

Document Number 3484338 PV 25570

Invoice Number 151, DEPT NAT RES Invoice Date 06/08/04 P.O. Number

Supplier Number 520580 EPPLEY EXPRESS Payee Number 520580 EPPLEY EXPRESS
PO BOX 1924 PO BOX 1924
KEARNEY, NE 68848-1924 KEARNEY, NE 68848-1924

Transaction Originator KBEST
G/L Date 06/15/04
Batch Date 06/15/04
Payment Terms 000
Due upon Receipt NIS - WARRANTS ON FORMSCAPE
Payment Instrument
Payment Handling Code

Voucher Line Item Information:

Voucher Amount	Pay Item	Pay UM	Units	Line Number	Business Unit	Hdl Cod	P I S	P S	Due Date	G/L Class	Payee Number	Description	Obj Acct	Sub	Obj Description	S T	Sub-ledger	Tag Number	
2,339.00	001	6/1-4/04, WPTF Water Tour			29192055	A			06/08/04		520580	EPPLEY EXPRESS	572100		COMMERCIAL TRANSPORTATIO				
2,339.00	001				29192055							WATER POLICY TASK FORCE							
2,339.00	Total For Voucher																		

Document Number 3484350 PV 10000

Invoice Number 285637, DEPT NAT RES Invoice Date 06/08/04 P.O. Number

Supplier Number 543523 QUALITY INN & SUITES Payee Number 543523 QUALITY INN & SUITES
2102 S JEFFERS STREET 2102 S JEFFERS STREET
NORTH PLATTE, NE 69101-9694 NORTH PLATTE, NE 69101-9694

Transaction Originator KBEST
G/L Date 06/15/04
Batch Date 06/15/04
Payment Terms 000
Due upon Receipt NIS - WARRANTS ON FORMSCAPE
Payment Instrument
Payment Handling Code

Voucher Line Item Information:

Voucher Amount	Pay Item	Pay UM	Units	Line Number	Business Unit	Hdl Cod	P I S	P S	Due Date	G/L Class	Payee Number	Description	Obj Acct	Sub	Obj Description	S T	Sub-ledger	Tag Number	
55.00	001	Andrew Leisy, 6/7/04			29001006	A			06/08/04		543523	QUALITY INN & SUITES, NORTH PL	571100		BOARD & LODGING				
55.00	001				29001006							NEBRASKA V. WYOMING							
55.00	Total For Voucher																		

Pre-Audit Performed By:

Deb Audiola 6/16/04

AGENCY PRE-AUDIT

Batch Number 373881 V 06/23/04 Pending

Document Number 3531781 PV 10000

Invoice Number 288498, DEPT NAT RES Invoice Date 06/16/04 P.O. Number

Transaction Originator KBEST

Supplier Number 543523 QUALITY INN & SUITES

Payee Number 543523 QUALITY INN & SUITES

G/L Date 06/23/04

2102 S JEFFERS STREET

2102 S JEFFERS STREET

Batch Date 06/23/04

NORTH PLATTE, NE 69101-9694

NORTH PLATTE, NE 69101-9694

Payment Terms 000

Due upon Receipt NIS - WARRANTS ON FORMSCAPE

Voucher Line Item Information:

Voucher Amount	Pay Itm	Units	Line Number	Business Unit	Obj	Sub	Description	Obj	Sub	Description	S	T	Tag
75.00	001	6/16 Mtg Rm	A	29011008	ADMINISTRATION	524700	RENT EXP-OTHER REAL PROP						
34.72	002	6/16 Mtg Rm	A	29011008	ADMINISTRATION	533900	FOOD EXPENSE						
Total For Voucher													

