



**Dave Heineman**  
Governor

# STATE OF NEBRASKA

**DEPARTMENT OF NATURAL RESOURCES**  
**Ann Bleed**  
Acting Director

April 12, 2006

IN REPLY TO:

Lisa Beethe  
Grants Administrator  
Nebraska Environmental Trust  
700 South 16<sup>th</sup> 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, 2006 to March 31, 2006 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,

Steve Gaul  
Designated Project Representative

sg  
Attachment

clrshare/planning/gaul



# 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 Rex Gittins, Fiscal Officer

**Fiscal Agent Address:** 301 Centennial Mall South, P.O. Box 94676, Lincoln, NE 68509-4676  
(street address, city, state, zip code)

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

**Reporting Period:** January 1, 2006 to March 31, 2006 **Tax I.D. #** 47-0491233

**TOTAL AMOUNT REQUESTED FOR THIS PERIOD:** \$12,651.30  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:** 4/12/2006

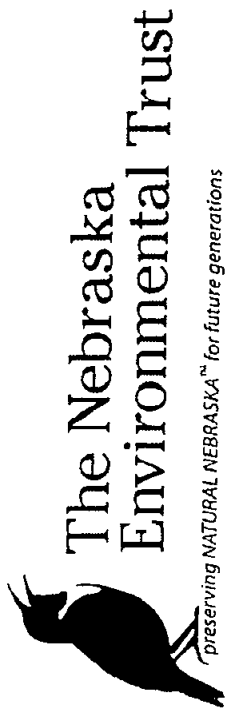
Robert Stephen Gaul

Typed or Printed Name

**TITLE:** Designated Project Representative

Nebraska Environmental Trust Signature

DATE: \_\_\_\_\_



**SUMMARY OF INVOICES SUBMITTED  
FOR REIMBURSEMENT**

Invoice # or Date	Vendor	Description of Services	Budget Category	Invoice Amount
B#817117	Quality Inn & Suites, North Platte	Lodging & Food Expense for Task Force Dec. 22 Mtg.	#3 Expenses for Task Force	1,551.89
85020E	CDR Associates	Facilitator Expense for Task Force Mtg.	#3 Expenses for Task Force	2,533.44
B#797877	Hampton Inn	Room for Task Force Facilitator	#3 Expenses for Task Force	63.00
799147	Ann Diers	Mtg. Attendance	#3 Expenses for Task Force	20.00
799147	Lorrie Benson	TF Member Mtg. Expense	#3 Expenses for Task Force	224.94
799 147	Lyle Heinrichs	TF Member Mtg. Expense	#3 Expenses for Task Force	186.24
799147	David Sands	TF Member Mtg. Expense	#3 Expenses for Task Force	227.95
799147	Gary Thayer	TF Member Mtg. Expense	#3 Expenses for Task Force	253.17
802721	Patrick Heath	TF Member Mtg. Expense	#3 Expenses for Task Force	378.30
806679	Robert Ambrosek	TF Member Mtg. Expense	#3 Expenses for Task Force	300.70
816429	Lyle Heinrichs	TF Member Mtg. Expense	#3 Expenses for Task Force	186.73
813241	Holiday Inn	Mtg. Room Expense	#3 Expenses for Task Force	125.10
		<b>TOTAL:</b>	<b>TOTAL:</b>	<b>\$</b>

Project #: 03-164

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

Report for period from January 1, 2006

to March 31, 2006



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
Dec. 15, 2005	Omaha World-Herald	Mtg. Notice	#3 Expenses for Task Force	129.60
842044	Ramada Inn - Kearney	Task Force Subcommittee Mtg. Expense	#3 Expenses for Task Force	306.06
March 1, 2006	Marriott Hotels - Lincoln	Task Force Mtg. Expense	#3 Expenses for Task Force	865.98
85020F	CDR Associates	Expense for Mtg. Facilitator	#3 Expenses for Task Force	2,607.59
Trip Ticket 81449	State of NE Department of Natural Resources	Auto Expense for TF Subcommittee Mtg.	#3 Expenses for Task Force	85.42
Trip Ticket 15380	State of NE Department of Natural Resources	Auto Expense for Task Force Mtg.	#3 Expenses for Task Force	151.52
830444	Lloyd Nellor	Task Force Mtg. Expense	#3 Expenses for Task Force	544.74
835596	Duane Sugden	Task Force Mtg. Expense	#3 Expenses for Task Force	298.07
836634	Tom Schwarz	Task Force Mtg. Expense	#3 Expenses for Task Force	658.50
841069	John Burke	Task Force Mtg. Expense	#3 Expenses for Task Force	481.78
846371	Lyle Heinrichs	Task Force Mtg. Expense	#3 Expenses for Task Force	81.88
864899	Patrick Heath	Task Force Mtg. Expense	#3 Expenses for Task Force	388.70
		<b>TOTAL:</b>		<b>\$12,651.30</b>

Nebraska Department of Natural Resources/Water Policy Task Force

Project #: 03-164

Project Sponsor:

Report for period from January 1, 2006

to March 31, 2006

**PERIODIC REPORT – JANUARY 1, 2006 TO MARCH 31, 2006 – PROJECT 03-164 LB1003 WATER POLICY STUDY/PROJECT**

The purpose of this project has been to review issues related to Nebraska surface water and ground water 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 concerns that could not be addressed at that time. Issues related to municipalities, instream flow, water transfers and funding have been of special concern to the task force in the last year. Although the full Task Force met only one time during the quarter (February 8), there were a number of subcommittee meetings and most of the bills for the December 22 meeting of the task force were received during this quarter. All remaining expenses for this project are for task force meeting expenses.

## **REQUEST FOR REIMBURSEMENT**

We are requesting reimbursement in the amount of \$12,651.30 for expenses incurred in the period of January 1, 2006 to March 31, 2006 for Project 03-164 LB 1003 Water Policy Task Force Study/Report. These expenses are for Task Force meeting expense. We have provided accompanying documentation of expenses. Further documentation can be provided upon request.

# Quality Inn & Suites

P.O. Box 1829  
 2102 South Jeffers  
 North Platte NE 69103

B# 817117  
**Statement**

Date

1/1/2006

To:

NATURAL RESOURCES COMMISSION  
 P.O. BOX 94876  
 LINCOLN, NE 68501

Due Date	Amount Due
1/1/2006	\$1,576.89

Date	Transaction	Amount	Balance		
11/30/2005	Balance forward		0.00		
12/22/2005	INV #3342791222	942.34	942.34		
12/23/2005	INV #3342791223	634.55	1,576.89		
$29192055.533900 = 708.89$ $29192055.524700 = 150.00$ $29192055.571100 = 693.00$					
		<u>1551.89</u>			
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
0.00	1,576.89	0.00	0.00	0.00	<del>\$1,576.89</del>

Phone #	Fax #
308-535-6166	308-534-6100

paid 1551.89

\* Lloyd personal  
 Neller check pd

25.00

# Invoice

Date	Invoice #
12/22/2005	3342791222

Jeffers  
North Platte NE 69103

Bill To
NATURAL RESOURCES COMMISSION P.O. BOX 94876 LINCOLN, NE 68501

P.O. No.	Terms	Project
	NET 30 DAYS	

Item	Description	Amount
1	#3342791222 Banquet Food/Room Rental	224.34
2	#337465 / ANN BLEED ✓	63.00
3	#337466 / TOM SCHWARTZ ✓	63.00
4	#337467 / GARY THAYER ✓	63.00
5	#337468 / DUANE SUGDEN ✓	63.00
6	#337469 / LYLE HENDRICKS ✓	63.00
7	#337470 / DAVID SANDS ✓	88.00
8	#337471 / LLOYD NELLER ✓	63.00
9	#337489 / TINA KURTZ ✓	63.00
10	#337490 / ANN DIERS ✓	63.00
11	#337591 / JODI GITTINS ✓	63.00
12	#337651 / LUMIR JEDLICKA ✓	63.00
1.5% INTEREST ADDED AFTER 30 DAYS		<b>Total</b> \$942.34

Phone #	Fax #
308-535-6166	308-534-6100



**QUALITY INN & SUITES**  
 2102 S JEFFERS  
 NORTH PLATTE, NE 69101 USA  
 (308) 532-9090  
 www.sandhillcc.com

Account: 334279  
 Date: 12/22/05  
 Page: 1 of 1  
 Room: RACK  
 Arrival Date:  
 Departure Date:  
 Frequent Traveler ID:  
 You were checked out by:  
 You were checked in by:

NATURAL RESOURCES COMMISSION, .....  
 P.O. BOX 94876  
 LINCOLN, NE 68501 US

Post Date	Description	Comment	Amount
12/22/05	BANQUET FOOD	9764	79.54 <b>74.34</b>
12/22/05	BANQUET ROOM RENTAL	9763	150.00
12/22/05	DIRECT BILL DUE	DIRECT BILL DUE	<del>229.54</del>
Balance Due:			0.00

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement.

**224.34**

x \_\_\_\_\_

229.54 will be billed to: Account 1052  
 NATURAL RESOURCES COMMISSION, PO BOX 94876, LINCOLN, NE 68501



BY CHOICE HOTELS

**QUALITY INN & SUITES**  
 2102 S JEFFERS  
 NORTH PLATTE, NE 69101 USA  
 (308) 532-9090  
 www.sandhillcc.com

Room:  
 Arrival Date:  
 Departure Date:  
 Account: 334279  
 Frequent Traveler ID:  
 Approval Number:  
 Card Type:  
 Date: 12/22/2005  
 Card Number:  
 Total:

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement.

