

Dave Heineman
Governor

STATE OF NEBRASKA

DEPARTMENT OF NATURAL RESOURCES
Ann Bleed
Acting Director

July 25, 2006

IN REPLY TO:

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

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

Dear Ms. Beethe:

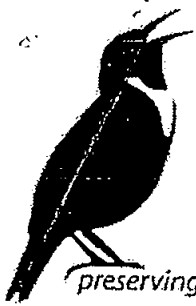
Attached is a copy of the progress report for the period of April 1, 2006 to June 30, 2006 for Project Number 03-164 – LB 1003 Water Policy Study/Project. If you have any questions, please don't hesitate to contact me at (402) 471-3955.

Sincerely,

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

Steve Gaul
Designated Project Representative

Attachment



The Nebraska Environmental Trust

preserving NATURAL NEBRASKA™ for future generations

PERIODIC REPORT COVER SHEET AND INSTRUCTIONS

Please use this form to file periodic project reports as required in your Trust grant contract. These reports should consist of the following four parts:

1. **The Cover Sheet.** Please complete the information below as requested.
2. **Request for Reimbursement.** You must submit original invoices to document each expense for which you request reimbursement, unless otherwise provided in your grant contract. Each invoice must contain the name, address and social security or federal tax identification number of the vendor, and an itemized list of services or goods with costs and the dates of service or delivery. If invoices contain non-grant items, clearly note the exceptions. On the reverse of this page you will find a table entitled "Summary of Invoices Submitted for Reimbursement." List each invoice on the table, providing the information as requested. Be sure the expenditure description contains sufficient information to determine that the item or activity is a legitimate project expense. The column "Budget Category" references the categories you created in your contract budget outline: each invoice must identify which category name it falls under. Copy the table if you need additional reporting space. Clip the invoices in the order listed on the Summary sheet.
3. **Project Narrative.** On a separate page(s), describe project activities, partners and results of the project for this period. If modifications were made to the project, describe the changes and explain why they were necessary. Quantify any results you can, for example, acres restored, pounds recycled, etc.
4. **Report on Matching and In-Kind Expenditures.** Use this form to report all resources expended on the project other than those funded by the Trust. Examples of these costs could include materials, labor, donations, other matching funds or volunteer labor time.

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

Fiscal Agent: Steve Gaul, Designated Project Representative

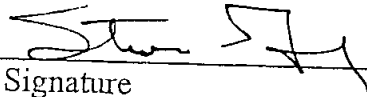
Fiscal Agent Address: P.O. Box 94676, Lincoln, NE 68509-4676
(street address, city, state, zip code)

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

Reporting Period: April 1, 2006 through June 30, 2006 Tax I.D. # 47-0491233

TOTAL AMOUNT REQUESTED FOR THIS PERIOD: \$ 7,470.82 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: 7/25/06
Signature
Steve Gaul TITLE: Designated Project Representative
Typed or Printed Name

Nebraska Environmental Trust Signature _____ DATE: _____



The Nebraska Environmental Trust

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SUMMARY OF INVOICES SUBMITTED FOR REIMBURSEMENT

Invoice # or Date	Vendor	Description of Services	Budget Category	Invoice Amount
May 17, 2006	Omaha World-Herald	Task Force Mtg. Announcement	#3 Expenses for Task Force	119.88
6/1/06	Quality Inn and Suites	Rooms and Food for May 31 Task Force Mtg	#3 Expenses for Task Force	1,657.31
5/31/06	Quality Inn and Suites	Rooms for May 31 Task Force Mtg.	#3 Expenses for Task Force	420.00
6/12/06	CDR Associates	Expenses for Task Force Facilitator	#3 Expenses for Task Force	2,639.09
5/12/06	CDR Associates	Expenses for Task Force Facilitator	#3 Expenses for Task Force	881.45
4/7/06	CDR Associates	Expenses for Task Force Facilitator	#3 Expenses for Task Force	80.40
5/31/06	John Burke	Task Force Member Meeting Expense	#3 Expenses for Task Force	196.99
6/1/06	Hampton Inn	Staff Hotel Expense for Task Force Mtg	#3 Expenses for Task Force Mtg	378.00
5/31/06	Neale Shaner	Task Force Member Mtg Expense-Mileage	#3 Expenses for Task Force Mtg	256.77
5/31/06	Lloyd Nellor	Task Force Member Mtg Expense-Mileage	#3 Expenses for Task Force Mtg	258.99
5/31/06	Lyle Heinrichs	Task Force Member Mtg Expense-Mileage	#3 Expenses for Task Force Mtg	173.55
5/31/06	Claude Cappel	Task Force Member Mtg Expense-Mileage	#3 Expenses for Task Force Mtg	64.08
		TOTAL:	TOTAL:	\$