Document Number 3531832 PV 10000

Invoice Number 193996-8, DEPT NAT RES Invoice Date 06/16/04 P.O. Number

Transaction Originator KBEST

Supplier Number 525184 HAMPTON INN & SUITES

Payee Number 525184 HAMPTON INN & SUITES

G/L Date 06/23/04

301 WEST HIGHWAY 26

301 WEST HIGHWAY 26

Batch Date 06/23/04

SCOTTSSBLUFF, NE 69361-0611

SCOTTSSBLUFF, NE 69361-0611

Payment Terms 000

Due upon Receipt NIS - WARRANTS ON FORMSCAPE

Voucher Line Item Information:

Voucher Amount	Pay Itm	Units	Line Number	Business Unit	Obj	Sub	Description	Obj	Sub	Description	S	T	Tag
55.00	001	Kurtz, Bleed, Schellpeper, 6/15	A	29041011	PLANNING AND ASSISTANCE	571100	BOARD & LODGING						
55.00	002	Kurtz, Bleed, Schellpeper, 6/15	A	29011008	ADMINISTRATION	571100	BOARD & LODGING						
55.00	003	Kurtz, Bleed, Schellpeper, 6/15	A	29001006	NEBRASKA V. WYOMING	571100	BOARD & LODGING						
Total For Voucher													

Document Number 3531841 PV 25570

Invoice Number 80722, DEPT NAT RES Invoice Date 06/17/04 P.O. Number

Transaction Originator KBEST

Supplier Number 544001 OGALLALA HOSPITALITY

Payee Number 544001 OGALLALA HOSPITALITY

G/L Date 06/23/04

DBA THE GREY GOOSE LODGE

DBA THE GREY GOOSE LODGE

Batch Date 06/23/04

OGALLALA, NE 69153-3104

OGALLALA, NE 69153-3104

Payment Terms 000

Due upon Receipt NIS - WARRANTS ON FORMSCAPE

Voucher Line Item Information:

Voucher Amount	Pay Itm	Units	Line Number	Business Unit	Obj	Sub	Description	Obj	Sub	Description	S	T	Tag
Total For Voucher													

STATE OF NEBRASKA
A/P Voucher pre-audit

Voucher Amount	Pay Item	Pay	Pay UM	Units	Remark	Hdl Cod	P I S	P S	Due Date	G/L Class	Payee Number	Description	Obj Acct	Sub	Obj Description	S T	Sub-ledger	Tag Number
55.00	001	6/3/04	Bob Vogt			29192055	A		06/17/04		544001	GREY GOOSE LODGE	571100		BOARD & LODGING			
Total For Voucher																		
55.00																		

Document Number 3531879 PV 25570
 Invoice Number 44717,4688, DEPT NAT RES Invoice Date 06/07/04 P.O. Number
 Supplier Number 526957 HOLIDAY INN Payee Number 526957 HOLIDAY INN
 300 WEST F STREET 300 WEST F STREET
 CASPER, WY 82601-1328 CASPER, WY 82601-1328
 Transaction Originator KBEST
 G/L Date 06/23/04
 Batch Date 06/23/04
 Payment Terms 000 Due upon Receipt
 Payment Instrument NIS - WARRANTS ON FORMSCAPE
 Payment Handling Code

Voucher Line Item Information:

Voucher Amount	Pay Item	Pay	Pay UM	Units	Remark	Hdl Cod	P I S	P S	Due Date	G/L Class	Payee Number	Description	Obj Acct	Sub	Obj Description	S T	Sub-ledger	Tag Number
1,405.99	001	6/2-23	rms, & lunch			29192055	A		06/07/04		526957	HOLIDAY INN, CASPER WY	571100		BOARD & LODGING			
652.50	002	6/2-23	rms, & lunch			29192055	A		06/07/04		526957	HOLIDAY INN, CASPER WY	533900		FOOD EXPENSE			
Total For Voucher																		
2,058.49																		