..... NATURAL RESOURCES COMMISSION  
 P.O. BOX 94876  
 LINCOLN, NE 68501 US

x \_\_\_\_\_

Commission

DATE 12/22/05  
TIME 11:24

Natural Resources Commission 01092

CHECK # 9764  
TABLE # 11

DATE 12/22/05  
TIME 11:26

BANQUETS : TAMMY BANQ  
ITEMS ORDERED AMOUNT  
150 ROOM FEES 150.00

\*\*\*\*\*

SUBTOTAL 150.00

TOTAL DUE 150.00

Quality Inn - North Platte, Nebraska



Gratuity \_\_\_\_\_

Total \_\_\_\_\_

Room# \_\_\_\_\_ Print Name \_\_\_\_\_

Signature \_\_\_\_\_

BANQUETS : TAMMY BANQ  
ITEMS ORDERED AMOUNT  
1 GALLON COFFEE, 4.50 63.00

\*\*\*\*\*

SUBTOTAL 63.00

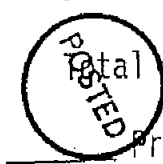
SERVICE 11.34  
TAX exempt 5.20

TOTAL DUE ~~79.54~~

74.34

Quality Inn - North Platte, Nebraska

Gratuity \_\_\_\_\_



Room# \_\_\_\_\_ Print Name \_\_\_\_\_

Signature \_\_\_\_\_

# Invoice

North Platte NE 69103

Date	Invoice #
12/23/2005	3342791223

Bill To
NATURAL RESOURCES COMMISSION P.O. BOX 94876 LINCOLN, NE 68501

P.O. No.	Terms	Project
	NET 30 DAYS	

Item	Description	Amount
1	#3342791223	634.55
1.5% INTEREST ADDED AFTER 30 DAYS		
<b>Total</b>		\$634.55

Phone #	Fax #
308-535-6166	308-534-6100

**QUALITY INN & SUITES**  
2102 S JEFFERS  
NORTH PLATTE, NE 69101 USA  
(308) 532-9090  
www.sandhillcc.com

Account: 334279

Date: 12/23/05

Page: 1 of 1

Room: RACK

Arrival Date:

Departure Date:

Frequent Traveler ID:

You were checked out by:

You were checked in by:

NATURAL RESOURCES COMMISSION, .....

P.O. BOX 94876

LINCOLN, NE 68501 US

Post Date	Description	Comment	Amount
12/23/05	BANQUET FOOD	34 FROM 12-22-5	634.55
12/23/05	DIRECT BILL DUE	DIRECT BILL DUE	-634.55
Balance Due:			0.00

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement.

x \_\_\_\_\_

634.55 will be billed to: Account 1052  
NATURAL RESOURCES COMMISSION, PO BOX 94876, LINCOLN, NE 68501



BY CHOICE HOTELS

**QUALITY INN & SUITES**

2102 S JEFFERS  
NORTH PLATTE, NE 69101 USA  
(308) 532-9090  
www.sandhillcc.com

Room:

Approval Number:

Arrival Date:

Card Type:

Departure Date:

Date: 12/23/2005

Account: 334279

Card Number:

Frequent Traveler ID:

Total:

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement.

..... NATURAL RESOURCES COMMISSION

P.O. BOX 94876

LINCOLN, NE 68501 US

x \_\_\_\_\_

FD/092

\*\*\*\*\*  
CHECK # 34                      DATE 12/23/05  
TABLE # 21                      TIME 19:11  
\*\*\*\*\* DUPLICATE CHECK \*\*\*\*\*  
=====

-- BANQUETS : HEATH TARA --

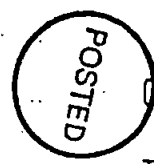
ITEMS ORDERED                      AMOUNT  
1 OPEN FOOD, 537.75                      537.75

\*\*\*\*\*

SUBTOTAL                      537.75  
SERVICE                      96.80

-----  
TOTAL DUE                      634.55  
-----

Quality Inn - North Platte, Nebraska



Gratuity \_\_\_\_\_

Total \_\_\_\_\_

Room# \_\_\_\_\_ Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Contract (09) 5744  
 PO (09) 81498  
 RCLB# 821205  
 B 821483



Karen  
 OK to pay

AB 574292

RECEIVED

**INVOICE**  
 10-Jan-06

JAN 13 2006

DEPARTMENT OF  
 NATURAL RESOURCES

Nebraska Dept of Water Resources  
 Attn: Ann Bleed  
 301 Centennial Mall, Fourth Floor  
 Lincoln, NE 68509-4676

CDR Project: IFPL05002  
 Invoice #8502OE

Facilitation Services for the Water Policy Task Force  
 Period: Nov 27 - December 31, 2005

<u>Labor</u>	<u>Hours</u>	<u>Rate</u>	<u>Total</u>
Jonathan Bartsch (see attached timecards)	14.00 ✓	\$ 151.80 ✓	\$ 2,125.20 ✓
Project Admin/Bus Support		5.54% \$	117.74 ✓

<u>Expenses</u>	<u>Total</u>
Travel Expenses (see attached receipts)	\$ 290.20 ✓
Copies ( 3 x .10)	\$ 0.30 ✓
<b>TOTAL DUE</b>	<b>\$ 2,533.44 ✓</b>

<b>CONTRACT INFO:</b>	
Facilitator Labor and Expenses	\$ 20,991.00
Project Administrative Support	\$ 1,009.00
<b>TOTAL CONTRACT</b>	<b>\$ 22,000.00</b>
<b>INVOICES:</b>	
Previously Invoiced Facilitator Labor and Expenses	\$ 12,233.68
Previously Invoiced Project Administrative Support	\$ 605.51
This Invoice - Facilitator Labor and Expenses	\$ 2,415.70
This Invoice - Project Administrative Support	\$ 117.74
<b>TOTAL INVOICED</b>	<b>\$ 15,372.63</b>
<b>AMOUNTS REMAINING:</b>	
Facilitator Labor and Expenses	\$ 6,341.62
Project Administrative Support	\$ 285.75
<b>TOTAL REMAINING</b>	<b>\$ 6,627.37</b>

Contact: Paula Taylor, Financial Director  
 FEIN: 84-0770962

Terms: 30 days net. A finance charge of 1 3/4% per month will be charged on all overdue invoices.



200 Platte Oasis Pkwy • North Platte, NE 69101  
 Phone (308) 534-6000 • Fax (308) 534-3415

official sponsor u.s. olympic team

B# 997877

**statement**

NE NATURAL RESOURCES  
 Attn: CHERYL BYLER  
 301 CENTENNIAL MALL SOUTH  
 LINCOLN, NE 68509

PAGE 1 S451 - NE NATURAL RESOURCES STATEMENT CLOSING DATE 12/22/05

DATE	AR TRANS	FOLIO	DESCRIPTION	DEBITS	CREDITS	BALANCE
12/21/05			BEGINNING BALANCE	0.00	0.00	0.00
12/22/05	870280	209433	Rm 326 [RTD FR BARTSCH, JONATHAN:RCP	63.00	0.00	63.00

*OK to pay per Cheryl*

*WPTI consultant*

*29192055.571100 = 63.00*

CLOSING BALANCE \$63.00

QUESTIONS CONCERNING THIS ACCOUNT?  
 CALL: CHRIS WOOD  
 308-534-6000

CURRENT	31-60	61-90	91-120	121-150	OVER 150
63.00	0.00	0.00	0.00	0.00	0.00

for reservations call 1.800.hampton or visit us online at [www.hamptoninn.com](http://www.hamptoninn.com)



**thanks.**

# EXPENSE REIMBURSEMENT DOCUMENT

EMPLOYEE NAME: **Ann D**  
 ADDRESS: **29 Cambrian Ct.**  
 CITY: **Lincoln** STATE: **NE** ZIP CODE: **68510**  
 HEADQUARTER CITY: **Lincoln**  
 EMPLOYER: **Gal Counsel** LICENSE NUMBER: \_\_\_\_\_

DOCUMENT NUMBER: **799147**

PAY DATE: \_\_\_\_\_

TRANSACTION TYPE: **WARRANT WRITING**  
 WARRANT FLAG: **M R**  
 AGENCY: **\_\_\_\_\_**  
 PAYEE REFERENCE: \_\_\_\_\_

AGENCY/DIVISION: **Department of Natural Resources**  
 DATE: **10-Oct-05**

DATE	PARTICULARS	STARTED	STOPPED	MEALS	LODGING	TRANSPORTATION		MISCELLANEOUS	TOTAL
						RATE	AMOUNT		
17-05	Lincoln-N. Platte NP	14:00	22:00	22.00	DB				22.00
18-05	N. Platte-Cambridge-Lincoln NP	7:30	19:30	11.00					11.00
17-05	Lincoln-Sidney NP	9:45	22:00	11.00	DB				11.00
17-05	Sidney-Scottsbluff NP	7:30	20:00	23.10	DB				23.10
21-05	Lincoln Holdrege-N. Platte RRCA NP	9:45	20:00	21.00	DB - WPTF				21.00
21-05	Lincoln-N. Platte NP	10:00	22:00	21.00	DB				21.00
22-05	Lincoln-N. Platte NP	15:00	20:00	20.00	DB				20.00
	TOTALS			129.10		0.00			129.10

