



Dave Heineman
Governor

STATE OF NEBRASKA

DEPARTMENT OF NATURAL RESOURCES
Ann Bleed
Acting Director

October 25, 2006

IN REPLY TO:

Lisa Beethe
Interim Director
Nebraska Environmental Trust
700 South 16th Street
Lincoln, NE 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 July 1, 2006 to September 30, 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

Attachment

planning&assistance/gaul/taskforce

301 Centennial Mall South, 4th Floor • P.O. Box 94676 • Lincoln, Nebraska 68509-4676 • Phone (402) 471-2363 • Telefax (402) 471-2900

An Equal Opportunity/Affirmative Action Employer

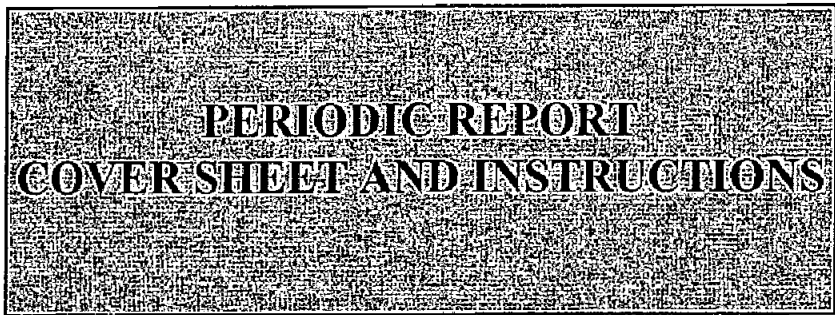
Printed with soy ink on recycled paper

DNR 016720



The Nebraska Environmental Trust

preserving NATURAL NEBRASKA™ for future generations



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

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

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

Reporting Period: July 1, 2006 through September 30, 2006 **Tax I.D. #** 47-0491233

TOTAL AMOUNT REQUESTED FOR THIS PERIOD: \$5,809.25 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:** 10/24/2006

Signature

Steve Gaul **TITLE:** Designated Project Representative

Typed or Printed Name

Nebraska Environmental Trust Signature **DATE:** _____

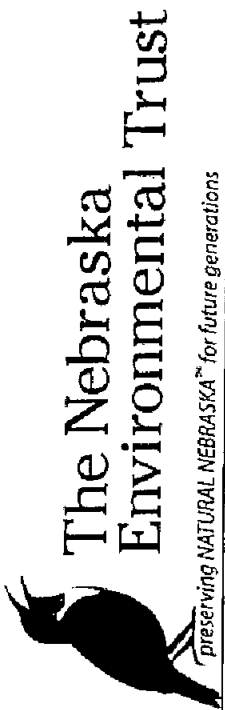


**The Nebraska
Environmental Trust**

preserving NATURAL NEBRASKA™ for future generations

**SUMMARY OF INVOICES SUBMITTED
FOR REIMBURSEMENT**

Invoice # or Date	Vendor	Description of Services	Budget Category	Invoice Amount
8/23/06	Lyle Heinrichs	Task Force Member Meeting Expense – Mileage	#3 Expenses for Task Force	87.22
8/23/06	David Sands	Task Force Member Meeting Expense – Mileage	#3 Expenses for Task Force	119.26
8/23/06	Gloria Erickson	Task Force Member Meeting Expense – Mileage	#3 Expenses for Task Force	26.70
85020K	CDR Associates	Expenses for Task Force Facilitator	#3 Expenses for Task Force	3,055.99
8/23/06	Jim Cook	Staff Meeting Expense for Task Force Meeting	#3 Expenses for Task Force	11.00
624026	Wingate Inn – Kearney	Staff Meeting Expense for Task Force Meeting	#3 Expenses for Task Force	59.95
8/23/06	Holiday Inn – Kearney	Task Force Member Meeting Expense	#3 Expenses for Task Force Meeting	64.95
8/23/06	Wingate Inn – Kearney	Task Force Member Meeting Expense	#3 Expenses for Task Force Meeting	309.80
8/23/06	Holiday Inn/Captain's Table – Kearney	Task Force Meeting Expense – Meal and Break	#3 Expenses for Task Force Meeting	677.02
8/16/06	Kearney Hub	Publication of Task Force Meeting Notice	#3 Expenses for Task Force Meeting	11.31
8/23/06	Gary Thayer	Task Force Member Meeting Expense – Mileage	#3 Expenses for Task Force Meeting	366.24
8/23/06	Patrick Heath	Task Force Member Meeting Expense – Mileage	#3 Expenses for Task Force Meeting	318.65
8/26/06	Duane Sugden	Task Force Member Meeting Expense – Mileage	#3 Expenses for Task Force Meeting	155.75
8/23/06	Claude Cappel	Task Force Member Meeting Expense – Mileage	#3 Expenses for Task Force Meeting	152.17