Document Number 3531908 PV 25570
 Invoice Number 19656,ACCT973,NAT RES Invoice Date 06/09/04 P.O. Number
 Supplier Number 541236 PARKWAY PLAZA HOTEL Payee Number 541236 PARKWAY PLAZA HOTEL
 123 WEST 123 WEST
 CASPER, WY 82601-1818 CASPER, WY 82601-1818
 Transaction Originator KBEST
 G/L Date 06/23/04
 Batch Date 06/23/04
 Payment Terms 000 Due upon Receipt
 Payment Instrument NIS - WARRANTS ON FORMSCAPE
 Payment Handling Code

Voucher Line Item Information:

Voucher Amount	Pay Item	Pay	Pay UM	Units	Remark	Hdl Cod	P I S	P S	Due Date	G/L Class	Payee Number	Description	Obj Acct	Sub	Obj Description	S T	Sub-ledger	Tag Number
346.80	001	6/3/04	Banquet Lunches			29192055	A		06/09/04		541236	PARKWAY PLAZA HOTEL	533900		FOOD EXPENSE			
Total For Voucher																		
346.80																		

Document Number 3531922 PV 25570
 Invoice Number 60401, DEPT NAT RES Invoice Date 06/01/04 P.O. Number
 Supplier Number 513489 COUNTY KITCHEN OF OGALLALA, IN Payee Number 513489 COUNTY KITCHEN OF OGALLALA, IN
 P.O. BOX 1630 P.O. BOX 1630
 KEARNEY, NE 68848-1630 KEARNEY, NE 68848-1630
 Transaction Originator KBEST
 G/L Date 06/23/04
 Batch Date 06/23/04
 Payment Terms 000 Due upon Receipt
 Payment Instrument NIS - WARRANTS ON FORMSCAPE

Voucher Line Item Information:

Voucher Amount	Pay Item	Units	Remark	Hdl Cod	P I S A	P S	Due Date	G/L Class	Payee Number	Payment Handling Code	Description	Obj Acct	Sub Ledger	Object Description	Tag Number
362.00	001	Lunch 6/1/04			A		06/01/04		513489		C K OF OGALLALA, INC				
Ledger Amount:	362.00	001		29192055							WATER POLICY TASK FORCE	533900		FOOD EXPENSE	
Total For Voucher															
<u>362.00</u>															

Pre-Audit Performed By: Rob Faudel 6/25/04

AGENCY PRE-AUDIT

Batch Number 375192 V 06/24/04 Pending

Document Number 3551358 PV 25570

Invoice Number AR1277, DEPT NAT RES Invoice Date 06/24/04 P.O. Number

Transaction Originator KBEST

Supplier Number 544001 OGALLALA HOSPITALITY
 DBA THE GREY GOOSE LODGE
 OGALLALA, NE 69153-3104

Payee Number 544001 OGALLALA HOSPITALITY
 DBA THE GREY GOOSE LODGE
 OGALLALA, NE 69153-3104

G/L Date 06/24/04
 Batch Date 06/24/04
 Payment Terms 000 Due upon Receipt
 Payment Instrument NIS - WARRANTS ON FORMSCAPE
 Payment Handling Code

Voucher Line Item Information:

Voucher Amount	Pay Item	Pay UM	Units	Line Number	Business Unit	Description	Hdl Cod	P I S	P S	Due Date	G/L Class	Payee Number	Obj Acct	Sub	Description	Object Description	S T	Sub-lidger	Tag Number	
660.00	001	6/3/04, 12 rooms			29192055	WATER POLICY TASK FORCE	A			06/24/04	544001	544001	571100		BOARD & LODGING					
660.00	001																			
660.00	Total For Voucher																			

Pre-Audit Performed By: *Deb Gendle 6/25/04*

AGENCY PRE-AUDIT

B.373881

~~REMIT TO~~

C.K. OF OGALLALA, INC.
P.O. BOX 1630
KEARNEY, NE 68848-1630
(308)284-8188

COUNTRY KITCHEN BANQUET FACILITIES

DATE	INVOICE #
------	-----------

6/1/2004	60401
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BILL TO
Dept of Natural Resources Water Tour P.O. Box 94676 Lincoln, NE 68509-4676

