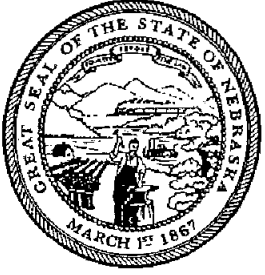


STATE OF NEBRASKA



DEPARTMENT OF NATURAL RESOURCES
Roger K. Patterson
Director

April 14, 2005

IN REPLY REFER TO:

Mike Johanns
Governor

Lisa Beethe
Grants Administrator
Nebraska Environmental Trust
700 South 16th Street
Lincoln, Nebraska 68508-3703

RE: Progress Report for Project Number 03-164 – LB 1003 Water Policy Study/Project

Dear Ms. Beethe:

Attached is a copy of the progress report for the period of January 1, 2005 to March 31, 2005 for project Number 03-164 – LB 1003 Water Policy Study/Project. If you have any questions, please don't hesitate to contact me at (402) 471-3955.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Gaul".

Steve Gaul
Designated Project Representative

Attachment



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: PO 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: Jan 1, 2005 to Mar 31, 2005 **Tax I.D. #** 47-0491233

TOTAL AMOUNT REQUESTED FOR THIS PERIOD: \$ 3121.93 **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: _____ **DATE:** 4/15/2005
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
515316	DAS Material	Paid for printing of meeting notice	#3 Expenses for Task Force	\$13.75
555817	DAS Material	Paid for printing of meeting notice	#3 Expenses for Task Force	\$135.96
573479	DAS Material	Paid for printing of meeting notice	#3 Expenses for Task Force	\$111.24
559664	Univ of Nebraska	Provided Groundwater Atlases	#2 Develop Education presentation material	\$45.00
578209	Wingate Inn	Lodging for TF Members for meeting	#3 Expenses for Task Force	\$119.90
516016	Lyle Henrichs	Task Force Member Expense	#3 Expenses for Task Force	\$69.00
542512	Dave Sands	Task Force Member Expense	#3 Expenses for Task Force	\$80.19
554087	Gloria Erikson	Task Force Member Expense	#3 Expenses for Task Force Members	\$192.80
559409	Gary Thayer	Task Force Member Expense	#3 Expenses for Task Force Members	\$285.93
571032	Gloria Erikson	Task Force Member Expense	#3 Expenses for Task Force	\$24.30
571032	Lyle Henrichs	Task Force Member Expense	#3 Expenses for Task Force	\$74.93
571032	Dave Sands	Task Force Member Expense	#3 Expenses for Task Force	\$106.92
			TOTAL:	\$

Project # 03-164 Water Policy Task Force / Nebraska Dept. of Natural Resources

Project Sponsor: Water Policy Task Force / Nebraska Dept. of Natural Resources

Report for period from January 1, 2005 to March 31, 2005



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
580445	Wingate Inn	Lodging Expenses for Task Force members and assisting Staff and consultant for meeting	#3 Expenses for Task Force	\$899.50
534593	Hampton Inn Kearney	Lodging Expense for Staff attending WPTF sub committee meeting	#3 Expenses for Task Force	\$177.00
554087	Robert Ambrosek	Task Force member expense	#3 Expense for Task Force	\$302.67
571032	John Burke	Task Force member expense	#3 Expense for Task Force	\$262.20
516016	Robert Ambrosek	Task Force member expense	#3 Expenses for Task Force	\$220.64
			TOTAL:	\$3121.93

Project #03-164 Water Policy Task Force **Project Sponsor: Nebraska Water Policy Task Force/ Nebraska Dept. of Natural Resources**
Report for period from January 1, 2005 to March 31, 2005

PERIODIC REPORT – JANUARY 1, 2005 TO MARCH 31, 2005 – PROJECT 03-164 LB 1003 WATER POLICY STUDY/PROJECT

The purpose of this project has been to review 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. Since adoption of many of its recommendations with the passage of LB 962 in April 2004 the task force has monitored implementation of the bill and addressed issues related to both that implementation and to concerns that could not be addressed at that time. The trust funds currently being used for this purpose are primarily for task force, executive committee and subcommittee meeting expenses. Meetings occurring during the reporting period included a Funding Subcommittee meeting on January 27, a Executive Committee meeting on February 2, 2005 and a meeting of the full Water Policy Task Force on March 2, 2005. The billings also include a late billed expense from a November 30, 2004 meeting of the task force. There are 49 Water Policy Task Force Members. We have not asked that they keep track of those task force related expenses for which they do not seek reimbursement. Therefore we have not posted those as in-kind match. However, most members pay their own transportation related expenses to come to meetings.

REQUEST FOR REIMBURSEMENT

We are requesting reimbursement in the amount of \$3,121.93 for expenses incurred in the period of January 1, 2005 to March 31, 2005. These expenses are for meter cost share. We have provided accompanying documentation of expenses. Further documentation can be provided upon request.