**SUMMARY OF INVOICES SUBMITTED
FOR REIMBURSEMENT**

8/23/06	Lloyd Nellor	Task Force Member Meeting Expense – Mileage	#3 Expenses for Task Force Meeting	165.54
#85020J	CDR Associates	Expenses for Task Force Facilitator	#3 Expenses for Task Force	227.70
			TOTAL:	\$ 5,809.25

Project #: 03-164 Nebraska Water Policy Task Force/Nebraska
Department of Natural Resources

Report for period from July 1, 2006 to September 30, 2006

PERIODIC REPORT JULY 1, 2006 TO SEPTEMBER 30, 2006
Project 03-164 LB 1003 Water 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 Nebraska Water Policy Task Force. Since adoption of its recommendations with the passage of LB 962 in 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 and subcommittee meetings and facilitation of those meetings.

A Task Force meeting took place on August 23, 2006. There were also meetings of the Groundwater, Surface Water and Instream Flow Subcommittees during the period.

REQUEST FOR REIMBURSEMENT

We are requesting reimbursement in the amount of \$5,809.25 for expenses incurred in the period of July 1, 2006 to September 30, 2006. These expenses are for activities by Water Policy Task Force members and expenses for facilitation of Water Policy Task Force meetings. We have provided accompanying documentation of the expenses.

PLEASE PRINT OR TYPE

SOCIAL SECURITY NUMBER / STN

507-49-8082

NAME

27/e Henry, C.H.S

ADDRESS

503 Road 4

CITY

Stickley

STATE

NE

ZIP CODE

68436

TITLE

Test Force

HEADQUARTER/CITY

Stickley

AUTOWNER

27/e

LICENSE NUMBER

34-152

DATE

20

ADMIN UNIT

NAME OF PLACE AND NATURE OF SERVICE

Post Office Perry

Stickley to Kearney

RD

STARTED

104200

STOPPED

104300

0800

1700

MEALS

LOGGING

RATE

445

MILES

196

AMOUNT

87.22

DESCRIPTION

AMOUNT

TOTAL

87.22

STATE OF NEBRASKA
NEBRASKA ACCOUNTING SYSTEM

EXPENSE REIMBURSEMENT DOCUMENT

TRANSPORTATION DOCUMENT NO	LOGGING DOCUMENT NO
WARRANT WRITING	

TRANSPORTATION DOCUMENT NO	LOGGING DOCUMENT NO
WARRANT WRITING	

DESCRIPTION	AMOUNT
TOTAL	87.22

AGENCY/DIVISION

DATE

DATE	ADMIN UNIT	NAME OF PLACE AND NATURE OF SERVICE	STARTED	STOPPED	RATE	MILES	LOGGING	MEALS	AMOUNT	DESCRIPTION	AMOUNT	TOTAL
8-23		Post Office Perry	104200	104300	445	196			87.22			87.22
		Stickley to Kearney	0800	1700								
TOTALS											87.22	

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 in the account of such expenses for which payment has not previously been made by the STATE OF NEBRASKA

EMPLOYEE SIGNATURE (IF INDEPENDENT CONTRACTOR - OTHER) *Henry, C.H.S* DATE *9-10-06*

DIVISION APPROVAL *Robert...* DATE *9/12/06*

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 3-117.

[Signature] AUTHORIZED SIGNATURE DATE *9/19/06*

EXPENSE

REIMBURSEMENT DOCUMENT

DOCUMENT NUMBER
1009592

PAY DATE

WARRANT WRITING

AGENCY

SOCIAL SECURITY NUMBER / FTIN: **205-62-8151** TYPE CODE

EMPLOYEE NAME: **David Sands**

EMPLOYEE ADDRESS: **810 SW 27th St.**

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

HEADQUARTER CITY: _____ LICENSE NUMBER: **NQC392**

VEHICLE OWNER: **SELF**

DESCRIPTION	AMOUNT
TOTAL	119.26

AGENCY/DIVISION

DATE:

DATE	STARTED	STOPPED	MEALS	LODGING	RATE	MILES	AMOUNT	DESCRIPTION	AMOUNT	TOTAL
8/23	9:30	3:30			4.45	268	119.26	Water Task Force Meeting Lincoln - Kearney 4 RTD		119.26
TOTALS										119.26

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

ENC. NO.	AG	DIV	FUND	PRG	S-P	ACT	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** DATE **9/11/06**

DIVISION APPROVAL

Robert S. ... DATE **9/12/06**

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.