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: *Ann D* DATE: **12/27/05**

DIVISION APPROVAL: *Ann D* DATE: **12/23/05**

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: *Ann D* DATE: **1-9-06**

DIV	FUND	PRG	S-P	ACT	IDENTIFIER	ACCOUNT	AMOUNT	
							DEBIT	CREDIT
							0.00	0.00
					TOTAL		0.00	0.00

NO.	AG	DIV	FUND	PRG	S-P	ACT	ACCOUNT	AMOUNT	
								DEBIT	CREDIT
								0.00	
						TOTAL		0.00	



STATE OF NEBRASKA  
NEBRASKA ACCOUNTING SYSTEM

EXPENSE  
REIMBURSEMENT DOCUMENT

PLEASE PRINT OR TYPE

SOCIAL SECURITY NUMBER (FTIN) 507-68-8760

NAME Lorrie Benson

ADDRESS 5300 S. Dors Lane

CITY Lincoln STATE NE ZIP CODE 68516

TITLE Member - Water Policy Task Force HEADQUARTER CITY \_\_\_\_\_

AUTO OWNER Same LICENSE NUMBER 0417 087

TRANSACTION TYPE  
WARRANT WRITING

WARRANT FLAG  
M \_\_\_\_\_ R \_\_\_\_\_

DOCUMENT NUMBER  
799147

TRANSPORTATION DOCUMENT NO. \_\_\_\_\_

LODGING DOCUMENT NO. \_\_\_\_\_

PAY DATE \_\_\_\_\_

FACE REFERENCE AMOUNT \_\_\_\_\_

DESCRIPTION \_\_\_\_\_

TOTAL \_\_\_\_\_

AGENCY/DIVISION \_\_\_\_\_

DATE \_\_\_\_\_

DATE	PARTICULARS	TRANSPORTATION		MEALS	LODGING	MISCELLANEOUS	TOTAL
		RATE	MILES				
12/22	North Platte NE - Trade Force meeting	48.5	463.8				224.94
TOTALS							224.94

AG	DIV	FUND	PRG	SP	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 [Signature] DATE 12/23/05

DIVISION APPROVAL

[Signature] DATE 1-3-06

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.

[Signature] DATE 1-10-06

AGENCY AUTHORIZED SIGNATURE

ENCUMB. NO.	AG	DIV	FUND	PRG	SP	ACT	AMOUNT	
							ACCOUNT	CREDIT
TOTAL								

# EXPENSE REIMBURSEMENT DOCUMENT

STANDARD NUMBER	WARRANT CLASS	INCIDENT NUMBER
WARRANT WRITING	M R	799147

TRANSPORTATION DOCUMENT NO.	LODGING DOCUMENT NO.	PAY DATE

DESCRIPTION	AMOUNT
TOTAL	

AGENCY/DIVISION

DATE

PLEASE PRINT OR TYPE

SOCIAL SECURITY NUMBER/FIN: 589-49-8082

TYPE CODE

NAME: Kyle Henry

ADDRESS: 503 Road 4

CITY: Shickley

STATE: NE

ZIP CODE: 68436

HEADQUARTER CITY: Shickley

TITLE: Task Force

LICENSE NUMBER: 340122

AUTO OWNER: Kyle Henry

DATE	PARTICULARS	STARTED	STOPPED	MILES	LODGING	MEALS	MILEAGE REIMBURSEMENT		TOTAL
							RATE	AMOUNT	
11/18/05	Water Task Force NP	75350	75734	384			485	18624	18624
TOTALS									18624

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

ENCUMB NO.	AG	DIV	FUND	PRG	S-P	ACT	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: *Robert J. Henry* DATE: 11/18/05

DIVISION APPROVAL: *Robert J. Henry* DATE: 1-3-05

AGENCY AUTHORIZED SIGNATURE: *D. A. [Signature]* DATE: 1-10-06

# EXPENSE REIMBURSEMENT DOCUMENT

SOCIAL SECURITY NUMBER / FTIN: 505-62-8151  
 EMPLOYEE NAME: David Sands  
 ADDRESS: 7700 SW 27th St.  
 STATE: NE ZIP CODE: 68523  
 HEADQUARTER CITY: Lincoln  
 LICENSE NUMBER: NQC 392  
 OWNER: self

DOCUMENT NUMBER: 799147  
 PAY DATE:

WARRANT WRITING:  M  R  
 AGENCY:

DESCRIPTION	AMOUNT
TOTAL	227.95

AGENCY/DIVISION:  
 DATE:

DATE	STARTED	STOPPED	MEALS	LODGING	RATE	MILES	AMOUNT	DESCRIPTION	AMOUNT	TOTAL	
2005	10:00	3:00			485	470	227.95			227.95	
4-22								Water Tash Force Mtg. - N. Platte J. B. B.			
TOTALS									470	227.95	227.95

ACCOUNT	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 (  INDEPENDENT CONTRACTOR  OTHER )  
*David Sands* 1/3/06  
 DATE

DIVISION APPROVAL  
*Robert Seaman*  
 DATE: 1/4/06

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

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: 1-10-06

(PLEASE PRINT OR TYPE)

SOCIAL SECURITY NUMBER/ETIN: 508-52-8699  
 NAME: Gray, E. Thayer  
 ADDRESS: 520 W. Hat Cvk Rd  
 CITY: Havison  
 STATE: NE ZIP CODE: 69346  
 TITLE: Investigator  
 HEADQUARTER CITY: Havison  
 AUTO OWNER: Same  
 LICENSE NUMBER: 80-A2358

STATE OF NEBRASKA  
NEBRASKA ACCOUNTING SYSTEM

# EXPENSE REIMBURSEMENT DOCUMENT

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

WARRANT WRITING [ ]  
 WARRANT FLAG [ ]  
 DOCUMENT NUMBER: 799147

AGENCY/DIVISION: [ ]  
 DATE: [ ]

DATE	STARTED	STOPPED	MEALS	LODGING	RATE	MILES	AMOUNT	DESCRIPTION	AMOUNT	TOTAL
12-21	150510	150775			485	265	128.53		128.53	
12-22	150775	151032			485	257	124.64		124.64	
							TOTALS			253.17

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) *Gray, E. Thayer* DATE: 12-23-05

DIVISION APPROVAL: *Robert Steptoy* DATE: 1-3-06

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 91-1176.

AGENCY AUTHORIZED SIGNATURE: *D. D. [Signature]* DATE: 1-10-06

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

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

**EXPENSE**

**REIMBURSEMENT DOCUMENT**

AL SECURITY NUMBER / FTIN: 70-3710  
 TYPE CODE: \_\_\_\_\_  
 NAME: Rick Heath  
 ADDRESS: 18th Street  
 STATE: NE ZIP CODE: 69341  
 HEADQUARTER CITY: \_\_\_\_\_  
 LICENSE NUMBER: 21-AH23  
 OWNER: Rick Heath

DOCUMENT NUMBER: 802721

WARFANT WRITING  
 M R  
 each agency

PAY DATE

each agency

AGENCY/DIVISION: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 DESCRIPTION: \_\_\_\_\_  
 AMOUNT: \_\_\_\_\_

DATE	TIME	NAME OF PLACE AND NATURE OF SERVICE	RATE	MILES	AMOUNT	DESCRIPTION	AMOUNT	TOTAL	
10/17	2:30 PM - 6:30 PM	WPTF Full Task Force Meeting Gering/North Platte	.485	195	94.57		0.00	0.00	
10/18	2:30 PM - 5:30 PM	WPTF Full Task Force Meeting North Platte/Gering	.485	195	94.58		0.00	0.00	
10/22	6:00 AM - 5:00 PM	WPTF Full Task Force Meeting Gering/North Platte/Gering WPTF	.485	390	189.15		0.00	0.00	
<b>TOTALS</b>							<b>0.00</b>	<b>0.00</b>	<b>378.30</b>

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 )  
 DATE: 1-5-06

DIV	FUND	PRG	S-P	ACT	IDENTIFIER	ACCOUNT	DEBIT	CREDIT
<b>TOTAL</b>							<b>0.00</b>	<b>0.00</b>

DIVISION APPROVAL  
 SIGNATURE: \_\_\_\_\_  
 DATE: 1/11/06

C. NO.	AG	DIV	FUND	PRG	S-P	ACT	ACCOUNT	CREDIT
<b>TOTAL</b>							<b>0.00</b>	<b>0.00</b>

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: \_\_\_\_\_  
 DATE: 1-12-06

SOCIAL SECURITY NUMBER/ETIN: 508-50-7830  
 PAYEE NAME: Robert Ambroski  
 PAYEE ADDRESS: 72382 Green Rd  
 CITY: Hayesville NE  
 STATE/ZIP CODE: NE 69030  
 TITLE:  
 HEADQUARTER CITY:  
 LICENSE NUMBER: 76-458  
 AUTO OWNER: SELF

STATE OF NEBRASKA  
 NEBRASKA ACCOUNTING SYSTEM

# EXPENSE REIMBURSEMENT DOCUMENT

Jan. 13. 2006 1:41PM

DEPT OF NATRL RES. 402-471-2900

DOCUMENT NUMBER: 806679  
 PAY DATE:

WARRANT WRITING  
 M F  
 SGT agency

AGENCY/DIVISION:  
 DATE:

DATE	2005	HAUGE NAME OF PLACE AND NATURE OF SERVICE	STARTED	STOPPED	MEALS	LODGING	TOTALS	AMOUNT	
Oct 6		Tas Force meet @ Kearny	4:00 PM	9:00 PM				184.3	
Nov 18		Tas Force meet @ N. Platte	5:00 PM	8:00 PM				116.4	
TOTALS							0.00	0.00	300.7

AG	DIV	FUND	PRG	S-P	ACT	IDENTIFIER	ACCOUNT	DEBIT	CREDIT
TOTAL								0.00	0.00

ENC. NO.	AG	DIV	FUND	PRG	S-P	ACT	ACCOUNT	CREDIT
TOTAL								0.00

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: [Signature]  
 DATE: 1/17/05

No. 7196 2/2

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 81-1170.