B. 515361

STATE OF NEBRASKA

DAS MATERIEL

Remit To:
DAS MATERIEL
INTERAGENCY BILLING # 6505
P.O. BOX 94847
LINCOLN NE 68509-4847



INVOICE

Invoice Number: 79766
Page: 1 of 1
Invoice Date: 12/20/04
Account: 563509
Due Date: 12/20/04

BILLING ADDRESS:

DEPARTMENT OF NATURAL RESOURCES
ADMINISTRATION
301 CENTENNIAL MALL SOUTH
NSOB, 4TH FLOOR
P.O. BOX 94676
LINCOLN NE 68509-4676

<u>Item Number</u>	<u>Remark</u>	<u>Amount</u>
001	CONTRACTUAL ADS - NOV 2004	1,395.31

RECEIVED
DEC 27 2004
DEPARTMENT OF
NATURAL RESOURCES

Total Amount Invoiced 1,395.31

November 2004

NAME

POSITION #	POSITION	RCTR	LJS	OWH	# OF LINES	NON-CONTRACT \$	AGENCY \$	SAVINGS
29-01-00	Dept of Natural Res...	ZZ	X		18	\$11.78	\$11.78	\$0.00
29-01-00	Dept of Natural Res...	ZZ	X		25	\$16.36	\$16.36	\$0.00
29-19-00	Dept of Natural Res...	ZZ	X		21	\$13.75	\$13.75	\$0.00
	WPT				64	\$41.89	\$41.89	\$0.00

29-01-00	NOTICE TO THE PUBLIC OF FULLY APPROPRIATED AREA AND APPLICABLE STAYS Pursuant to Neb. Rev. Stat. Sections 46-714 and 46-720 (LB 962, 2004 Nebraska Legislature) the Department of Natural Resources hereby provides notice, following the public hearing held on October 4, 2004, of the following final determination...	ZZ					\$1,353.42	\$0.00
----------	---	----	--	--	--	--	------------	--------

29192056

AFFIDAVIT OF PUBLICATION

04 DEC 9 AM 8:45

State of Nebraska
LANCASTER COUNTY,

} ss.

NEBRASKA STATE PURCHASING

The undersigned, being first duly sworn, deposes and says that she/he is a Clerk of Lincoln Journal Star, legal newspaper printed, published and having a general circulation in the County of Lancaster and State of Nebraska, and that the attached printed notice was published in said newspaper one successive time(s) the first insertion having been on the 29th day of November A.D., 2004 and thereafter on _____, 20____ and that said newspaper is the legal newspaper under the statutes of the State of Nebraska. The above facts are within my personal knowledge and are further verified by my personal inspection of each notice in each of said issues.

Subscribed in my presence and sworn to before me this 6 day of December, 2004
Janice Krueger Notary Public
Printer's Fee, \$ _____

STATE OF NEBRASKA
DEPARTMENT OF
NATURAL RESOURCES
PUBLIC NOTICE
In accordance with Sections 84-1408 through 84-1414, Neb. Rev. Stat., the Water Policy Task Force will meet from 9:30 a.m. to 4:00 p.m. on November 30, 2004 at the Kearney Holiday Inn, 110 Second Avenue, Kearney, Nebraska.
An agenda of the matters to be considered at the meeting is being kept current and is available for public inspection at the office of the Department of Natural Resources.
Individuals with disabilities may request auxiliary aids and service necessary for participation by contacting the Administrative Officer at P.O. Box 94676, Lincoln, NE 68509-4676, (402) 471-2363.
#3030275 1x Nov 29 29-19-00

GENERAL NOTARY-State of Nebraska
JANICE KRUEGER
My Comm. Exp. Jan. 30, 2005

3030275

PROPF
Int to Ne
B 962,
Natural
ng the
llowing

STATE OF NEBRASKA

DAS MATERIEL

Remit To:

DAS MATERIEL
INTERAGENCY BILLING # 6505
P.O. BOX 94847
LINCOLN NE 68509-4847



B. 555817

INVOICE

Invoice Number: 86182
Page: 1 of 1
Invoice Date: 02/22/05
Account: 563509
Due Date: 02/22/05

BILLING ADDRESS:

DEPARTMENT OF NATURAL RESOURCES
ADMINISTRATION
301 CENTENNIAL MALL SOUTH
NSOB, 4TH FLOOR
P.O. BOX 94676
LINCOLN NE 68509-4676

<u>Item Number</u>	<u>Remark</u>	<u>Amount</u>
001	Contractual Ads - Jan 2005	2,319.72