TERMS
Due on receipt

DESCRIPTION	QTY	RATE	AMOUNT
LUNCH	32	8.75	280.00
SERVICE CHG		42.00	42.00
SET UP FEE		40.00	40.00
<i>Water Policy Task Force Tour 6/1/04</i>			
Total			\$362.00

B.373881

Grey Goose Ldg. BILLING STATEMENT.....DATE..06/17/04

THE GREY GOOSE LODGE
201 CHUCKWAGON RD
OGALLALA, NEBRASKA 69153
PHONE (308) 284-3623 FAX (308) 284-4949

NE DEPT OF NATURAL RESOURCES AR CODE....AR1277
301 CENTENNIAL MALL SOUTH
4TH FLOOR
LINCOLN, NE 68509-4676
ATTN: KAREN KUSTER

FOLIO	ROOM	AMOUNT	DATE	PAID	DATE PD	NAME OF GUEST	REGI CARD
80722	148	55.00	06/04/04	0.00	/ /	VOGT	JAY
		CURRENT	THIRTY	SIXTY	NINETY	120 +	TOTAL
		55.00	0.00	0.00	0.00	0.00	55.00
		TOTAL CHECK.. (DUE) 55.00 (PAID) 0.00					
		TOTAL DUE NOW....55.00					

PAYMENT DUE WITHIN 10 DAYS OF RECIEPT. ALL PAYMENTS NOT RECIEVED WITH IN
ACCEPTABLE TERMS ARE SUBJECT TO A 10% INTEREST CHARGE. ALL ACCOUNTS THAT
ARE NOT KEPT CURRENT MAY HAVE SERVICE REFUSED.

B. 375192

Grey Goose Ldg. BILLING STATEMENT.....DATE..06/24/04

THE GREY GOOSE LODGE
201 CHUCKWAGON RD
OGALLALA, NEBRASKA 69153
PHONE (308) 284-3623 FAX (308) 284-4949

NE DEPT OF NATURAL RESOURCES
301 CENTENNIAL MALL SOUTH
PO BOX 94676
LINCOLN, NE 68509-4676
ATTN: KAREN KUSTER

AR CODE....AR1277

WPTT

FOLIO	ROOM	AMOUNT	DATE	PAID	DATE PD	NAME OF GUEST	REGI CARD
80715	249	55.00	06/04/04	0.00	/ /	NELSON	
80722	148	55.00	06/04/04	0.00	/ /	VOGT (Pd.)	JAY
80714	241	55.00	06/04/04	0.00	/ /	SCHMIDT	
80746	239	55.00	06/04/04	0.00	/ /	JEDLICKA	
80710	112	55.00	06/04/04	0.00	/ /	GLOCK	
80704	122	55.00	06/04/04	0.00	/ /	KURTZ	
80702	214	55.00	06/04/04	0.00	/ /	BLEED	
80707	224	55.00	06/04/04	0.00	/ /	CAPPEL	
80717	205	55.00	06/04/04	0.00	/ /	GAUL	
80713	144	55.00	06/04/04	0.00	/ /	FRIESEN	
80711	212	55.00	06/04/04	0.00	/ /	BARELS	
80705	237	55.00	06/04/04	0.00	/ /	PATTERSON	
80698	247	55.00	06/04/04	0.00	/ /	UHRENHOLDT	

CURRENT	THIRTY	SIXTY	NINETY	120 +	TOTAL
715.00	0.00	0.00	0.00	0.00	715.00
TOTAL CHECK.. (DUE) 715.00 (PAID) 0.00					\$60.00

TOTAL DUE NOW...715.00

PAYMENT DUE WITHIN 10 DAYS OF RECIEPT. ALL PAYMENTS NOT RECIEVED WITH IN ACCEPTABLE TERMS ARE SUBJECT TO A 10% INTEREST CHARGE. ALL ACCOUNTS THAT ARE NOT KEPT CURRENT MAY HAVE SERVICE REFUSED.