[Signature]  
 AUTHORIZED SIGNATURE  
 DATE: 1/13/06  
 1-18-06

DOCUMENT NUMBER  
816429

TRANSPORTATION TYPE  
WARRANT WRITING

WARRANT CLASS  
M - R

# EXPENSE REIMBURSEMENT DOCUMENT

TRANSPORTATION DOCUMENT NO. \_\_\_\_\_  
LOGGING DOCUMENT NO. \_\_\_\_\_  
PAY DATE \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_  
AMOUNT \_\_\_\_\_

AGENCY/DIVISION \_\_\_\_\_  
DATE \_\_\_\_\_

DATE	TIME	NAME OF PLACE AND NATURE OF SERVICE	STARTED	STOPPED	MEALS	LODGING	RATE	MILEAGE		TOTAL	
								MILES	AMOUNT		
11-24-06	27/e	SHICKLEY TO Task Force - NP North Platte F-RS	98654	79039			485	385	186.73		
								TOTALS	385	186.73	

I claim reimbursement from the STATE OF NEBRASKA for the above expenses included 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 Stepien*  
INDEPENDENT CONTRACTOR: \_\_\_\_\_ OTHER: \_\_\_\_\_  
DATE: 11/24/06

DIVISION APPROVAL: \_\_\_\_\_  
DATE: 11-27-06

I hereby certify that the above claim for reimbursement is proper under the statutes and that the claim for mileage, if any, is for use of a privately owned vehicle authorized according to Section 9-1176

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

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

(PLEASE PRINT OR TYPE)  
SOCIAL SECURITY NUMBER: 507-49-8282  
NAME: 27/e Henry, Cbs  
ADDRESS: 503 Road 4  
CITY: Shickley NE 68436  
STATE: NE ZIP CODE: 68436  
HEADQUARTER CITY: Shickley  
TITLE: Task Force  
LICENSE NUMBER: 340  
AUTO OWNER: 27/e

B# 813241

Holiday Inn/Captain's Table

STATEMENT

PO Box 1925  
Kearney, NE-68848-1925  
USA  
(308)236-6683

Customer No.: D1223  
Page: 1  
Date: 12/16/2005

Sold To:

NE Dept. of Natural Resources  
c/o Ms. Cheryl Byler  
P.O. Box 94676  
Lincoln, NE 68509-4676

Thank You! We Appreciate Your Business!

Document No.	Doc. Date	Ty.	Reference/ Applied No.	Amount
			Last Balance Forward Date: 12/7/2005 PA-B# 781680	
6892	12/14/2005	IN	morning break	107.55
			(Agenda) of 12-12-05 WPTI  29192055 - 524700 = 9000 ↓ 5339.00 = 35.10 <hr/> 125.10	125.10

Interest is charged at 1% per month on accounts over 30 days.

- Invoice	IT - Interest Payable	AD - Adjustment	Total → <del>232.65</del> 125.10
- Debit Note	PY - Applied Receipt	PI - Prepayment	
- Credit Note	ED - Earned Discount	UC - Unapplied Cash	
- 30 DAYS O/DUE 0.00	31 - 60 DAYS O/DUE 0.00	61 - 90 DAYS O/DUE 0.00	OVER 90 DAYS O/DUE 0.00



DATE:

12-12-05

16892

CHECK NUMBER

The Captain's Table RESTAURANT

Holiday Inn

D1223

KEARNEY, NEBR PHONE: 308-237-

ORGANIZATION: Nebraska Department

of Natural Resources

CONTACT:

Attn: Ms. Cheryl By

ADDRESS:

P.O. Box 94676  
Lincoln NE 68509-46

Morning Break  
(2) Coffee 30.00

Room Rental 190.00

SUB-TOTAL

120.00

TAX

EXEMPT

GRATUITY

5.10

TOTAL

INT

**\*\*PLEASE NOTE:**

Meeting space is assigned to accommodate the number of persons anticipated by your group. Should your actual numbers change, the hotel reserves the right to reassign meeting space.

**OTHER:**

- \* No charge for the hotel's meeting space, as outlined in the agenda above, provided the number of meals as shown are held for all those attending your meetings. Reduction in the number of meal functions or a significant reduction in the number of attendees at any meal may result in meeting room rental charges.
- \* No charge for use of the hotel's standard in house audio/visual equipment. This does not include LCD projectors and cordless microphones in the meeting rooms.

\*\*\*\*\*  
Please note: Hotel policy requires a guaranteed meal count 48 hours prior to all banquet meal functions. Sunday, Monday and Tuesday guarantees are required the preceding Friday. Our Catering Office must receive all guarantees between the hours of 8:30 a.m. and 5:30 p.m. If no Guarantee is received, the estimated numbers shown will become the guarantee. The hotel prepares for 5% above the guarantee and bills for no less than 95% of the guarantee, or the actual number served, whichever is greater.

**BY SIGNING THIS CONTRACT THE GROUP AGREES TO THE INFORMATION ABOVE AND THE CONDITIONS ON THE REVERSE SIDE OF THIS CONTRACT.**

Signed: [Signature]  
For Holiday Inn Hotel & Convention Center - Kearney, NE  
Date: 11/21/05

Signed: cb  
For the group  
Date: 11-23-05

Please sign and return in the enclosed self addressed stamped envelope. A copy is enclosed for your files. All arrangements are considered tentative until the contract is returned.

**DIRECT BILLING INFORMATION:**

Organization Name: \_\_\_\_\_  
Person responsible for payment: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Terms: Net due in 30 days. Interest is charged at 1% per month on accounts over 30 days.

IS YOUR ORGANIZATION TAX EXEMPT: (Please check one) YES NO

PLEASE NOTE: THE HOTEL CANNOT EXEMPT TAX WITHOUT A CURRENT NEBRASKA DEPARTMENT OF REVENUE FORM 13 CERTIFICATE ON FILE. PLEASE ENCLOSE AN UPDATED FORM 13 WHEN RETURNING THIS CONTRACT. BY LAW, THE HOTEL IS REQUIRED TO KEEP THESE FORMS ON FILE AND UPDATED YEARLY. FORM OF PAYMENT MUST COME FROM THE SAME ENTITY AS LISTED ON THE FORM 13.

STATE OF NEBRASKA

B 832054

INVOICE

DAS MATERIEL



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

Invoice Number: 126941  
Page: 1 of 1  
Invoice Date: 01/23/06  
Account: 563509  
Due Date: 01/23/06

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 December 2005	1,937.96

Total Amount Invoiced 1,937.96

Contractual Advertising December 2005

POSITION #	POSITION	RCTR	LJS	OWH	# OF LINES	NON-CONTRACT \$	AGENCY \$	SAVINGS
29-01094	Attorney II, Lincoln	KS	X		55	\$387.50	\$357.36	\$30.14
29-01094	Attorney II, Lincoln	KS	X		55	\$387.50	\$357.36	\$30.14
					110	\$775.00	\$714.72	\$60.28
29-01094	Attorney II, Lincoln	KS		X	58	\$486.18	\$287.62	\$198.56
29-01094	Attorney II, Lincoln	KS		X	58	\$486.18	\$287.62	\$198.56
					116	\$972.36	\$575.24	\$397.12
29-01-00	State of Nebr...	ZZ		X	40	\$129.60	\$129.60	\$0.00
29-01-00	Notice to the...	ZZ		X	160	\$518.40	\$518.40	\$0.00
					200	\$648.00	\$648.00	\$0.00

*OK*

*LB 967*

*WPTF*

*1-3567*

PROOF OF PUBLICATION

AFFIDAVIT

State of Nebraska, County of Douglas, ss:

Trawn Griffin, being duly sworn, deposes and says 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 15th day of December, 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 195,196 daily 242,227 Sunday, in 2005.