Total Amount Invoiced 2,319.72

January 2005

NAME	POSITION #	POSITION	RCTR	EJS	OWH	# OF LINES	NON-CONTRACT \$	AGENCY \$	SAVINGS
	NOT PROVIDED	Commission Meeting Notice	ZZ	X		21	\$13.75	\$13.75	\$0.00
	29-01-00	Dept of Natural Resources	ZZ	X		52	\$93.63	\$93.63	\$0.00
						73	\$107.38	\$107.38	\$0.00
	NOT PROVIDED	Auction....placed by Tom Pesek	ZZ	X		0	\$410.30	\$321.26	\$89.04
	29-01-00	State of Nebr....	ZZ			350	\$988.80	\$988.80	\$0.00
	29-01-00	State of Nebr....	ZZ			119	\$367.71	\$367.71	\$0.00
	29-01-00	State of Nebr....	ZZ			66	\$203.94	\$203.94	\$0.00
	NOT PROVIDED	State of Nebr....	ZZ			44	\$135.96	\$135.96	\$0.00
	NOT PROVIDED	Meeting Notice, Ann Diers 471-3931	ZZ			63	\$194.67	\$194.67	\$0.00
						642	\$1,891.08	\$1,891.08	\$0.00

PROOF OF PUBLICATION

AFFIDAVIT

State of Nebraska, County of Douglas, ss:

..... Trayn Griffin

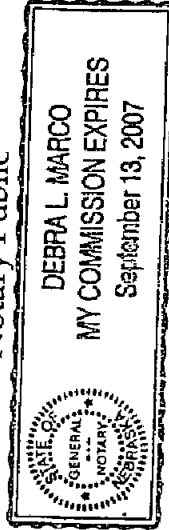
that he is an employee of The Omaha World-Herald, a legal daily newspaper printed and published in the county of Douglas and State of Nebraska, and of general circulation in the Counties of Douglas and Sarpy and State of Nebraska, and that the attached printed notice was published in the said newspaper on the day of January A. D., 20 .05 . . . and that said newspaper is a legal newspaper under the statutes of the State of Nebraska. The above facts are within my personal knowledge. The Omaha World-Herald has an average circulation of . 192,600 daily, 242,964 Sunday, in 20 .05 .

(Signed) *Trayn Griffin* Title: Advertising

Subscribed in my presence and sworn to before me this day of January 20 .05

21

Debra L. Marco
Notary Public



Printer's Fee \$. 135.96

Affidavit

Paid by

RECEIVED

JAN 24 2005

DEPARTMENT OF NATURAL RESOURCES

313-G8-007

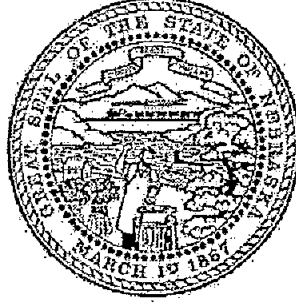
313-G8-007

Individuals with disabilities may request auxiliary aids and service necessary for participation by contacting the Administrative Office at P.O. Box 94676, Lincoln, NE 68509-4676. (402) 471-2363, by Monday, January 31, 2005.

STATE OF NEBRASKA

DAS MATERIEL

Remit To:
DAS MATERIEL
INTERAGENCY BILLING # 6505
P.O. BOX 94847
LINCOLN NE 68509-4847



B. 573479

INVOICE

Invoice Number: 89225
Page: 1 of 1
Invoice Date: 03/18/05
Account: 563509
Due Date: 03/18/05

BILLING ADDRESS:

DEPARTMENT OF NATURAL RESOURCES
ADMINISTRATION
301 CENTENNIAL MALL SOUTH
NSOB, 4TH FLOOR
P.O. BOX 94676
LINCOLN NE 68509-4676

<u>Item Number</u>	<u>Remark</u>	<u>Amount</u>
001	Contractual Ads-February 2005	970.26

Total Amount Invoiced

970.26

February 2005

NAME

POSITION #	POSITION	RCTR.	LJS	OWH	# OF LINES	NON-CONTRACT \$	AGENCY \$	SAVINGS
29-01-00	Meeting Notice STATE OF NEBRASKA, Cheryl Byler, Dept of Natural Resources, 471-3926	ZZ		X	63	194.67	194.67	\$0.00
NOT PROVIDED		ZZ		X	36	111.24	111.24	\$0.00
29-01-00	Meeting Notice	ZZ		X	63	194.67	194.67	\$0.00
29-01-00	State of Nebr...	ZZ		X	152	469.68	469.68	\$0.00
					314	970.26	970.26	\$0.00

Prepared by Stacey Dvorak, 3/17/2005

PROOF OF PUBLICATION

AFFIDAVIT

State of Nebraska, County of Douglas, ss:

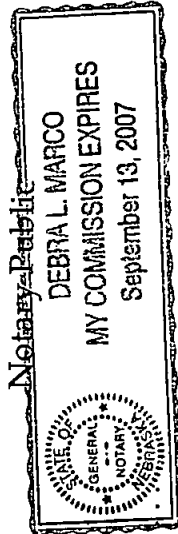
Trawn Griffin

that he is an employee of The Omaha World-Herald, a legal daily newspaper printed and published in the county of Douglas and State of Nebraska, and of general circulation in the Counties of Douglas and Sarpy and State of Nebraska, and that the attached printed notice was published in the said newspaper on the 23 day of February, 2005. A. D., 2005. and that said newspaper is a legal newspaper under the statutes of the State of Nebraska. The above facts are within my personal knowledge. The Omaha World-Herald has an average circulation of 192,600 daily 242,964 Sunday, in 2005.

