

B 482-140



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 Department of Natural Resources

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

Fiscal Agent Address: Nebraska Department of Natural Resources,
301 Centennial Mall South, P.O. Box 94676, Lincoln, NE 68509-4676

Project Title: Water Policy Study/Project (street address, city, state, zip code) Project No.: 03-164

Reporting Period: July 1, 2004 to Sept. 30, 2004 Tax I.D. # 47-0491233

TOTAL AMOUNT REQUESTED FOR THIS PERIOD: \$ 903.73 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: Steve Gaul DATE: October 27, 2004
Signature

Steve Gaul TITLE: Designated Project Representative
Typed or Printed Name

Nebraska Environmental Trust Signature DATE: _____



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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
TOTAL:		\$

Report for period from _____ to _____

REQUEST FOR REIMBURSEMENT

We are requesting reimbursement in the amount of \$903.73 for expenses incurred in the period of July 1, 2004 to September 30, 2004. Those expenditures are for Nebraska Water Policy Task Force Meeting Expenses. Written documentation of those expenses is enclosed.

PERIODIC REPORT – JULY 1, 2004 TO SEPTEMBER 30, 2004 – PROJECT 03-164 WATER POLICY STUDY – PROJECT

There was a total project expenditure of \$903.73 on this project during the July 1, 2004 to September 30, 2004 time period. This was primarily for task force expenses for a Water Policy Task Force Executive Committee meeting held on September 7, 2004. The executive committee discussed the implementation of LB 962 and future meeting dates and topics. The next meeting of the full Water Policy Task Force is scheduled for November 30, 2004. Most Water Policy Task Force members have paid their own expenses in coming to meetings. Twelve Executive Committee members and ten other members attended the September 7 meeting. Only two members charged mileage/meeting expense. We have not asked other members to provide estimates of meeting expense and have not included such expenses as estimated in-kind contributions. Nonetheless, such contributions have been substantial.



NEBRASKA'S GRAND HOTEL

Statement

B. 442530

ACCOUNTS PAYABLE - *Andrea Kessler*
NE DEPT OF NATURAL RESOURCES
PO BOX 94676
301 CENTENNIAL MALL SOUTH
LINCOLN, NE 68509

A/R Account #: 300024

Statement Date: 9/13/04

Send remittance to: Accounts Receivable
THE CORNHUSKER HOTEL
333 SOUTH 13TH STREET
LINCOLN, NE 68508

Date of invoice	Invoice	Description	Amount
09/13/2004	249237	NE DEPT OF NAT RES - 40619 #24	\$543.90

*WRTE
29192055*

Current	30+ Days	60+ Days	90+ Days	120+ Days	Balance Due
\$543.90	\$0.00	\$0.00	\$0.00	\$0.00	\$543.90



Banquet Check#: 40619
 Printed: 09/07/2004 2:49:29PM

Account: Ne Department of Natural Resources
 Post As: Ne Natural Resources

Event Date: 09/07/2004

On-Site:
 Contact: Ms. Andrea Kessler
 Address: PO Box 94676
 Lincoln, NE 68509

Phone: 402-471-2366
 Fax: 402-471-2900

Quantity	Food	Price	Amount
35	Deli Buffet	12.95 Per person	453.25
Subtotal:			453.25
Service Charge %: 20.00			90.65
Tax %: 0.00			0.00
Total:			543.90

Room Rental	Price	Amount
Room: Lancaster 4,5,6 Room: Lancaster 4,5,6	Function: MTG Function: LUN	
Subtotal:		0.00
Room Rental Tax %: 0.00		0.00
Total:		0.00

Grand Total:	543.90
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(35 people - guaranteed amount by Andrea K. before mtg.)

Tax Exempt:	Billing:	
YES TAX EXEMPT	Direct Bill to AR Number	300024

Client Signature

Date

DRAFT

NEBRASKA WATER POLICY TASK FORCE

Executive Committee Meeting Minutes

Cornhusker Hotel

Lincoln, NE

September 7, 2004

Attendees:

Executive Committee Members:

Ron Bishop Gary Mader Jay Rempe Gloria Erickson Dave Sands Robert Ambrosek Tom Schwarz Lumir Jedlicka Dave Cookson Roger Patterson Senator Elaine Stuhr Senator Ed Schrock	Other Task Force Members: Dick Mercer Clint Johannes Nelson Trambley Clayton Lukow John Turnbull Lyle Heinrichs Lorrie Benson Al Schmidt Jim Nelson Claude Cappel
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Other Task Force Members:

Other Attendees:

Jack Greas Gary Meyer Jody Gittins Ann Bleed J. F. Hoffman Bryan Lubek Ann Diers	Dean Edson Justin Lavene Mike Clements Dave Bartels Steve Gaul Jim Cook
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Call to Order

Ann Bleed called the meeting to order at 11:00 a.m. She noted that a number of materials were available at the entrance to the room, including:

- ◆ Copies of the recodified Groundwater Management and Protection Act reflecting the changes from LB 962,
- ◆ Revised copies of the task force membership roster,
- ◆ Copies of a potential LB 962 Budget,
- ◆ Copies of the Operating Agreements for the Water Policy Task Force, and
- ◆ Copies of A Revised LB 962 Summary Sheet.