Robert S. ... AUTHORIZED SIGNATURE DATE **9/19/06**

(PLEASE PRINT OR TYPE)

SOCIAL SECURITY NUMBER / FTIN: 505-56-6030
 TYPE CODE: _____
 NAME: Gloria J. Erickson
 ADDRESS: 315 18th Ave
 CITY: Holdrege STATE: NE ZIP CODE: 68949
 TITLE: Task Force Member HEADQUARTER CITY: Lincoln
 AUTOOWNER: 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: 103303

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

AGENCY DIVISION: Water Policy Task Force Mtg
 DATE: 8-23-06
 DESCRIPTION: Holiday Travel - Kearney
 Department of Natural Resources

DATE	PARTICULARS	STARTED	STOPPED	MEALS	LODGING	RATE	TRANSPORTATION		MISCELLANEOUS	TOTAL
							MILES	AMOUNT		
8-23	Holdrege → Kearney	8:15am	8:50am			445	30	13.35		
8-23	Kearney → Holdrege	3:00pm	3:40pm			445	30	13.35		
	WPTF									
TOTALS										60 26.7

ENCUMB. NO.	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: 9-13-06

DIVISION APPROVAL: *[Signature]* DATE: 9-15-06

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 84-1176.

AGENCY AUTHORIZED SIGNATURE: *[Signature]* DATE: 9/19/06

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

Contract (04) -
20918
PO(09)-118408
Rec B#1022991



Steve Gau
B. 1023003

INVOICE
5-Sep-06
AB514293

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

CDR Project: IFPL05002
Invoice #8502OK

Facilitation Services for the Water Policy Task Force
Period: August, 2006

Labor	Hours	Rate	Total
Jonathan Bartsch (see attached timecards)	13.00	\$ 151.00	\$ 1,963.00
Travel Time	6.50	\$ 100.00	\$ 650.00
Project Admin/Bus Support		5.54%	\$ 144.76

Expenses	Total
Copies - 3 x .10	\$ 0.30
Travel - 8-22/23-06	\$ 297.93
TOTAL DUE	\$ 3,055.99 ✓

CONTRACT INFO:	
Facilitator Labor and Expenses	\$ 23,500.00
Project Administrative Support	\$ 1,000.00
TOTAL CONTRACT	\$ 24,500.00
INVOICES:	
Previously Invoiced Facilitator Labor and Expenses	\$ -
Previously Invoiced Project Administrative Support	\$ -
This Invoice - Facilitator Labor and Expenses	\$ 2,911.23
This Invoice - Project Administrative Support	\$ 144.76
TOTAL INVOICED	\$ 3,055.99
AMOUNTS REMAINING:	
Facilitator Labor and Expenses	\$ 20,588.77
Project Administrative Support	\$ 855.24
TOTAL REMAINING	\$ 21,444.01

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.

CDR Associates • Boulder, CO
100 Arapahoe Ave. Suite 12 • Boulder, CO 80302 • Ph: 303-442-7367 • Fx: 303-442-7442 • <http://www.mediate.org>
Mediation • Environmental/Public Policy Issues • Workplace Conflicts • Custom Dispute Resolution Systems • Training

B# 1000100

Statement of Account

Date: 08/25/06 00:17

Page: 1

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

Account#: L00401
Phone: B (402) 471-2363
From: AUG2406
Through: AUG2406

NATURAL RESOURCES DEPT. OF
ATTN: MARY KREINER
P.O BOX 94676

LINCOLN NE 68509

Inv #	Inv Date	Guest #	Reference/Guest	Gross Amt	Pmts/Adjs	Net Due
G24026	08/24/06	P24398-00	COOK, JIM	59.95	.00	59.95
				59.95	.00	59.95