(Signed) Trawn Griffin Title: Advertising

Subscribed in my presence and sworn to before me this 23 day of February, 2005

Debra L. Marco



Printer's Fee \$ 111.24

Affidavit

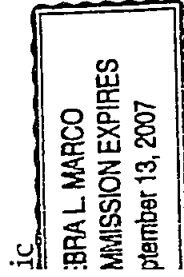
Paid by

ss:

deposes and says daily newspaper Nebraska, and of State of Nebraska, newspaper on the A. D., 2005. es of the State of ge. The Omaha ly 242,964

23

Marco



STATE OF NEBRASKA DEPARTMENT OF NATURAL RESOURCES PUBLIC NOTICE In accordance with sections 84-1408 through 84-1414, Neb. Stat., the Water Policy Task Force will meet from 9:30 a.m. to 4:00 p.m. on March 2, 2005 at the Holiday Inn Hotel & Convention Center, 110 2nd Avenue, Kearney, Nebraska. An agenda of the matters to be considered at the meeting is being kept continually current and is available for public inspection on the Department of Natural Resources' web site at www.dnr.state.ne.us. Individuals with disabilities may request auxiliary aids and services necessary for participation by contacting the Administrative Officer at P.O. Box 94676, Lincoln, NE 68509-4676. (402) 471-2363 by Monday, February 28, 2005.

B. 559604



UNL INTERAGENCY BILLING INVOICE

REMIT TO:

UNIVERSITY OF NEBRASKA-LINCOLN
INTERAGENCY BILLING # 512
P.O. BOX 880439
LINCOLN, NE 68588-0439

Invoice Number **90021857**

Page: 1 of 1

Invoice Date: 2/28/05

Due Upon Receipt

BILLING ADDRESS:

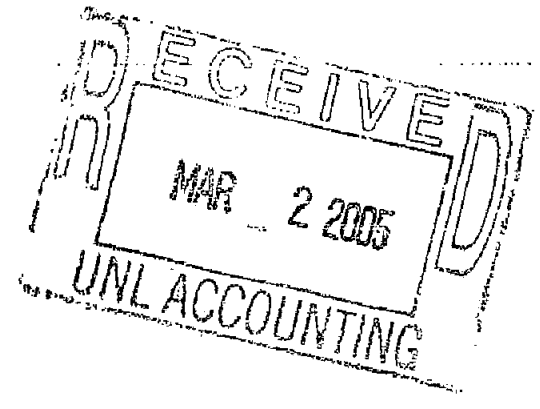
DEPARTMENT OF NATURAL RESOURCES
301 CENTENNIAL MALL SOUTH 4TH FLOOR
LINCOLN NE 68509

CUSTOMER/SHIP TO ADDRESS:

Item Number	Description of Charges	Amount
001	THE GW ATLAS OF NE (5) @ 9.00 EA.	45.00

WPTF

5349



Balance Due 45.00

Departmental Information:	
Campus Billing Dept.	Conservation & Survey Division/SNR
Contact Name:	Judith Otteman
Phone:	472-7523

20581203

SAP Coding:		
SAP Cost Object	G/L Account	Amount
22-6338-0008	452200	45.00
Total		45.00

557800
3-4-05

✓ S. Auck

B# 578209

Statement of Account

Date: 03/04/05 06:42

Page: 1

WINGATE INN
ID#47-0802836
108 3RD AVE.
KEARNEY, NE 68845
(308)237-4400

Account#: L00401
Phone: B (402) 471-2363
From: MAR0305
Through: MAR0305

NATURAL RESOURCES DEPT. OF
ATTN: JIM COOK
P.O BOX 94676

LINCOLN NE 68509

Inv #	Inv Date	Guest #	Reference/Guest	Gross Amt	Pmts/Adjs	Net Due
G20760	03/03/05	P09758-20	PATTERSON ROGER	59.95	.00	59.95
G20766	03/03/05	P09758-16	* SUGDEN, DUANE	119.90	.00	119.90
				179.85	.00	179.85

5 119.90

WPTF

* per Cheryl n/B for him
to stay (1) night 3-1-05.

Karen called 3-29-05
spoke to his wife.

They will send personal
check directly to Wingate
for \$59.95 (3-2-05 dodging)

Please place the invoice #
beginning with "G"
on all remittances.