Project # 03-164 Report for period from April 1, 2006 to June 30, 2006 Project Sponsor: Nebraska Department of Natural Resources/Water Policy Task Force



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
5/31/06 and 5/10/06	Dave Sands	Task Force Member Mtg Expense-Mileage	#3 Expenses for Task Force Mtgs	292.81
5/30/06 and 5/31/06	Tina Kurtz	Staff Mtg Expense for Task Force Mtg	#3 Expenses for Task Force Mtg	51.50
TOTAL:				\$ 7,470.82

Project # 03-164

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

Report for period from April 1, 2006 to June 30, 2006

PERIODIC REPORT APRIL 1, 2006 TO JUNE 30, 2006
Project 03-164 LB 1003 Water Policy Study/Project

The purpose of this project has been to review issues related to Nebraska surface water and 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 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 May 31, 2005. There were also meetings of the Ground Water, Surface Water, Funding, and Instream Flow subcommittees during the period.

REQUEST FOR REIMBURSEMENT

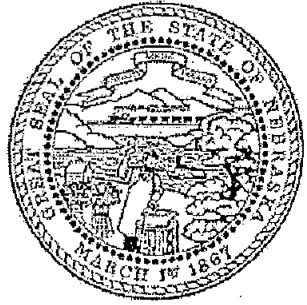
We are requesting reimbursement in the amount of \$7470.82 for expenses incurred in the period of April 1, 2006, to June 30, 2006. These expenses are for activities by Water Policy Task Force members and expenses for facilitation of Water Policy Task Force meetings. We have provided accompanying documentation of the expenses.

B. 943313

STATE OF NEBRASKA

DAS MATERIEL

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



INVOICE

Invoice Number: 144640
Page: 1 of 1
Invoice Date: 06/23/06
Account: 563509
Due Date: 06/23/06

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 - MAY 2006	2,359.28

Total Amount Invoiced 2,359.28

May 2006 Contractual Advertising

POSITION #	POSITION	RC-TR		LJS	OWH	# OF LINES	NON-CONTRACT \$	AGENCY \$	SAVINGS
29-01-00	Natural resources MT-13	ZZ	Ran between 4/19 and 5/3/06	X		53	\$95.44	\$95.44	\$0.00
29-01-00	Natural resources A-183222	ZZ	Ran between 4/22 and 5/6/06	X		36	\$64.82	\$64.82	\$0.00
29-01-00	Natural Resources A-18370	ZZ	Ran between 5/12 and 5/26/06	X		36	\$64.82	\$64.82	\$0.00
29-01-00	Natural Resources A-18395	ZZ	Ran between 5/12 and 5/26/06	X		35	\$63.02	\$63.02	\$0.00
29-01-00	Natural Resources 5/24 and	ZZ	Wednesday, May 17, 2006	X		26	\$17.02	\$17.02	\$0.00
						186	\$305.12	\$305.12	\$0.00
29-01-00	NOTICE TO THE PUBLIC, placed by Ann Diets, Dept of Nat. Res., 471-3931	ZZ	Ran 2x 5/3 and 5/10/06		X	248	\$803.52	\$803.52	\$0.00
29-01-00	STATE OF NEBRASKA, Cheryl Byler, Dept of Nat Resources, 471-2363	ZZ	Wednesday, May 17, 2006		X	37	\$119.88	\$119.88	\$0.00
29-01-00	MEETING NOTICE, placed by Cheryl Byler, Dept of Nat Resources, 471-2363	ZZ	Friday, May 19, 2006		X	69	\$223.56	\$223.56	\$0.00
29-01-00	STATE OF NEBRASKA, placed by Heather McPherson, Dept of Nat Res, 471-2699	ZZ	Ran 2x 5/24 and 5/31/06		X	280	\$907.20	\$907.20	\$0.00
						634	\$2,054.16	\$2,054.16	\$0.00
							Agency Total	\$2,359.28	

PROOF OF PUBLICATION

AFFIDAVIT

State of Nebraska, County of Douglas, ss:

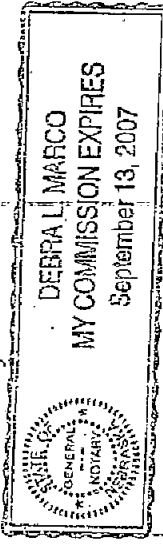
..... Trawn Griffin....., being duly sworn, deposes and says that he is an employee of The Omaha World-Herald, a legal daily newspaper printed and published in the county of Douglas and State of Nebraska, and of general circulation in the Counties of Douglas and Sarpy and State of Nebraska, and that the attached printed notice was published in the said newspaper on the 18th day of May, A. D., 2006, 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 2006.