(Signed) *Shawn Duff* Advertising

Subscribed in my presence and sworn to before me this 15th day of December, 2005

RECEIVED

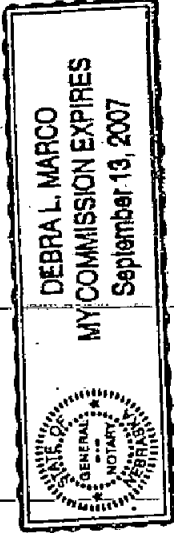
DEC 16 2005

*Debra L. Marco*

DEPARTMENT OF NATURAL RESOURCES

Notary Public

*129.60*



Printer's Fee \$ *120.36*

Affidavit

Paid by

STATE OF NEBRASKA  
DEPARTMENT OF  
NATURAL RESOURCES  
PUBLIC NOTICE  
In accordance with  
Sections 84-1408 through 84-  
1414 Nebraska Revised Statutes the  
Water Policy Task Force will  
meet from 10:00 a.m. to 3:00  
p.m. on December 22, 2005  
at the Community Center, 1000 South  
Street, Lincoln, Nebraska.  
An agenda of the matters  
to be considered at the  
meetings will be kept  
continually current and  
available for public  
inspection on the  
Department of Natural  
Resources website at  
www.dnr.state.ne.us.  
Individuals with an  
ability to provide a  
auxiliary or sign language service  
necessary for participation  
by the contacting party, the  
Administrative Office, at  
P.O. Box 94676, Lincoln,  
Nebraska 68509-4676, (402)  
471-2363, by December 20,  
2005.

B. 86545

# STATE OF NEBRASKA

DAS MATERIEL



## INVOICE

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

Invoice Number: 134588  
Page: 1 of 1  
Invoice Date: 03/24/06  
Account: 563509  
Due Date: 03/24/06

**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 - FEB 2006	858.54

Total Amount Invoiced

858.54

Contractual Advertising February 2006

POSITION #	POSITION	RCTR.	LJS	OWH	# OF LINES	NON-CONTRACT \$ AGENCY \$	SAVINGS
29-01424	Natural Resources Specialist/II, Ord	KS	X		61	00 \$428.90	\$525
NOT PROVIDED	APP A - 18199 For Witt Irrevoc... placed by Susan France....						
29-01-00	Natural Resources	ZZ	X		114	SW \$68.43	\$0.00
29-01-00	Natural Resources	ZZ	X		108	SW -\$64.82	\$0.00
29-01-00	Natural Resources	ZZ	X		204	SW \$122.45	\$0.00
29-01-00	Natural Resources 2/8 Wat...	ZZ	X		23	LA \$15.06	\$0.00
29-01-00	Natural resources Governo...	ZZ	X		22	LA \$14.40	\$0.00
29-01-00	Natural resources APP A-1	ZZ	X		37	SW -\$66.62	\$0.00
					508	\$351.77	\$0.00
29-01-00	State of Nebraska...	ZZ		X	38	WPTF \$123.12	\$0.00
						Agency Total	\$858.54

# AFFIDAVIT OF PUBLICATION

} SS.  
**State of Nebraska**  
**LANCASTER COUNTY,**

**STATE OF NEBRASKA  
 DEPARTMENT OF  
 NATURAL RESOURCES  
 PUBLIC NOTICE**  
 In accordance with Sections 84-1408 through 84-1414, Neb. Rev. Stat., the Wildlife Policy Task Force will meet from 9:30 a.m. to 3:00 p.m. on February 8, 2005, at the Cornhusker/Marriott South 13th, Lincoln, Nebraska 68509-4676. An agenda of the matters to be considered at the meetings are being kept continually current and available for public inspection on the Department of Natural Resources web site at [www.dnr.state.ne.us](http://www.dnr.state.ne.us). Individuals with disabilities may request auxiliary aids and service necessary for participation by contacting the Administrative Officer at P.O. Box 94676, Lincoln, Nebraska 68509-4676, (402) 471-2362, by February 6, 2005. #3634808 TX Feb. 1 29-01-00

The undersigned, being first duly sworn, deposes and says that she/he is a Clerk of the 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 15<sup>th</sup> day of February A.D., 2006 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 \_\_\_\_\_ 7 \_\_\_\_\_

day of February, 2006

Janice Krueger Notary Public

GENERAL NOTARY-STATE OF NEBRASKA  
 JANICE KRUEGER  
 My Comm. Exp. Jan. 30, 2009

BA-842044

Statement of Account

Date: 01/24/06 11:41

RAMADA INN KEARNEY NE

Page: 1

301 SECOND AVENUE

Account#: L00388

KEARNEY, NE 68847

Phone: B (402) 471-2363

(308) 237-3141

From: JAN2006

Through: JAN2406

NE DEPT OF NATURAL RESOURCES  
ATTN: ACCOUNTS PAYABLE  
PO BOX 94676

LINCOLN NE 68509

Inv #	Inv Date	Guest #	Reference/Guest	Gross Amt	Pmts/Adjs	Net Due
G26633	01/20/06	P20060-00	NE DEPT OF NATURAL	306.06	.00	306.06
				306.06	.00	306.06

$29041011.524700 = 50.00$   
 $\downarrow$   
 $.533900 = 256.06$   
 $\hline$   
 $total = 306.06$

WPTF Surface Water Subcommittee  
 \* Later Q/E WPTF Cash Fund

$29192055.524700 = 50.00$   
 $\downarrow$   
 $533900 = 256.06$



RAMADA INN KEARNEY NE

301 SECOND AVENUE

KEARNEY, NE 68847

(308) 237-3141

Acct# P20060-00

Room#

Rate Code

Group

Room Type NDD1

Room Rate 63.95

Arrive JAN 17 06 19:32

Depart JAN 20 06

NE DEPT OF NATURAL RESOURCES

ACCOUNTS PAYABLE

NE DEPT OF NATURAL RESOURCES

PO BOX 94676

LINCOLN

NE

68509

Payment DE L00388 NE DEPT OF NATURAL RE Exp: 00/00

Date	Description	Reference	Room	Charges	Credits
JAN 17	BANQUET FOOD	20 @ \$9.95 EA		199.00	
JAN 17	BANQUET FOOD	1 GAL COFF @\$18/EA		18.00	
JAN 17	BANQUET RM RENTAL			50.00	
JAN 17	BANQUET GRATUITY			39.06	
		Balance Due:		306.06	

I agree that my liability for this bill is not waived.

Signature: \_\_\_\_\_

Please contact the Manager about any issues with your stay. Ramada Inn or affiliates may contact you about goods and services unless you call 877-227-3557 or write to Box 27970, Minneapolis, MN 55427-0970 to opt out. View our Ramada Inn website about privacy.

**Marriott.**  
HOTELS & RESORTS

333 South 13th Street  
Lincoln, NE 68508  
Phone: (402) 474 7474 Fax: (402) 474 6006  
Marriott.com/LNKFS

*mt copy made for JE later* 5 PM

NE SCHOOL OF NATURAL RESOURCES  
ACCOUNTS PAYABLE  
PO BOX 94676  
LINCOLN NE 68509

DATE 03/01/06  
ACCT# BQ 268

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE \$ \_\_\_\_\_

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE	Amount
					655.65
					66.00
<del>08/26</del>	<del>MCNULTY/WENDY</del>	<del>182.80</del>			721.65
<del>09/14</del>	<del>PAYMENT THANK YOU</del>		<del>182.80</del>	<del>.00</del>	
02/19	WATER POLICY TASK FO	865.98		865.98	144.33
02/27	NE DEPT NATURAL RESO	712.00		712.00	0.00
				1577.98	865.98

*29041011. 533900 = 865.98*  
*571100 = 712.00*  
*1577.98*

Amount
0.00
0.00
0.00
865.98

*later Q/E WPTF cash funds*

*WPTF 29192055  
cash funds*

CURRENT	30 TO 60 DAYS	60 TO 90 DAYS	OVER 90 DAYS	TOTAL DUE
1577.98	.00	.00	.00	1577.98

Payment is due immediately upon receipt of this statement. In the event payment is not made within 25 days after receipt of the original of this statement, the Hotel may immediately impose a LATE PAYMENT CHARGE on the unpaid balance at the rate of the lower of 1.5% per month (ANNUAL RATE 18%) or the maximum allowed by law, all reasonable costs of collection, including attorney fees. Please contact the Hotel's Controller's Office if you have any questions regarding this statement.

FOR RESERVATIONS AT ANY MARRIOTT HOTEL, CALL (800) 228 9290

*JP*

**Marriott.**

HOTELS & RESORTS

**Marriott.**  
HOTELS & RESORTS

'5  
IPM

333 South 13th Street  
Lincoln, NE 68508  
Phone: (402) 474 7474 Fax: (402) 474 6006  
Marriott.com/LNKFS

NE SCHOOL OF NATURAL RESOURCES  
ACCOUNTS PAYABLE  
PO BOX 94676  
LINCOLN NE 68509

DATE 02/20/06  
ACCT# BQ 268

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE \$ \_\_\_\_\_

**Amount**

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
				655.65
				66.00
<del>08/26</del>	<del>MCNULTY/WENDY</del>	182.80		721.65
09/14	PAYMENT - THANK YOU		182.80	.00
02/19	WATER POLICY TASK FO	865.98		144.33
				865.98
				0.00

865.98

**Amount**

CURRENT	30 TO 60 DAYS	60 TO 90 DAYS	OVER 90 DAYS	TOTAL DUE
865.98	.00	.00	.00	865.98

0.00

0.00

0.00

865.98

Payment is due immediately upon receipt of this statement. In the event payment is not made within 25 days after receipt of the original of this statement, the Hotel may immediately impose a LATE PAYMENT CHARGE on the unpaid balance at the rate of the lower of 1.5% per month (ANNUAL RATE 18%) or the maximum allowed by law, all reasonable costs of collection, including attorney fees. Please contact the Hotel's Controller's Office if you have any questions regarding this statement.