WPTJ

29192055.571100 = 59.95

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

STATE OF NEBRASKA

EXPENSE REIMBURSEMENT REQUEST

TRANSPORTATION DOCUMENT NUMBER		EXPENSE REIMBURSEMENT REQUEST													DOCUMENT NUMBER		
1001227															1001227		
DATE month/day	NAME OF PLACE AND NATURE OF SERVICE <small>Enter start and stop points for each trip State purpose of each trip</small>	TRAVEL TIMES		MEALS <small>Actual Amounts only</small>	LODGING <small>DB1, DB2, etc. if direct billed</small>	TRANSPORTATION		MISCELLANEOUS DESCRIPTION	AMOUNT	TOTAL							
		STARTED	STOPPED			MILES TRAVELED	RATE								MILES TRAVELED	AMOUNT	
6/13	Sidney, NRD meeting	1:30pm		D					0.445					8.00			
6/14	Return to Lincoln		1:00pm	L					0.445					-			
6/28	Denver, Platte GC meeting + RTR	6:30am	11:00pm	D	DB1			Airport parking	0.445					7.75			16.25
7/27	Ord, NRD meeting + RTR	2:00pm	10:30pm	D					0.445								13.00
8/8	Denver, Platte GC meeting + RTR	6:30am	10:00pm	D				Airport parking	0.445					7.75			19.75
8/22	Keamey, COHYST and WPTF subcommittee mtgs.	7:45am	7:30pm	D					0.445								9.00
8/23	Keamey, WPTF meeting	6:30am		D					0.445								11.00
8/24	North Platte, OA basin group meeting + RTR		8:30pm	D	DB2				0.445								7.00
				D					0.445								-
				B					0.445								-
				L					0.445								-
				D					0.445								-
				B					0.445								-
				L					0.445								-
				D					0.445								-
				B					0.445								-
				L					0.445								-
				D					0.445								-
				B					0.445								-
				L					0.445								-
				D					0.445								-
				B					0.445								-
				L					0.445								-
				D					0.445								-
				B					0.445								-
				L					0.445								-
			TOTALS				68.50										84.00
DB: 1	Holiday Inn Express, Ogallala																
DB: 2	Wingate, Kearney																
DB: 3																	
DB: 4																	
DB: 5																	
										Business Unit			Amount				
																15.50	84.00

NAME and TITLE		ADDRESS BOOK NUMBER		HEADQUARTER CITY		DATE	
James R. Cook				Lincoln		9/10/06	
ADDRESS		CITY		STATE		ZIP CODE	
3339 So. 40th ST.		Lincoln		NE		68506	
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 or another source.							
EMPLOYEE SIGNATURE				SUPERVISOR or APPROVER SIGNATURE			
<i>James R Cook</i>				<i>Blair P. Dwyer</i>			
				DATE			
				9/6/06			

B # 1016345

STATEMENT



P.O. BOX 1925 • KEARNEY, NE • 68848
PHONE: 308-236-6683
FAX: 308-234-6475

ACCT. #
109647

DATE
9-19-06

Attn-
Mary K
in
acctg.

Natural Resources/NE Dept of
Attn: Account Payables
Box #94676
Lincoln, NE 68509

RECEIVED

SEP 19 2006

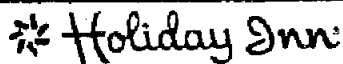
DEPARTMENT OF
NATURAL RESOURCES

DETACH AND RETURN THIS
STUB WITH REMITTANCE

AMOUNT REMITTED \$ _____

DATE	CHARGES AND CREDITS	BALANCE
	Corrected statement	
8/23/06	P16416-Gary Thayer August 22, 2006 stay/1 nite tax exempt	\$64.95
	thanks!	

ALL ACCOUNTS 30 DAYS PAST DUE MAY BE CHARGED 1% INTEREST PER MONTH.