3-30-05 called Wingate
spoke w/ Pat (receivables) 308-234-1516
regarding above to be sure
she applies his personal check
to our Acc't #

29192055.571100 = 119.90

9/E later

EXPENSE REIMBURSEMENT DOCUMENT

LICENSE NUMBER (VMT/FTE)
 SOCIAL SECURITY NUMBER (FTN)
 507-49-8282
 NAME: 27/e Heinrichs
 ADDRESS: 503 Road 4
 CITY: Shickley
 STATE: NE ZIP CODE: 68436
 HEADQUARTER CITY: Shickley
 TITLE: Task Force
 LICENSE NUMBER: 340/22
 AUTO OWNER: 27/e

TRANSACTION TYPE: WARRANT WRITING
 WARRANT FLAG: M, R
 DOCUMENT NUMBER: 516016

TRANSPORTATION DOCUMENT NO.:
 LODGING DOCUMENT NO.:
 PAYEE REFERENCE AMOUNT:
 DESCRIPTION:
 TOTAL:

DATE	PARTICULARS	TIME	STARTED	STOPPED	MEALS	LODGING	RATE	MILES	TRANSPORTATION AMOUNT	DESCRIPTION	MISCELLANEOUS AMOUNT	TOTAL
11-30-04	Task Force Meeting		38450	38634			375	184	69.0			69.0
	WRTF		0800	1900								
TOTALS												69.0

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

ENCUMB. NO.	AG	DIV	FUND	PRG	S/P	ACT	ACCOUNT	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 (OR INDEPENDENT CONTRACTOR OR OTHER): *Raymond Heinrich*

DATE:

DIVISION APPROVAL: *Ann Blood*

DATE: 1/5/05

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: *Dayle Stan*

DATE: 1-7-05

(PLEASE PRINT OR TYPE)

STATE OF NEBRASKA
NEBRASKA ACCOUNTING SYSTEM

SOCIAL SECURITY NUMBER/FTIN: 588-50-7830
 TYPE CODE:
 NAME: Robert Ambrose
 ADDRESS: 72382 Green Rd
 CITY: Haigler STATE: NE ZIP CODE: 69030
 TITLE: Member-WPTF HEADQUARTER CITY: Haigler
 AUTO OWNER: Self LICENSE NUMBER: 76458

TRANSACTION TYPE
WARRANT WRITING

WARRANT FLAG
M R

DOCUMENT NUMBER
516016

TRANSPORTATION DOCUMENT NO.

LODGING DOCUMENT NO.

PAY DATE

EXPENSE REIMBURSEMENT DOCUMENT

DESCRIPTION	PAYEE REFERENCE	AMOUNT
TOTAL		149.39

AGENCY/DIVISION: _____
 DATE: _____

DATE	PARTICULARS	TIME STOPPED	MEALS	LODGING	RATE	MILES	TRANSPORTATION		MISCELLANEOUS	TOTAL
							STARTED	AMOUNT		
11/29	Kennedy Holiday Inn	6:00 MST	10:58 AM	78.14	3.75	190		71.25		149.39
11/30	Task Force Meeting	3:00 CST	6:00 MST		3.75	190		71.25		71.25
	WPTF									
TOTALS										220.64

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

ENCUMB. NO.	AG	DIV	FUND	PRG	S-P	ACT	ACCOUNT	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 amount of such expenses for which payment has not previously been made by the STATE OF NEBRASKA.

EMPLOYEE SIGNATURE: *Robert Ambrose* DATE: 11/30/05

DIVISION APPROVAL: *Quinn Bleed* DATE: 1-5-05

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: *A. Wayne Taylor* DATE: 1-7-05

EXPENSE

REIMBURSEMENT DOCUMENT

VEE NAME: **505-62-8151**
David Sands

VEE ADDRESS: **7700 SW 27th**

CITY: **Lincoln** STATE: **NE** ZIP CODE: **68523**

HEADQUARTER CITY: **Water Task**

JTO OWNER: **vee Member** LICENSE NUMBER: **NQC 392**

WARRANT WRITING

ACN: _____

M: _____ R: _____

agency: _____

DOCUMENT NUMBER: **542512**

PAY DATE: _____

AGENCY/DIVISION: _____

DATE: _____

DESCRIPTION: _____

AMOUNT: _____

TOTAL: _____

DATE	2005	STARTED	STOPPED	MEALS	LODGING	RATE	MILES	AMOUNT	DESCRIPTION	AMOUNT	TOTAL
1/27/05		10:00	3:00			405	178	80.19	UNCCO/10/61 + RTD CPNR/D/G.I./Funding Comm. Fee - WPTF Subcommittee Mtg		80.19
TOTALS										80.19	80.19

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): *David Sands* DATE: **2/7/05**

DIVISION APPROVAL: *Chris Bleed* DATE: **2/10/05**

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.