FOR RESERVATIONS AT ANY MARRIOTT HOTEL, CALL (800) 228 9290

THE CORNHUSKER, MARRIOTT HOTEL  
333 SOUTH 13TH STREE  
LINCOLN, NE 68508  
402-474-7474 FAX: 402-474-1847

JP

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X \_\_\_\_\_

:: 1 of 1

Banquet Check#: 45,075

Printed: 2/8/2006 1:43:41PM

# Cornhusker

NEBRASKA'S GRAND HOTEL

Account: Ne Department of Natural Resources  
Post As: Water Policy Task Force

Event Date: 2/8/2006

On-Site:

Contact: Ms. Cheryl Byler  
Address: PO Box 94676  
Lincoln, NE 68509

Phone: (402) 471-3926  
Fax: (402) 471-2900

Quantity	Food	Price	Amount
47	Deli Buffet	13.95 Per person	655.65
3	Gallons Fresh Brewed Coffee (Regular & Decaffeinated)	22.00 per gallon	66.00
Subtotal:			721.65
Service Charge %: 20.00			144.33
Tax %: 0.00			0.00
Total:			865.98

Room Rental	Price	Amount
Room: Yankee Hill 3 Room: Yankee Hill 3	Function: MTG Function: LUN	
Subtotal:		0.00
Room Rental Tax %: 0.00		0.00
Total:		0.00

Grand Total:	865.98
--------------	--------

Tax Exempt:	Billing:	10494
		268

Client Signature

Date

NATURAL RESOURCES  
PO BOX 94676  
LINCOLN NE 68509

THE CORNHUSKER, MARRIOTT HOTEL  
GROUP MASTER ACCOUNT  
FOR  
NE DEPT NATURAL RESOURCES  
MASTER SUMMARY

REFERENCE # 1  
ACCOUNT: 8907  
ARRIVE: 02/04/06  
DEPART: 02/11/06

TOTAL ROOM, TAX, AND INCIDENTAL CHARGES: \$712.00  
TOTAL CATERING CHARGES: \$0.00  
MISCELLANEOUS CHARGES: \$0.00

SUBTOTAL: \$712.00

LESS CREDITS: \$0.00  
LESS ADVANCE DEPOSIT: \$0.00

AMOUNT DUE: \$712.00

94676  
LINCOLN

THE CORNHUSKER, MARRIOTT HOTEL  
GROUP MASTER ACCOUNT  
FOR  
NE DEPT NATURAL RESOURCES  
NE 68509  
ROOM, TAX & INCIDENTALS  
=====

REFERENCE # 2  
ACCOUNT: 8907  
ARRIVE: 02/04/06  
DEPART: 02/11/06

GUEST NAME	ROOM#	NTS	ROOM CHARGE	ROOM TAX	INCIDENTALS	TOTAL
BURKE/JOHN	616	2	\$178.00	\$ .00	\$ .00	\$178.00
ERICKSON/GLORIA	818	1	\$89.00	\$ .00	\$ .00	\$89.00
HEATH/PAT	945	1	\$89.00	\$ .00	\$ .00	\$89.00
HEINRICHS/LYLE	814	1	\$89.00	\$ .00	\$ .00	\$89.00
SCHWARTZ/TOM	618	2	\$178.00	\$ .00	\$ .00	\$178.00
SMITH/DAN	708	1	\$89.00	\$ .00	\$ .00	\$89.00

ROOM/TAX/INC. TOTAL:			\$712.00	\$ .00	\$ .00	\$712.00
GNS TOTAL:			\$ .00	\$ .00	\$ .00	\$ .00
GRAND TOTAL:			\$712.00	\$ .00	\$ .00	\$712.00

Contract (04) 5744  
 PO (09) 88568  
 REC # 860552



OK to pay  
 QB

B. 86/291

**INVOICE**  
 8-Mar-06

Nebraska Dept of Water Resources  
 Attn: Ann Bleed  
 301 Centennial Mall, Fourth Floor  
 Lincoln, NE 68509-4676

29041011

AB 514292

CDR Project: IFPL05002  
 Invoice #8502OF

Facilitation Services for the Water Policy Task Force  
 Period: January 1 - February 25, 2006

<u>Labor</u>	<u>Hours</u>	<u>Rate</u>	<u>Total</u>
Jonathan Bartsch (see attached timecards)	12.50 ✓	\$ 151.80 ✓	\$ 1,897.50 ✓
Project Admin/Bus Support		5.54% ✓	105.12
			<u>Total</u>
			\$ 604.67 ✓
			\$ 0.30 —
			<u>\$ 2,607.59</u>

**Expenses**

Travel Expenses (see attached receipts)

Copies (3 x .10)

**TOTAL DUE**

<b>CONTRACT INFO:</b>	
Facilitator Labor and Expenses	\$ 20,991.00
Project Administrative Support	\$ 1,009.00
<b>TOTAL CONTRACT</b>	<u>\$ 22,000.00</u>
<b>INVOICES:</b>	
Previously Invoiced Facilitator Labor and Expenses	\$ 14,649.38
Previously Invoiced Project Administrative Support	\$ 723.25
This Invoice - Facilitator Labor and Expenses	\$ 2,502.47
This Invoice - Project Administrative Support	\$ 105.12
<b>TOTAL INVOICED</b>	<u>\$ 17,980.22</u>
<b>AMOUNTS REMAINING:</b>	
Facilitator Labor and Expenses	\$ 3,839.15
Project Administrative Support	\$ 180.63
<b>TOTAL REMAINING</b>	<u>\$ 4,019.78</u>

Contact: Paula Taylor, Financial Director  
 FEIN: 84-0770962  
 Terms: 30 days net. A finance charge of 1 3/4% per month will be charged on all overdue invoices.

PO Approved  
 Rec'd Postcard 3/22/06

WIS2228  
 28 PROCESSED  
 45PM 03/06/2006

STATE OF NEBRASKA  
 TRANSPORTATION SERVICE BUREAU  
 VEHICLE RENTAL REGISTER FOR FEBRUARY 2006

STATE PAGE 1

0062

AGENCY 029 DIVISION 000 DEPT OF NATURAL RESOURCES

DOCUMENT NUMBER 006910

RENTAL

TICKET NBR	EQP NBR	USG TYP	VEH TYP	NET AMT BILLED	DISC AMT	GROSS AMT BILLED	QTY	UNIT	RENT PERIOD RATE	CHARGES-- AMOUNT	DSC PRC	MILEAGE RATE	--MILES	CHARGES-- AMOUNT	DSC PRC	BEGIN MILEAGE	END MILEAGE	DATE USE ENDED
#80341	43312	PL	CMPT	5.25-	.00	5.25-	00		.00	0.00	0.00	0.00	0	0.00	0.00	19,794	19,802	2006-01-09
#80345	14273	PL	CMPT	5.00-	.00	5.00-	00		.00	0.00	0.00	0.00	0	0.00	0.00	66,841	66,844	2006-01-09
80668	53358	PL	CMPT	259.10	2.00	259.10	04	DAY	10.50	42.00		835	26	217.10		7,502	8,337	2006-02-02
80672	53309	PL	CMPT	141.12	.00	141.12	02	DAY	10.50	21.00		462	.26	120.12		8,506	8,968	2006-01-31
80679	43317	PL	CMPT	86.78	.00	86.78	02	DAY	10.50	21.00		253	.26	65.78		22,725	22,978	2006-02-02
80689	53323	PL	CMPT	137.74	.00	137.74	02	DAY	10.50	21.00		449	.26	116.74		10,226	10,675	2006-02-01
81449	52149	PL	IWAG	85.42	.00	85.42	01	DAY	11.50	11.50		264	.28	73.92		1,916	2,180	2006-02-03
81470	14268	PL	CMPT	107.91	.00	107.91	03	DAY	10.00	30.00		371	.21	77.91		71,959	72,330	2006-02-08
81482	53358	PL	CMPT	77.06	2.00	77.06	01	DAY	10.50	10.50		256	.26	66.56		8,337	8,593	2006-02-07
81514	52163	PL	IWAG	13.74	.00	13.74	01	DAY	11.50	11.50		8	.28	2.24		2,383	2,391	2006-02-08
81523	34163	PL	ISED	55.55	.00	55.55	01	DAY	11.00	11.00		165	.27	44.55		44,939	45,104	2006-02-08
81554	53323	PL	CMPT	129.06	.00	129.06	01	DAY	10.50	10.50		456	.26	118.56		11,124	11,580	2006-02-10
81555	43327	PL	CMPT	41.44	.00	41.44	01	DAY	10.50	10.50		119	.26	30.94		20,121	20,240	2006-02-09
81587	53338	PL	CMPT	394.80	.00	394.80	09	DAY	10.50	94.50		1,155	.26	300.30		8,390	9,545	2006-02-22
81597	52116	PL	ISED	161.32	.00	161.32	02	DAY	11.00	22.00		516	.27	139.32		12,138	12,654	2006-02-14
81634	52143	PL	IWAG	160.78	.00	160.78	03	DAY	11.50	34.50		451	.28	126.28		9,323	9,774	2006-02-17
81695	52164	PL	IWAG	107.92	.00	107.92	06	DAY	11.50	69.00		139	.28	38.92		2,162	2,301	2006-02-24
81701	52113	PL	12PV	151.75	.00	151.75	01	DAY	14.50	14.50		549	.25	137.25		7,793	8,342	2006-02-22
81702	52148	PL	IWAG	73.10	.00	73.10	01	DAY	11.50	11.50		220	.28	61.60		11,421	11,641	2006-02-22
81727	52156	PL	IWAG	45.66	.00	45.66	01	DAY	11.50	11.50		122	.28	34.16		6,576	6,698	2006-02-22
81771	43315	PL	CMPT	27.92	.00	27.92	01	DAY	10.50	10.50		67	.26	17.42		24,047	24,114	2006-02-23
81784	52149	PL	IWAG	71.14	.00	71.14	01	DAY	11.50	11.50		213	.28	59.64		2,463	2,676	2006-02-24
81793	52150	PL	IWAG	85.14	.00	85.14	01	DAY	11.50	11.50		263	.28	73.64		11,364	11,627	2006-02-24