P.O. BOX 1925 • KEARNEY, NE • 68848

PAY LAST AMOUNT
SHOWN IN THIS
COLUMN

Interman Ptg.-Litho, Kearney, NE 68847

Received Time Sep. 19. 10:58AM

Statement of Account

B# 1010171

Date: 08/24/06 00:34

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

Account#: L00401
Phone: B (402) 471-2363
From: AUG2306
Through: AUG2406

NATURAL RESOURCES DEPT. OF
ATTN: MARY KREINER
P.O BOX 94676

LINCOLN NE 68509

per call to Jennifer 9-19-06

Inv #	Inv Date	Guest #	Reference/Guest	Gross Amt	Pmts/Adjs	Net Due
G24010	08/23/06	P23704-00	KURTZ, TINA	59.95	.00	59.95
G24011	08/23/06	P24061-00	* HEINRICHS LYLE	89.95	.00	89.95
G24014	08/23/06	P24055-00	* NELLOR LLOYD	89.95	.00	89.95
G24017	08/23/06	P24038-01	SUGDEN DUANE (RM & <i>double occupancy</i>)	69.95	.00	69.95
				=====	=====	=====
				309.80	.00	309.80

** Booked their own rooms
on 8-10-06
All that was available
were suites*

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

571008100

Holiday Inn/Captain's Table

STATEMENT

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

Customer No.: D1223
Page: 1
Date: 8/25/2006

Sold To:
NE Dept. of Natural Resources
c/o Ms. Mimi Lang
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: 8/3/2006	0.00
321	8/22/2006	IN	luncheon	602.14
320	8/23/2006	IN	morning break	74.88
<p>WPTJ</p> <p>29192055.524700 = 125.00</p> <p>↓</p> <p>533900 = 552.02</p> <hr/> <p>677.02</p>				

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

Invoice	IT - Interest Payable	AD - Adjustment	Total ⇨	677.02
Debit Note	PY - Applied Receipt	PI - Prepayment		
Credit Note	ED - Earned Discount	UC - Unapplied Cash		
30 DAYS O/DUE	31 - 60 DAYS O/DUE	61 - 90 DAYS O/DUE	OVER 90 DAYS O/DUE	
0.00	0.00	0.00	0.00	

DATE:

8-23-06

NO.

CHE

D1223
Holiday Inn

The Captain's Table
RESTAURANT

ORGANIZATION: Nebraska Department
Natural Resources
CONTACT: Attn: Mimi Lang
ADDRESS:

lunches -
(LH) 910954

SUB-TOTAL 514.65

TAX Exempt

GRATUITY 87.49

TOTAL 602.14

****PLEASE NOTE:** Meeting space is assigned to accommodate the number of people. Should your actual numbers change, the hotel reserves the right to reassign meeting space.

OTHER:

* 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: 6/7/06

Signed: _____
For the group
Date: _____

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

DIRECT BILLING INFORMATION:

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

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.

DATE:

8-23-06

NO. 1009730

CHECK NUMBER

The Captain's Table RESTAURANT

D1223 Holiday Inn

KEARNEY, NE
PHONE: 308-2

ORGANIZATION: Nebraska Department

Natural Resources

CONTACT:

Attn: Mimi Lang

P.O. Box 94676

ADDRESS:

Lincoln NE 68509-467

Morning Break
(4) Coffee

SUB-TOTAL

604.00

TAX

Exempt

GRATUITY

10.88

TOTAL

614.88

****PLEASE NOTE:**

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

OTHER:

* 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: 6/7/06

Signed: _____
For the group
Date: _____

Please sign and return in the enclosed self addressed 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.

Kearney Hub

B # 1013747

Invoice/Statement

13 E. 22nd
P.O. Box 1988
Kearney, NE 68848-1988

For billing inquiries call 308-237-2152

Billing Date:	Page No.
09/03/06	1 of 1
Terms of Payment	Billed Acct. No.
1/2% / 15 - Net 30	210060

*Late-payment fee of 12% Annually

Billed Account

NE DEPT NATURAL RESOURCES
ATTN: ACCOUNTING
PO BOX 94676
LINCOLN NE 68509-4676

Billing Period 8 (08/07/06 - 09/03/06) Payment due by 09/29/06.

DATE	TYPE	REF NUMBER	DESCRIPTION	SIZE COL X INC	UNITS	RATE	AMOUNT
08/16/06	INV	A/R:40668540 Ord:70148614	Aug. 23, 2006 Water Policy Task Force Kearney Hub, Legal Section, Legal	1X2.290	2.29	4.94	11.31 ✓
08/16/06	INV	A/R:40668546 Ord:70149168	Aug. 24, 2006 Meeting Overappropriate Kearney Hub, Legal Section, Legal	1X4.580	4.58	4.94	22.62 ✓

ACCOUNTS RECEIVABLE	CURRENT	31-60	61-90	90-120	Over 120	Amount Due
AGING	33.93	.00	.00	.00	.00	33.93

Please detach and return this portion with payment. To ensure proper credit to your account, please write your customer number on your check. If you have any questions about your account, please contact Accounts Receivable at (308) 237-2152.