Parkway Plaza Hotel & Conv. Centre Banquet Check

Nebraska Department of Natural Resources
Nebraska Department of Natural Resources
Cheryl Byler

Casper, WY 82601

(307)235-1777

Ext

Phone
Fax

Billing
Comments

Function ID	Start Time	End Time	Event Type	Room	Rent	GTD/Set
1065	06/03/04 11:00 AM	06/03/04 11:15 AM	Cater Out	Cater Out	0.00	40 / 40

Item	Quantity	Cost	Total
Food			
(1065) Cater Out Assorted Deluxe Box Lunches/++	40	8.50	340.00
Subtotal			340.00
FOOD TAX		5%	17.00
BANQUET GRATUITY		15%	51.00
Meeting Room Charges			0.00
1065 Cater Out			0.00
Subtotal			0.00

289

34

14.45

43.35

Total Function Charges	340.00
Total Service Charges	51.00
Total Taxes	17.00
Check Total	<u>408.00</u>
Less Deposit Paid	0.00
Amount Due	<u>408.00</u>
	346.80

Client's Approval _____

Date _____

* **Holiday Inn** Please Re-Bill B. 373881

300 West "F" Street
Casper, Wyoming 826
(307) 235-2531

Last Invoice Date This Invoice Date

06/04/04

Nebr. Dept. of Natural Resources
ATTN Andrea
P.O. Box 94676
Lincoln, NE 68509

Page 1

~~NEB. ASSOC OF RESOURCES
ATTN JEANNE
601 SO 12TH ST, STE. 201
LINCOLN NE 68508~~

Amount Enclosed

Please Return This Portion With Your Payment

Date	Invoice Number	Folio Number	Room	Description	Charges	Payment	Balance
				PREVIOUS BALANCE	.00		
				BALANCE FORWARD			.00
7/03/04	44686	405855	272	JOHANNES ✓	61.00		
7/03/04	44686	405858	256	GLOCK ✓	63.99		
7/03/04	44686	405860	260	SCHMIDT ✓	61.00		
7/03/04	44686	405892	106	NELSON ✓	61.00		
7/03/04	44686	405895	111	CAFFELL ✓	61.00		
7/03/04	44686	405896	113	HAYDEN ✓	61.00		
7/03/04	44686	405900	133	KURTZ ✓	61.00		
7/03/04	44686	405901	135	UHRENHOLDT ✓	61.00		
7/03/04	44686	405904	139	CUDABACK ✓ <i>Strater</i>	61.00		
7/03/04	44686	405907	141	GALL ✓	61.00		
7/03/04	44686	405909	142	FRIENSEN ✓	61.00		
7/03/04	44686	405911	144	STRAUCH ✓	61.00		
7/03/04	44686	405912	146	MCDONALD ✓ <i>Strater</i>	61.00		
7/03/04	44686	405938	224	BURLING ✓ <i>Strater</i>	61.00		

Aging Current	Over 30	Over 60	Over 90	Over 120	Balance Due

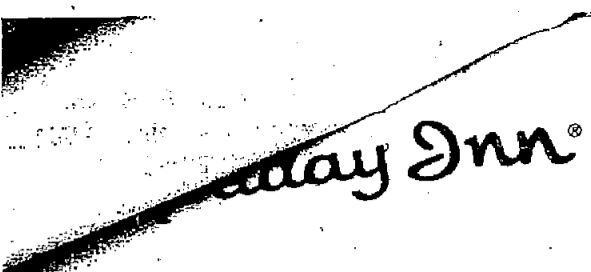
Full payment is due upon request of invoice. All accounts are considered past due after 15 days.