AUTHORIZED SIGNATURE: *David Sands* DATE: **2-11-05**

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

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

(PLEASE PRINT OR TYPE)

SOCIAL SECURITY NUMBER/FTIN: 508-52-8699
 NAME: Gary E. Thayer
 ADDRESS: 520 West Hat Creek Rd
 CITY: Harvison
 STATE: NE ZIP CODE: 69346
 TITLE: Member Water Policy Board
 HEADQUARTERS CITY: Harvison
 BANDIER, IRRIGATOR
 AUTO OWNER: Yes
 LICENSE NUMBER: 80-A358

STATE OF NEBRASKA
NEBRASKA ACCOUNTING SYSTEM

EXPENSE REIMBURSEMENT DOCUMENT

TRANSACTION TYPE: WARRANT WRITING
 WARRANT FUND: M.F.R.
 DOCUMENT NUMBER: 559409

TRANSPORTATION DOCUMENT NO.
 LODGING DOCUMENT NO.
 PAY DATE

AGENCY/DIVISION
 DATE

DATE	CARRIERS	NAME OF PLACE AND NATURE OF SERVICE	STARTED	STOPPED	MEALS	LODGING	RATE	TRANSPORTATION		MISCELLANEOUS	TOTAL	
								MILES	AMOUNT			DESCRIPTION
3/1	Harrison to	Water Advisory Board (Kearney)	0700	137229			405	350		141.75	141.75	
3/2		Meeting Crete via Kearney	136813	137229			405	356		144.18	144.18	
TOTALS										706	285.93	285.93

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

ENCUMB. NO.	AG	DIV	FUND	PRG	S-P	ACT	ACCOUNT	AMOUNT	
								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: *Gary Thayer* DATE: 3-4-05

DIVISION APPROVAL: *Ann Bleed* DATE: 3-7-05

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: *Alyce Stein* DATE: 3-8-05

(PLEASE PRINT TYPE)

SOCIAL SECURITY NUMBER/FTIN: 505-56-6030
 NAME: Gloria J. Erickson
 ADDRESS: 315 18th Ave
 CITY: Holdrege STATE: NE ZIP CODE: 68949
 HEADQUARTER CITY: Lincoln
 TITLE: Task Force Member
 AUTO OWNER: G. Erickson LICENSE NUMBER: 37-B270

STATE OF NEBRASKA
NEBRASKA ACCOUNTING SYSTEM

EXPENSE REIMBURSEMENT DOCUMENT

TRANSACTION TYPE: WARRANT WRITING
 WARRANT FLAG: M R
 DOCUMENT NUMBER: 554087

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

DESCRIPTION	PAVEE REFERENCE	AMOUNT
TOTAL		

AGENCY/DIVISION: Nebraska Dept. of Nat. Resources
 Water Policy Task Force
 DATE: 1-27-05 and 2-2-05

DATE	PARTICULARS	TIME		MEALS	LODGING	RATE	TRANSPORTATION		MISCELLANEOUS	TOTAL	
		STARTED	STOPPED				MILES	AMOUNT			
1-27	Water Policy Ad Hoc Funding Comm. - Central Platte NRD Holdrege → Grand Island Holdrege → Grand Island → Holdrege	8:30	9:40			40.5	77	31.19		31.19	
		1:30	2:45			40.5	77	31.19		31.19	
2-2	Water Policy Executive Comm Cornhusker - Lincoln Holdrege → Lincoln Lincoln → Holdrege	7:30	9:50			40.5	161	65.21		65.21	
		3:00	5:30			40.5	161	65.21		65.21	
TOTALS									476	192.80	192.80

AG	DIV	FUND	PRG	S-P	ACT	IDENTIFIER	AMOUNT	
							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: *Gloria J. Erickson* DATE: 2-19-05

DIVISION APPROVAL: *Arno Bleed* DATE: 2-24-05

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: *Daryl S. ...* DATE: 2-28-05

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

(PLEASE PRINT TYPE)

SOCIAL SECURITY NUMBER/FTIN: 505-56-6030
 NAME: Gloria J. Erickson
 ADDRESS: 315 18th Ave
 CITY: Holdrege
 STATE: NE ZIP CODE: 68949
 TITLE: Task Force Member
 HEADQUARTER CITY: Lincoln
 AUTO OWNER: Gloria Erickson
 LICENSE NUMBER: 37-B270

STATE OF NEBRASKA
NEBRASKA ACCOUNTING SYSTEM

EXPENSE REIMBURSEMENT DOCUMENT

TRANSACTION TYPE: WARRANT WRITING
 WARRANT FLAG: M R
 DOCUMENT NUMBER: 571032

TRANSPORTATION DOCUMENT NO.
 LODGING DOCUMENT NO.
 PAY DATE

AGENCY/DIVISION: Nebraska Dept. of Nat. Resources
 . Water Policy Task Force Meeting
 DATE: March 2, 2005
 Holiday Inn - Kearney