STATE OF NEBRASKA
NEBRASKA ACCOUNTING SYSTEM

**EXPENSE
REIMBURSEMENT DOCUMENT**

(PLEASE PRINT OR TYPE)

SOCIAL SECURITY NUMBER (FTIN) 507-49-8082 TYPE CODE

NAME 2yle Heinrichs

ADDRESS 503 Road 4

CITY Shickley STATE NE ZIP CODE 68436

TITLE Task Force HEADQUARTER CITY Shickley

AUTOWNER 2yle LICENSE NUMBER 34-~~122~~

TRANSACTION TYPE
WARRANT WRITING

WARRANT FLAG
M R

DOCUMENT NUMBER
442184

TRANSPORTATION DOCUMENT NO.

LODGING DOCUMENT NO.

PAY DATE

AGENCY/DIVISION

DATE

DATE	PARTICULARS	STARTED	STOPPED	MEALS	LODGING	RATE	MILES	TRANSPORTATION AMOUNT	DESCRIPTION	MISCELLANEOUS AMOUNT	TOTAL
9-14-04	Lincoln Task Force	0800	1800			375	187	70.13			70.13
	Shickley to Lincoln + Return										
	WPTF										
TOTALS											70.13

AG	DIV	FUND	PRG	S-P	ACT	IDENTIFIER	ACCOUNT	DEBIT	AMOUNT	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 () INDEPENDENT CONTRACTOR () OTHER () 2yle Heinrichs DATE 9-20-04

DIVISION APPROVAL Chris Bledsoe DATE 9-22-04

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 81-117B.

AGENCY AUTHORIZED SIGNATURE Augie Stone DATE 9-29-04

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

(PLEASE PRINT OR TYPE)

SOCIAL SECURITY NUMBER/FTIN: 508-50-7830
 TYPE CODE: _____
 NAME: Robert Ambrosek
 ADDRESS: 72382 Swan Rd
 CITY: _____ STATE: NE ZIP CODE: 69030
 TITLE: Hayler, R HEADQUARTER CITY: _____
 AUTO OWNER: Robert Ambrosek LICENSE NUMBER: 76E 458

STATE OF NEBRASKA
NEBRASKA ACCOUNTING SYSTEM

EXPENSE REIMBURSEMENT DOCUMENT

TRANSACTION TYPE: _____
 WARRANT WRITING: _____
 WARRANT FLAG: M _____ R _____
 DOCUMENT NUMBER: 446552

TRANSPORTATION DOCUMENT NO.: _____
 LODGING DOCUMENT NO.: _____
 PAY DATE: _____

AGENCY/DIVISION: _____
 DATE: _____
 DESCRIPTION: _____
 PAYEE REFERENCE: _____
 AMOUNT: _____

DATE	PARTICULARS		STARTED	STOPPED	MEALS	LODGING	RATE	TRANSPORTATION		MISCELLANEOUS	TOTAL	
	NAME OF PLACE AND NATURE OF SERVICE	TIME						MILES	AMOUNT			DESCRIPTION
9/6	Lincoln, NE Executive Comm. Mtg	8:00 AM	8:00 AM				0.575	310	116.25		116.25	
9/7	Hastings, NE 1st Term Home	2:00 PM	2:00 PM				0.575	310	116.25		116.25	
9/10	Swan & motel - Lincoln				57.20						57.20	
TOTALS											232.50	4 289.70

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: *Robert Ambrosek* DATE: 9/29/04
 INDEPENDENT CONTRACTOR OTHER

DIVISION APPROVAL: *Carrie Beed* DATE: 9/27/04

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: *D. Ayle S. Tan* DATE: 9-29-04

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

STATE OF NEBRASKA

DEPT OF NATURAL RESOURCES

Remit To:

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



REMITTANCE COPY

Invoice Number: 76478
Page: 1 of 1
Invoice Date: 11/17/04
Account: 557934
Due Date: 11/17/04

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	903.73

Bayle Star 11-18-04

AGENCY PRE-AUDIT

Total Amount Invoiced 903.73

SUBMIT REMITTANCE COPY WITH PAYMENT AND KEEP ORIGINAL FOR YOUR RECORDS