Holiday Inn

652.50 TOTAL

White - Accounting Copy, Yellow - Customer Copy, Pink - Sales Copy

Handwritten signature/initials



300 West "F" Street
Casper, Wyoming 82601
(307) 235-2531

Last Invoice Date

This Invoice Date

Page

06/04/04

2

~~NEB. ASSOC OF RESOURCES
ATTN: JEANNE
601 SO 12TH ST, STE. 201
LINCOLN NE 68508~~

Amount Enclosed

NAORD

Please Return This Portion With Your Payment

Date	Invoice Number	Folio Number	Room	Description	Charges	Payment	Balance	
7/03/04	44686	405943	262	PIEPER ✓	61.00			
7/03/04	44686	405946	278	HARTNETT ✓	61.00			
7/03/04	44686	405950	309	GITTINGS ✓	61.00			
7/03/04	44686	405951	313	BARELS ✓	61.00			
7/03/04	44686	405952	413	MADER ✓	61.00			
7/03/04	44686	405960	201	VOGT ✓	61.00			
7/03/04	44686	405961	204	FEDERSON ✓	61.00			
7/03/04	44686	405962	209	BLEED ✓	61.00			
7/03/04	44686	405963	211	PATTERSON ✓	61.00			
7/04/04	44686			060404-BILLING			1405.99	
							BALANCE DUE	1405.99

THANK YOU FOR CHOOSING HOLIDAY INN

Aging Current

Over 30

Over 60

Over 90

Over 120

Balance Due

Full payment is due upon request of invoice. All accounts are considered past due after 15 days.

Holiday Inn

652.50 TOTAL

White - Accounting Copy, Yellow - Customer Copy, Pink - Sales Copy

Handwritten signature



300 West "F" Str
Casper, Wyoming
(307) 235-253

Invoice Date

This Invoice Date

06/04/04 06/07/04

~~NFB, ASSOC OF RESOURCES
ATTN JEANNE
601 SO 12TH ST, STE 201
NAORD LINCOLN NE 68508~~

Amount Enclosed

Please Return This Portion With Your Payment

Date	Invoice Number	Folio Number	Room	Description	Charges	Payment	Balance
06/04/04				PREVIOUS BALANCE	1405.99		
				BALANCE FORWARD		1405.99	
06/04/04	44717	406076	9069	ZZZ STATE OF NE	652.50		
06/07/04	44717			060704-BILLING		652.50	

THANK YOU FOR CHOOSING HOLIDAY INN

BALANCE DUE

2058.49

Aging Current

Over 30

Over 60

Over 90

Over 120

Balance Due

Full payment is due upon request of invoice. All accounts are considered past due after 15 days.

Holiday Inn

White - Accounting Copy, Yellow - Customer Copy, Pink - Sales Copy

Handwritten signature

[Handwritten scribble]

Ticket No. 2696

Holiday Inn

300 W F Str
Casper, WY 82601

Banquet Ticket

9009

Customer

Group Name State of NE Dept. of Nat. Resources
Contact Andrea
Address 301, Centennial Mall, PO Box 94676
City Lincoln State NE ZIP 68509
Phone 402-471-3926

Date 6/2/2004

Order No. _____

Quantity	Description	Unit Price	TOTAL
35	LUNCH (#242) INCLUSIVE Additional Meals	\$13.00 \$13.00	\$455.00
<i>25</i>	<i>Breakfast 6/3/04</i>	<i>6.50</i>	<i>162.50</i>

Payment

- Check or Cash end of Function
- DB
- Credit Card

Name DPONR *MAORD*
CC # _____
Expires _____

Banquet Food & Liquor
Tax
Service Charge 17%
Subtotal
Audio Visual Rental
Room Rental
Set-up Charge
Equip. Rental

40388.87	
EXEMPT	#814
INCL <i>660.11</i>	#865
<i>455.00</i>	
	#509
Waived	#511
\$35.00	#512
	#513

Total 490.00

+ 162.50

652.50 TOTAL

Holiday Inn

White - Accounting Copy, Yellow - Customer Copy, Pink - Sales Copy

pot ms 6-2