DATE	PARTICULARS	STARTED	STOPPED	MEALS	LODGING	RATE	TRANSPORTATION		MISCELLANEOUS	TOTAL
							MILES	AMOUNT		
Mar 2	Holdrege → Kearney	8:45	9:20			40.5	30	12.15		12.15
Mar 3	Kearney → Holdrege	4:35	5:15			40.5	30	12.15		12.15
TOTALS										24.30

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

ENCUMB NO.	AG	DIV	FUND	PRG	S-P	ACT	AMOUNT	
							ACCOUNT	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: Gloria J. Erickson DATE: 3/15/05

DIVISION APPROVAL: Ann Bleed DATE: 3/17/05

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: Angela E. Gue DATE: 3-22-05

STATE OF NEBRASKA
NEBRASKA ACCOUNTING SYSTEM

EXPENSE

REIMBURSEMENT DOCUMENT

SECURITY NUMBER / FTIN: 66-2490
 NAME: n H Burke
 ADDRESS: 8 Thomas Rd
 STATE: NE ZIP CODE: 69301
 HEADQUARTER CITY:
 LICENSE NUMBER: 65-47
 OWNER: Burke, Inc

WARRANT WRITING

agency:
 DATE:
 WARRANT NUMBER:
 DATE:
 WARRANT TYPE:
 DATE:
 WARRANT AGENCY:
 DATE:
 WARRANT NUMBER:
 DATE:
 WARRANT TYPE:
 DATE:
 WARRANT AGENCY:
 DATE:

M R
 agency

DOCUMENT NUMBER: 571032

PAY DATE

AGENCY/DIVISION:
 DATE:
 TOTAL: 0.00

DATE	DESCRIPTION	STARTED	STOPPED	MEALS	LODGING	RATE	MILES	AMOUNT	TOTAL
05	Water Policy Task Force, Kearney			13.71	DB	405	277	13.18	135.89
12	Water Policy Task Force, Kearney			24.12		405	277	13.19	136.31
TOTALS				37.83			554	224.37	269.20

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 () DATE: 3-7-05

DIVISION APPROVAL:
 DATE: 3-21-05

ACCOUNT	DEBIT	CREDIT
TOTAL	0.00	0.00

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.

A. Burke
 AUTHORIZED SIGNATURE
 DATE: 3-22-05

EXPENSE REIMBURSEMENT DOCUMENT

5-62-8151
NAME: David Sands
ADDRESS: 700 SW 27th St.
STATE: NE ZIP CODE: 68523
HEADQUARTER CITY: Lincoln
OWNER: Director
LICENSE NUMBER: NQC 392

AGENCY/DIVISION: _____
DATE: _____

DOCUMENT NUMBER: 571032
PAY DATE: _____
WARRANT WRITING: _____
M: _____ R: _____
ACN: _____ agency: _____

DATE	NAME OF PLACE AND NATURE OF SERVICE	STARTED	STOPPED	MEALS	LODGING	RATE	MILES	AMOUNT	DESCRIPTION	AMOUNT	TOTAL
105	Water Task Force Mtg - Kearney	9:30	3:30			4.05	264	106.92			106.92
TOTALS											
							264	106.92			106.92

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

NO.	AG	DIV	FUND	PRG	S-P	ACT	ACCOUNT	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)
David Sands 3/14/05 DATE

DIVISION APPROVAL
Ann Bleed 3/17/05 DATE

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.
David Sands AUTHORIZED SIGNATURE 3-22-05 DATE

RECEIVED
MAR 17 2005
DEPARTMENT OF NATURAL RESOURCES

EXPENSE REIMBURSEMENT DOCUMENT

TRANSACTION TYPE: WARRANT WRITING
WARRANT FLAG: M R
DOCUMENT NUMBER: 571032

TRANSPORTATION DOCUMENT NO.:
LOGGING DOCUMENT NO.:
PAY DATE:
PAYEE REFERENCE AMOUNT:
DESCRIPTION:

PLEASE PRINT OR TYPE
SOCIAL SECURITY NUMBER: 507-49-8082
NAME: 27/e Heinrichs
ADDRESS: 503 Road 4
CITY: Shickley NE 68436
STATE: NE ZIP CODE: 68436
HEADQUARTER CITY: Shickley
TITLE: Truck Driver
LICENSE NUMBER: 34-122
AUTO OWNER: 27/e

AGENCY/DIVISION:
DATE:

DATE	PARTICULARS	TIME STARTED	TIME STOPPED	RATE	MILES	TRANSPORTATION AMOUNT	MEALS	LODGING	MISCELLANEOUS	DESCRIPTION	AMOUNT	TOTAL
3-2-05	Heinrichs Truck Force WPTF	48:65	48:36	1.405	185	74.93					74.93	74.93
TOTALS												74.93

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: *John Heinrichs* DATE: 3-08-05

DIVISION APPROVAL: *Chris Bleed* DATE: 3-17-05

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: *Dagley Stan* DATE: 3-22-05