Billing Date
09/03/06
Customer Number
210060

ACCOUNTS RECEIVABLE	CURRENT	31-60	61-90	90-120	Over 120	Amount Due
AGING	33.93	.00	.00	.00	.00	33.93

KEARNEY HUB
13 E. 22nd
P.O. BOX 1988
KEARNEY, NE 68848-1988

NE DEPT NATURAL RESOURCES
ATTN: ACCOUNTING
PO BOX 94676
LINCOLN NE 68509-4676

AFFIDAVIT OF PUBLICATION

The State of Nebraska }
The County of Buffalo } ss:

Lori Guthard, being first duly sworn, says that she is Advertising Manager of The KEARNEY HUB, a daily newspaper printed in whole and published in its entirety at its office maintained in Kearney, in said county and of general circulation therein and been published for more than 52 weeks in said county prior to the first publication of the annexed notice and has a bona fide circulation of more than 300 copies, and that the notice, a true copy of which is hereto annexed was published in said paper as follows:

the first publication being on the 16 day of Aug 2006 and subsequent publication(s) on the

- _____ day of _____, 2006
- _____ day of _____, 2006
- _____ day of _____, 2006
- _____ day of _____, 2006
- _____ day of _____, 2006

Lori Guthard

RECEIVED

AUG 18 2006

DEPARTMENT OF NATURAL RESOURCES

Subscribed in my presence and sworn to before me this 17 day of August, 2006

Doreen Lemburg
Notary Public.

GENERAL NOTARY - State of Nebraska
DOREEN LEMBURG
My Comm. Exp. Nov. 21, 2007

OK to pay per Jim Cook

braska 68509-4676, (402) 471-2363 by Tuesday, August 22, 2006.
Ag16,t1

B/975546

STATE OF NEBRASKA

DAS TSB

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



INVOICE

Invoice Number: 146008
Page: 1 of 1
Invoice Date: 07/06/06
Account: 563718
Due Date: 08/05/06

BILLING ADDRESS:

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

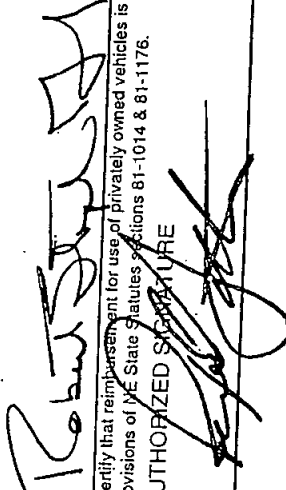

<u>Item Number</u>	<u>Remark</u>	<u>Amount</u>
001	029/000 RENTAL JUN2006 0010047	2,467.27
002	029/000 RENTAL JUN2006 0010047	542.00

Total Amount Invoiced 3,009.27

STATE OF NEBRASKA

EXPENSE REIMBURSEMENT REQUEST

DATE	TRANSPORTATION DOCUMENT NUMBER	LODGING DOCUMENT NUMBER	NAME OF PLACE AND NATURE OF SERVICE	TRAVEL TIMES		MEALS	LODGING	TRANSPORTATION		MISCELLANEOUS	DOCUMENT NUMBER
				STARTED	STOPPED			RATES TRAVELED	MILES TRAVELED		
2006			Enter start and stop points for each trip								
8/21			Lincoln-North Platte, IMP meeting	13:00	over	B		0.445			
						L		0.445			
8/22			North Platte - Kearney, travel to Kearney for WPTF mtg	over	over	D	DB	0.445			
						B		0.445			15.00
						L		0.445			4.00
8/23			Kearney - North Platte, WPTF mtg & travel to NP for OA basinwide mtg	over	over	D	DB	0.445			8.00
						B		0.445			15.00
						L		0.445			6.00
8/24			North Platte - Lincoln, OA basinwide mtg	over	20:30	D	DB	0.445			18.00
						B		0.445			4.00
						L		0.445			10.00
8/28			Lincoln - Scottsbluff, travel for NARD mtg	10:00	over	D		0.445			
						B		0.445			
						L		0.445			
8/29			Scottsbluff-Crawford-North Platte, NARD mtg	over	over	D	DB	0.445			12.00
						B		0.445			18.00
						L		0.445			5.00
8/30			North Platte - Lincoln, return to Lincoln	over	11:30	D	DB	0.445			18.00
						B		0.445			5.00
						L		0.445			
						D		0.445			
						B		0.445			
						L		0.445			
						D		0.445			
DB: 1											
DB: 2											
DB: 3											
DB: 4											
DB: 5											
TOTALS								138.00			
								Business Unit	Object Code	Amount	138.00