B. 849690

# STATE OF NEBRASKA

# INVOICE

DAS TSB

Remit To:  
DAS TSB  
INTERAGENCY BILLING # 6510  
P.O. BOX 95025  
LINCOLN NE 68509-5025



Invoice Number: 132232  
Page: 1 of 1  
Invoice Date: 03/06/06  
Account: 563718  
Due Date: 04/05/06

**BILLING ADDRESS:**

DEPARTMENT OF NATURAL RESOURCES  
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	029/000 RENTAL FEB2006 0006910	1,977.55
002	029/000 RENTAL FEB2006 0006910	503.00

Total Amount Invoiced 2,480.55

STATE OF NEBRASKA  
DEPARTMENT OF ADMINISTRATIVE SERVICES  
LINCOLN 68509

DAILY TRIP  
CHARGE TICKET  
81449

ISSUED FROM TRANSPORTATION SERVICES BUREAU

DATE 2-2-06

ISSUED TO AGENCY NUMBER 29

DIVISION NAME DNR / Admin. NatRes

DRIVER Ann Bleed

TSB ID# 15380

DESTINATION Kearney

2-3

DATE ISSUED 2-2-06

TIME 4:15 AM

DATE RETURNED 2-3-06

TIME 4:00 AM

EQUIPMENT NUMBER

62149

LICENSE NUMBER

13414

ENDING MILEAGE

2180

BEGINNING MILEAGE

1916

MILES TRAVELED

264

NUMBER OF DAYS

1

SATURDAY USE	YES	NO
SUNDAY USE		
HOLIDAY USE		

LOANER FOR:

DRIVER'S SIGNATURE Cheryl Byler for Ann Bleed

DISPATCHER'S SIGNATURE

TSB #2

Distribution: White-Billing Copy; Canary-File Copy; Pink-Agency Copy;

STATE OF NEBRASKA

VISMON3D VIS222B  
 VIS222B PROCESSED  
 08 45PM 03/06/2006

STATE OF NEBRASKA  
 TRANSPORTATION SERVICE BUREAU  
 VEHICLE RENTAL REGISTER FOR FEBRUARY 2006

STATE PAGE 63

AGENCY 029 DIVISION 000 DEPT OF NATURAL RESOURCES DOCUMENT NUMBER 006910

RENTAL

TICKET NBR	EQP NBR	USG TYP	VEH TYP	NET AMT BILLED	DISC AMT	GROSS AMT BILLED	QTY	UNIT	DAY	RENT PERIOD RATE	CHARGES AMOUNT	DSC PRC	MILES	RATE	MILEAGE	CHARGES AMOUNT	DSC PRC	BEGIN MILEAGE	END MILEAGE	DATE USE ENDED
81795	52161	PL	IWAG	66.10	02.00	66.10	01	DAY	11.50	11.50	195	.28	54.60	54.60	8,526	8,721	2006-02-24			

RENTAL TOTALS 2,470.30 2,470.30 7,528

RENTAL SUBTOTALS GROSS RENTAL REVENUE TOTALS 503.00 1,977.55  
 LESS DISCOUNT .00  
 NET RENTAL REVENUE TOTALS 503.00 1,977.55

GROSS SURCHARGE REVENUE TOTALS 0.00  
 LESS DISCOUNT 0.00  
 NET SURCHARGE REVENUE TOTALS 0.00

01 02 04 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06  
 244.14 66.10 141.96 151.75 409.26 626.69 337.94 394.80 107.91  
 genf. CA KSUME JmGage

STATE OF NEBRASKA  
 TRANSPORTATION SERVICE BUREAU  
 VEHICLE RENTAL REGISTER FOR JANUARY 2006

AGENCY 029 DIVISION 000 DEPT OF NATURAL RESOURCES

DOCUMENT NUMBER 006681

TOKEN NBR	EQP NBR	USG TYP	VEH	NET AMT BILLED	DISC AMT	GROSS AMT BILLED	QTY	UNIT	RENT PERIOD	CHARGES-- AMOUNT	DSC PRC	MILEAGE RATE	--MILES	CHARGES-- AMOUNT	DSC PRC	BEGIN MILEAGE	END MILEAGE	DATE USE ENDED
80245	52149	PL	IWAG	89.92	0.00	89.92	02	DAY	11.50	23.00		239	.28	66.92		584	823	2005-12-21
80262	52153	PL	IWAG	151.52	0.00	151.52	02	DAY	11.50	23.00		459	.28	128.52		8,013	8,472	2005-12-23
80285	43317	PL	CMPT	203.26	0.00	203.26	02	DAY	10.50	21.00		701	.26	182.26		20,896	21,597	2006-01-03
80322	53311	PL	CMPT	57.82	0.00	57.82	01	DAY	10.50	10.50		182	.26	47.32		6,883	7,065	2006-01-05
80341	43312	PL	CMPT	12.58	0.00	12.58	01	DAY	10.50	10.50		8	.26	2.08		19,794	19,802	2006-01-09
80345	14273	PL	CMPW	10.63	0.00	10.63	01	DAY	10.00	10.00		3	.21	0.63		66,841	66,844	2006-01-09
80349	43312	PL	CMPT	136.96	0.00	136.96	02	DAY	10.50	21.00		446	.26	115.96		19,802	20,248	2006-01-11
80378	43112	PL	1/2T	103.68	0.00	103.68	02	DAY	12.00	24.00		332	.24	79.68		20,535	20,867	2006-01-11
80412	52156	PL	IWAG	84.58	0.00	84.58	01	DAY	11.50	11.50		261	.28	73.08		5,591	5,852	2006-01-13
80437	53318	PL	CMPT	77.06	0.00	77.06	01	DAY	10.50	10.50		256	.26	66.56		4,169	4,425	2006-01-17
80483	24284	PL	ISED	62.57	0.00	62.57	01	DAY	11.00	11.00		191	.27	51.57		64,040	64,231	2006-01-18
80514	53348	PL	CMPT	28.18	0.00	28.18	01	DAY	10.50	10.50		68	.26	17.68		286	354	2006-01-19
RENTAL TOTALS				1,018.76	0.00	1,018.76						3,146						

RENTAL SUBTOTALS	GROSS RENTAL REVENUE TOTALS	186.50
	LESS DISCOUNT	0.00
	NET RENTAL REVENUE TOTALS	186.50

GROSS SURCHARGE REVENUE TOTALS	0.00
LESS DISCOUNT	0.00
NET SURCHARGE REVENUE TOTALS	0.00

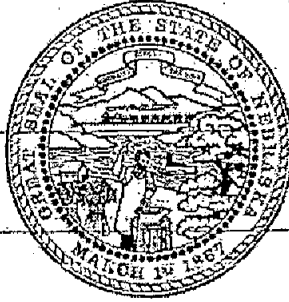
071 WPTF CIP05 01 CAR06 DL0 CB962 CFO 02  
 89.92 151.52 203.26 235.63 12.58 10.63 136.96 103.68 84.58 77.06 62.57 28.18  
 01

B 82 1169

# STATE OF NEBRASKA

# INVOICE

DAS TSB



Remit To:  
DAS TSB  
INTERAGENCY BILLING # 6510  
P.O. BOX 95025  
LINCOLN NE 68509-5025

Invoice Number: 128824  
Page: 1 of 1  
Invoice Date: 02/06/06  
Account: 563718  
Due Date: 03/08/06

**BILLING ADDRESS:**

DEPARTMENT OF NATURAL RESOURCES  
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	029/000 RENTAL JAN2006 0006681	832.26
002	029/000 RENTAL JAN2006 0006681	186.50

Total Amount Invoiced 1,018.76

1,018.76

STATE OF NEBRASKA  
DEPARTMENT OF ADMINISTRATIVE SERVICES  
LINCOLN 68509

DAILY TRIP  
CHARGE TICKET

80262

12/21/05

ISSUED FROM TRANSPORTATION SERVICES BUREAU

DATE

ISSUED TO AGENCY NUMBER 29

DIVISION NAME Natural Resources

DRIVER Ann Bleed TSB ID# 15380

DESTINATION North Platte

DATE ISSUED 12-21-05 TIME 3:30<sup>PM</sup> DATE RETURNED 12-23-05 TIME 7:30<sup>AM</sup> P.M.