ACCOUNT	AMOUNT	DEBIT	CREDIT
TOTAL			

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

B # 580445

Statement of Account

Date: 03/03/05 06:40

Page: 1

WINGATE INN
ID#47-0802836
108 3RD AVE.
KEARNEY, NE 68845
(308)237-4400

Account#: L00401
Phone: B (402) 471-2363
From: MAR0205
Through: MAR0205

NATURAL RESOURCES DEPT. OF
ATTN: JIM COOK
P.O BOX 94676

LINCOLN NE 68509

Inv #	Inv Date	Guest #	Reference/Guest	Gross Amt	Pmts/Adjs	Net Due
G20736	03/02/05	P09873-03	CANNIA JIM ✓	120.00	.00	120.00
G20737	03/02/05	P09873-05	BARTH JOHNATHON ✓	60.00	.00	60.00
G20742	03/02/05	P09873-02	KURTZ TINA ✓	120.00	.00	120.00
G20743	03/02/05	Act 03289	DEPT OF NATURAL RE ✓	539.55	.00	539.55
G20748	03/02/05	P10653-00	MILLER LLOYD Nellor	59.95	.00	59.95
				=====	=====	=====
				899.50	.00	899.50

Please place the invoice #
beginning with "G"
on all remittances.

29192055.571100 = 899.50

Nebraska Department of Natural Resources
Direct Billing Authorization

Water Policy
Task
Force

To: Wingate
Lodging Establishment

Kearney NE
City/State

You are hereby authorized to bill the Dept. of Natural Resources for ROOM CHARGES ONLY incurred by

(see attached list)
Employee Name

at the government rate of \$60.00 per day for the dates of

March 1, 2005

Add Roger Patterson also for Mar. 2 & Jack Maddux
Reservations were made with your employee Candy

To ensure prompt payment, please return this form with your invoice. Please include on your invoice the length of stay (dates), cost of the room, your Federal Taxpayer Identification Number (Federal Employer Identification Number or, in the case of a sole proprietorship, your Social Security Number) and whether or not you are incorporated. * Billed 3-4-05

DO NOT INCLUDE TAX. The State of Nebraska is exempt from taxes (Nebraska Only). Employee will sign the tax exemption certificate if required.

The employee is responsible for all other charges such as meals, phone calls, etc.

SEND YOUR INVOICE TO: Department of Natural Resources
P.O. Box 94676
Lincoln, Nebraska 68509-4676
(402) 471-2363

Authorized Signature Cheryl L. Byler
DISTRIBUTION: WHITE - Lodging Vendor, YELLOW - DNR Accounting

Department of Natural Resources
P.O. Box 94676
Lincoln, Nebraska 68509-4676
Phone: (402) 471-2363
Fax: (402) 471-2900

Date: February 28, 2005

Pages: 14

From: Cheryl Byler

TO: Ann Bleed, Guest at the Wingate, Kearney, NE, 308/237-4888

↓↓↓ MESSAGE ↓↓↓

Attached is an updated rooming list for March 1, 2005, and a direct bill form. Confirmation #P07758.

The rest of the information goes to Guest, Ann Bleed, when she arrives this evening. OK 2 nights

~~Ann Bleed, Ann Diers, Tina Kurtz, Lloyd Nellor, Lyle Hinrichs, Harry Howell, Dennis Strauch, Gary Thayer, Duane Sugden, Robert Ambrosek, Possibly John Burke, LeRoy Pieper, and Allen Schmidt.~~

March 1 & 2 for Roger Patterson & Jack Maddux.

Please call me at 402/471-2363 if you have any questions.

* Wingate billed 3-4-05

X = Billed on 3-2-05 stmt

B # 534593

HAMPTON INN KEARNEY
118 3RD AVE - FED ID #47-07897
PO BOX 817
KEARNEY, NE 68847

STATEMENT

NATURAL RESOURCES - NE DEPT OF
ATTN: ACCOUNTS PAYABLE
301 CENTENNIAL MALL S, 4TH
PO BOX 94676
LINCOLN, NE 68509-4673

PAGE 1 A595 - NATURAL RESOURCES - NE DEPT OF

STATEMENT CLOSING DATE: 01/28/05

DATE	AR TRANS#	FOLIO #	DESCRIPTION	DEBITS	CREDITS	BALANCE
01/27/05			BEGINNING BALANCE			0.00
01/28/05	414581	142182	Rm 208 [RTD FR KURTZ, TINA:RCPT A]	59.00		59.00
01/28/05	414582	142184	Rm 209 [RTD FR BLEED, ANNE:RCPT A]	59.00		118.00
01/28/05	414583	142183	Rm 207 [RTD FR PATERSON, ROGER:RCPT A]	59.00		177.00

CLOSING BALANCE 177.00

QUESTIONS CONCERNING THIS ACCOUNT?
CALL: KIM PAYNE
308-234-3400

CURRENT	31-60	61-90	91-120	121-150	OVER 150
177.00	0.00	0.00	0.00	0.00	0.00