NAME and TITLE		SUPERVISOR or APPROVER SIGNATURE		DATE
Tina Kurtz, Planning Coordinator		 I certify that reimbursement for use of privately owned vehicles is authorized according to the provisions of NE State Statutes sections 81-1014 & 81-1176.		8/31/06
ADDRESS				DATE
P.O. Box 94676		AUTHORIZED SIGNATURE		DATE
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 or another source.		 EMPLOYEE SIGNATURE		8/31/06

STATE OF NEBRASKA
NEBRASKA ACCOUNTING SYSTEM

**EXPENSE
REIMBURSEMENT DOCUMENT**

(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: Iwig HEADQUARTER CITY: HARVISON
AUTO OWNER: Same LICENSE NUMBER: 80-A2358

TRANSPORTATION DOCUMENT NO. []
LODGING DOCUMENT NO. []
WARRANT WRITING []
WARRANT FLAG []
DOCUMENT NUMBER: 997443

AGENCY/DIVISION: []
DATE: []
TOTAL: []

DATE	PARQUARDS	NAME OF PLACE AND NATURE OF SERVICE	STARTED	STOPPED	MEALS	LODGING	RATE	MILES	AMOUNT	DESCRIPTION	AMOUNT	TOTAL
8-22	Harvison	Harvison (Creeper Adv Board)	164455	164920	-	-	445	465	206.93		206.93	
8-23	Retiree	Retiree	164920	165278	-	-	445	358	159.31		159.31	
		WOTE										
TOTALS											366.24	

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

ENCUMB NO.	AG	DIV	FUND	PRG	S-P	ACT	ACCOUNT	AMOUNT
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 E Thayer* DATE: 8-28-06

DIVISION APPROVAL: *Robert S. Iwig* DATE: 8/30/06

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 49-1176.

AGENCY AUTHORIZED SIGNATURE: *Robert S. Iwig* DATE: 8/31/06

EXPENSE REIMBURSEMENT DOCUMENT

DOCUMENT NUMBER
997443

WARRANT PRINTING

TRANSPORTATION DOCUMENT NO.

PAY DATE

LODGING DOCUMENT NO.

AGENCY DIVISION

DATE

ISEPRINT OR TYPE
AL SECURITY NUMBER/FTIN
508-54-7803

TYPE CODE
Duane Sugden
73534 612 Ave.

STATE ZIP CODE
Ne 68443

HEADQUARTERS
Sterling

OWNER
Duane Sugden

LICENSE NUMBER
CH04 H-Dr Pickup SUGDEN

DATE	NAME OF PLACE AND NATURE OF SERVICE	STARTED	STOPPED	MEALS	LODGING	RATE	MILES	AMOUNT	DESCRIPTION	AMOUNT	TOTAL
8-23	Kearney - water task Force meeting	9:00am	2:30pm		direct billed	.445	350	155.75			155.75
	Spring to Kearney + RSD										
TOTALS										155.75	155.75

DIV	FUND	PIRG	S-P	ACT	IDENTIFIER	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 (OR INDEPENDENT CONTRACTOR) (OTHER)
Duane Sugden 8-26-06

AGENCY AUTHORIZED SIGNATURE
Robert S. ... 8/29/06

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 81-117.

DATE
8/31/06

SOCIAL SECURITY NUMBER / FTIN
506 46 5829

PAYEE NAME
Claude L Cappel

PAYEE ADDRESS
71795 Road 383

CITY STATE ZIP CODE
McCook NE 69001-7508

TITLE HEADQUARTER CITY
Claude Cappel

AUTO OWNER LICENSE NUMBER
Claude Cappel 48 D 23

AGENCY/DIVISION

DATE: 08/23/06

WARRANT WRITING

DOCUMENT NUMBER
1001227

PAY DATE

EXPENSE REIMBURSEMENT DOCUMENT

STATE OF NEBRASKA NEBRASKA ACCOUNTING SYSTEM

DATE	STARTED	STOPPED	MEALS	LODGING	MILES	AMOUNT	DESCRIPTION	AMOUNT	TOTAL
2006	08/23				224	99.68		99.68	99.68
	08/23			52.49		0.00		52.49	152.17
						0.00		0.00	
						0.00		0.00	
						0.00		0.00	
						0.00		0.00	
						0.00		0.00	
						0.00		0.00	
						0.00		0.00	
						0.00		0.00	
						0.00		0.00	
						0.00		0.00	
						TOTALS		152.17	