EQUIPMENT NUMBER 52153 LICENSE NUMBER 13918

ENDING MILEAGE 8472

BEGINNING MILEAGE 8013

MILES TRAVELED 459

NUMBER OF DAYS 2

SATURDAY USE	YES	NO
SUNDAY USE		
HOLIDAY USE		

LOANER FOR:

DRIVER'S SIGNATURE *Ann Bleed* DISPATCHER'S SIGNATURE *[Signature]*

TSB #2

Distribution: White-Billing Copy; Canary-File Copy; Pink-Agency Copy;

INVOICE



NEBRASKA

Remit To:  
DAS TSB  
INTERAGENCY BILLING # 6510  
P.O. BOX 95025  
LINCOLN NE 68509-5025

PLEASE PRINT OR TYPE  
WARRANT NUMBER/FUN

NAME: Quane, Stephen TYPE CODE: \_\_\_\_\_  
 ADDRESS: 23534 612 Ave  
 CITY: Sterling STATE: NE ZIP CODE: 68743  
 HEADQUARTERS: \_\_\_\_\_

OWNER: Chery Salvardo '05 SUGDEN  
 LICENSE NUMBER: \_\_\_\_\_

STATE OF NEBRASKA  
NEBIA/SVA ACCOUNTING SYSTEM

402-866-6689

6911050a@tel.net

# EXPENSE REIMBURSEMENT DOCUMENT

DOCUMENT NUMBER  
835596

WARRANT WRITING

TRANSPORTATION DOCUMENT NO.

LODGING DOCUMENT NO.

PAY DATE

AGENCY DIVISION

DATE

DATE	NAME OF PLACE AND NATURE OF SERVICE	STARTED	STOPPED	MEALS	LODGING	RATE	MILES	AMOUNT		TOTAL	
								DESCRIPTION	AMOUNT		
12-21-06	Sterling to North Platte + RN					485	533	258.00			
12-22-06	Water tank force					445	90	40.05			
2-8-06	Sterling to Seward + RN Water tank force									298.07	
TOTALS										298.07	298.07

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))  
Stephen Quane

AGENCY APPROVAL  
[Signature] DATE: 2/18/06

I hereby certify that the above claim for reimbursement is proper under state statute, 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  
[Signature] DATE: 2-18-06

UNB. NO.	AG	DIV	FUND	PRG	S-P	ACT	IDENTIFIER	ACCOUNT	TOTAL	
									DEBIT	CREDIT
TOTAL										

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

STATE OF NEBRASKA  
NEBRASKA ACCOUNTING SYSTEM

EXPENSE

REIMBURSEMENT DOCUMENT

AB 4028217

(PLEASE PRINT OR TYPE)  
 SOCIAL SECURITY NUMBER/FTIN: 506-38-0141  
 TYPE CODE:  
 NAME: LLOYD NELLOR  
 ADDRESS: 1686 11th RD.  
 CITY: BEEMER  
 STATE: NEBR  
 ZIP CODE: 68716-1064  
 HEADQUARTER CITY:  
 TITLE:  
 AUTO OWNER: LLOYD YVONNE NELLOR  
 LICENSE NUMBER: 24-B306

TRANSACTION TYPE: WARRANT WRITING  
 WARRANT FLAG: M R  
 DOCUMENT NUMBER: 880444

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

DESCRIPTION:  
 AMOUNT:  
 TOTAL:

DATE 2006	PARTICULARS	TIME		MEALS	LODGING	RATE	TRANSPORTATION		MISCELLANEOUS	TOTAL
		STARTED	STOPPED				MILES	AMOUNT		
12-14-07	Andrew Flow dub, Kearney AR	7 PM	3 PM			485	376	182.36		182.36
12-22-07	Water Tank Farm North Platte	8 AM	3 PM			485	571	276.94		276.94
2-8-08	Water Tank Farm Kingsley	9:30 AM	2:30 PM			445	192	85.44		85.44
TOTALS										544.74

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.

Lloyd Nellor  
 EMPLOYEE SIGNATURE (INDEPENDENT CONTRACTOR  OTHER)  
 DATE: 2-9-08

Robert [Signature]  
 DIVISION APPROVAL  
 DATE: 2/10/08

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.

Amy [Signature]  
 AGENCY AUTHORIZED SIGNATURE  
 DATE: 2-13-08

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**

SOCIAL SECURITY NUMBER / FTIN: 17-66-2490  
 TYPE CODE: \_\_\_\_\_  
 EMPLOYEE NAME: JOHN BURKE  
 HOME ADDRESS: 108 THOMAS RD  
 STATE: NE ZIP CODE: 69301  
 HEADQUARTER CITY: \_\_\_\_\_  
 LICENSE NUMBER: 65-47  
 OWNER: BURKE INC

AGENCY/DIVISION: \_\_\_\_\_  
 DATE: \_\_\_\_\_

WARRANT WRITING: \_\_\_\_\_  
 M: \_\_\_\_\_ R: \_\_\_\_\_  
 acn: \_\_\_\_\_ agency: \_\_\_\_\_  
 DOCUMENT NUMBER: 841069  
 PAY DATE: \_\_\_\_\_

DATE	STARTED	STOPPED	MEALS	LODGING	RATE	MILES	AMOUNT	DESCRIPTION	AMOUNT	TOTAL
2/7	0630		21.37		.445	925	411.63			433.00
2/9		1930	29.66							29.66
			19.12							19.12
TOTALS						925	411.63		0.00	481.78

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: 2-21-06

DIVISION APPROVAL: *[Signature]* DATE: 2/27/06

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: *[Signature]* DATE: 2-28-06

DIV	FUND	PRG	S-P	ACT	IDENTIFIER	ACCOUNT	DEBIT	CREDIT
TOTAL							0.00	0.00

C. NO.	AG	DIV	FUND	PRG	S-P	ACT	ACCOUNT	CREDIT
TOTAL								0.00

(PLEASE PRINT OR TYPE) HB 4039970  
 SOCIAL SECURITY NUMBER/FTIN 506 92 4276  
 NAME Tom Schwarz  
 ADDRESS 311 Medina Ave  
 CITY NE 68927  
 STATE ZIP CODE  
 HEADQUARTER CITY  
 LICENSE NUMBER N37-D994

STATE OF NEBRASKA  
 NEBRASKA ACCOUNTING SYSTEM  
**EXPENSE REIMBURSEMENT DOCUMENT**

TRANSACTION TYPE  
 WARRANT WRITING  
 WARRANT FLAG  
 M R  
 DOCUMENT NUMBER  
 836634

TRANSPORTATION DOCUMENT NO.  
 LODGING DOCUMENT NO.  
 PAYEE REFERENCE  
 AMOUNT  
 PAY DATE

AGENCY/DIVISION  
 DATE

DATE	PARTICULARS	TIME		MEALS	LODGING	TRANSPORTATION		MISCELLANEOUS	TOTAL
		STARTED	STOPPED			RATE	MILES		
2004									
11-20	Kearney - Task Force + RR	9:00	3:00			37.5	100	37.5	
12-14	Kearney - Rules + RR	10:00	12:00			37.5	100	37.5	
2005	Retrad to =								
2-2	Lincoln - Task Force - Exec + RR	9:00	4:30			40.5	350	141.75	
3-2	Kearney - Task Force	9:00	4:00			40.5	100	40.50	
5-24	Kearney - Transfers	10:30	1:00			40.5	100	40.50	
8-2	Holdrege - Exec	7:30	12:00			40.5	30	12.15	
9-17	Grand Island - Transfers	10:30	2:00			40.5	150	60.75	
8-24	Kearney - Transfers	10:30	12:00			40.5	100	40.50	
10-5	Kearney - Funding	6:00	9:00		DB	44.5	100	48.50	
10-6	Kearney - Exec + Task Force	9:00	4:00			44.5	100	48.50	
11-17	North Platte - Exec + Task Force	10:00	3:00			44.5	155	75.18	
12-1	North Platte - Funding - Task Force	10:30	3:30			44.5	155	75.17	
TOTALS									698.5

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	ACCOUNT
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 OR OTHER) *Tom Schwarz* DATE 2-1-06  
 DIVISION APPROVAL *Robert [Signature]* DATE 2/15/06

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 81-1179.  
 AGENCY AUTHORIZED SIGNATURE *Debra [Signature]* DATE 2-21-06



(PLEASE PRINT OR TYPE)  
SOCIAL SECURITY NUMBER: 589-49-8882

NAME: 27/e Henry, C.H.S.  
 ADDRESS: 503 Road 4  
 CITY: Shickley STATE: NE ZIP CODE: 68436  
 TITLE: Tusk Force HEADQUARTER CITY: Shickley  
 LICENSE NUMBER: 340122  
 AUTO OWNER: 27/e

# EXPENSE REIMBURSEMENT DOCUMENT

AGENCY/DIVISION: \_\_\_\_\_ DATE: \_\_\_\_\_

TRANSPORTATION DOCUMENT NO. \_\_\_\_\_  
 LOGGING DOCUMENT NO. \_\_\_\_\_  
 PAY DATE: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

DATE	NAME OF PLACE AND NATURE OF SERVICE	STARTED	STOPPED	MEALS	LODGING	RATE	MILES	TRANSPORTATION		TOTAL
								AMOUNT	AMOUNT	
2-8-04	Shickley to Tusk Force Lincoln	0400	0400			445	184	81.88		81.88
	WPIE									
TOTALS										81.88

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

CLAIMANT'S SIGNATURE: [Signature] DATE: 3/2/06  
 DIVISION APPROVAL: [Signature]

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

AGENCY AUTHORIZED SIGNATURE: [Signature] DATE: 3/2/06  
 I hereby certify that the above claim for reimbursement is proper under state statute and that the claim is made for use of a privately owned vehicle as authorized according to Section 4-117.