McCook
Kearney Water Policy Task Force
Kearney Water Policy Task Force

AG	DIV	FUND	PRG	S-P	ACT	IDENTIFIER	ACCOUNT	DEBIT	CREDIT
								0.00	0.00
								0.00	0.00
TOTAL								0.00	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 ()
Claude L Cappel 09-01-06
DATE

DIVISION APPROVAL
Robert Stephens 09/05/06
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.
[Signature] 9/6/06
AUTHORIZED SIGNATURE DATE

(PLEASE PRINT OR TYPE)

STATE OF NEBRASKA
NEBRASKA ACCOUNTING SYSTEM

EXPENSE

REIMBURSEMENT DOCUMENT

SOCIAL SECURITY NUMBER (F/TIN) 506-38-0141 TYPE CODE

NAME LOYD NEKHOR

ADDRESS 1486 11th RR

CITY BEAUMER STATE NE ZIP CODE 68716-4064

TITLE

AUTO OWNER LOYD NEKHOR LICENSE NUMBER 24-B306

TRANSACTION TYPE WARRANT WRITING

WARRANT FLAG M R

DOCUMENT NUMBER 1001735

TRANSPORTATION DOCUMENT NO.

LODGING DOCUMENT NO.

PAY DATE

AGENCY/DIVISION

DATE

DESCRIPTION

PAYEE REFERENCE

AMOUNT

TOTAL

DATE	PARTICULARS			STARTED	TIME STOPPED	MEALS	LODGING	RATE	MILES	TRANSPORTATION AMOUNT	MISCELLANEOUS AMOUNT	TOTAL
	NAME OF PLACE AND NATURE OF SERVICE											
8-23	Water Policy Meeting at Kearney			9 AM	2:20 PM			445	372	165.54		165.54
	Beaumer to Kearney + RR											
TOTALS												165.54

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

ENCUMB. NO.	AG	DIV	FUND	PRG	S-P	ACT	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 Lloyd Nekhor DATE 8-28-06

DIVISION APPROVAL [Signature] DATE 9/6/06

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 81-117B.

AGENCY AUTHORIZED SIGNATURE [Signature] DATE 9/6/06

Contract (COY)
-18889
POCOY -
10799/
Rec B#969399



A S S O C I A T E S

INVOICE
11-Jul-06

AB 514292

Steve B
B. 970422

RECEIVED

JUL 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 #8502OJ

Facilitation Services for the Water Policy Task Force
Period: June 1 - 24, 2006

<u>Labor</u>	<u>Hours</u>	<u>Rate</u>	<u>Total</u>
Jonathan Bartsch (see attached timecards)	1.50	\$ 151.80	\$ 227.70
Project Admin/Bus Support		5.54%	\$ -
			<u>Total</u>
			\$ -
			\$ -
			<u>\$ 227.70</u>

TOTAL DUE

CONTRACT INFO:	
Facilitator Labor and Expenses	\$ 20,991.00
Project Administrative Support	\$ 1,009.00
TOTAL CONTRACT	\$ 22,000.00
INVOICES:	
Previously Invoiced Facilitator Labor and Expenses	\$ 20,572.16
Previously Invoiced Project Administrative Support	\$ 1,009.00
This Invoice - Facilitator Labor and Expenses	\$ 227.70
This Invoice - Project Administrative Support	\$ -
TOTAL INVOICED	\$ 21,808.86
AMOUNTS REMAINING:	
Facilitator Labor and Expenses	\$ 191.14
Project Administrative Support	\$ -
TOTAL REMAINING	\$ 191.14

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.

CDR Associates • Boulder, CO.
100 Arapahoe Ave. Suite 12 • Boulder, CO 80302 • Ph: 303-442-7367 • Fx: 303-442-7442 • <http://www.mediate.org>
Mediation • Environmental/Public Policy Issues • Workplace Conflicts • Custom Dispute Resolution Systems • Training

90 Approved
7/28/06
Rec'd
7/31/06