(Signed) *Trawn Griffin* Title: Advertising

Subscribed in my presence and sworn to before me this 18th day of May, 2006

Debra L. Marco

Notary Public



Printer's Fee \$ 119.88

Affidavit

Paid by

RECEIVED

MAY 22 2006

DEPARTMENT OF NATURAL RESOURCES

313-C9-007

STATE OF NEBRASKA DEPARTMENT OF NATURAL RESOURCES PUBLIC NOTICE In accordance with Sections 84-1408 through 84-1414, Neb. Rev. Stat., the Water Policy Task Force will meet from 9:30 a.m. to 3:00 p.m. on Wednesday, May 31, 2006, at the Quality Inn/Sandhills Convention Center, 2102 South Jefferson, North Platte, NE 69101. 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. Individuals with disabilities may request auxiliary aids and service necessary for participation by contacting the Administrative Officer at P.O. Box 94676, Lincoln, Nebraska 68509-4675 (402) 471-2363 by May 29, 2006.

Quality Inn & Suites

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

B # 939267
Invoice

Date	Invoice #
6/1/2006	3206840601A

Bill To
NE DEPT OF NATURAL RESOURCES P.O. BOX 94676 LINCOLN, NE 68509

P.O. No.	Terms	Project
	NET 30 DAYS	

Item	Description	Amount
1	#3206840601A	1,417.31
2	#350726 / STEVE HUGGENBERGER	60.00
3	#351758 / JIM CANNIA	60.00
4	#351823 / JOHNATHAN BARTCH	120.00
<p>29041011.524700 = 350.00 ↓ 533900 = 1067.31 5711.00 = 660.00</p>		
1.5% INTEREST ADDED AFTER 30 DAYS		
Total		\$1,657.31

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

Inv # 349624
attached
dated 5-31-06
+ 420.00
Balance @ 2,077.31

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

Account: 320684

Date: 06/01/06

Page: 1 of 1

Room: RACK

Arrival Date:

Departure Date:

Frequent Traveler ID:

You were checked out by:

You were checked in by:

DEPT OF NATURAL RESOURCES,

PO BOX 94676

LINCOLN, NE 68501 US

Post Date	Description	Comment	Amount
			553.02 ✓
		7483	-36.18 ✓
05/31/06	BANQUET FOOD	7483 TAX EXEMPT	49.56 ✓
05/31/06	BANQUET FOOD	7468	200.00 ✓
05/31/06	BANQUET FOOD	7469	414.76 *
05/31/06	BANQUET ROOM RENTAL	7706	-27.13 ✓
06/01/06	BANQUET FOOD	7706 TAX EXEMPT	121.21 *
06/01/06	BANQUET FOOD	7710	-7.93 ✓
06/01/06	BANQUET FOOD	7710 TAX EXEMPT	150.00 ✓
06/01/06	BANQUET ROOM RENTAL	7689	-1,417.31
06/01/06	DIRECT BILL DUE	DIRECT BILL DUE	0.00
Balance Due:			0.00

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

total = 1417.31

1,417.31 will be billed to: Account 2247
 DEPT OF NATURAL RESOURCES, PO BOX 94676, LINCOLN, NE 68501 US



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

Room:
 Arrival Date:
 Departure Date:
 Account: 320684
 Frequent Traveler ID:

Approval Number:
 Card Type:
 Date: 6/1/2006
 Card Number:
 Total:

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

.... DEPT OF NATURAL RESOURCES
 PO BOX 94676
 LINCOLN, NE 68501 US

x _____

Invoice

Date	Invoice #
5/31/2006	349624

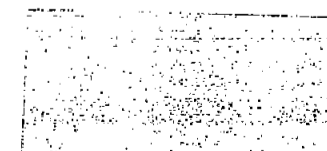
1829
 02 South Jeffers
 North Platte NE 69103

Bill To
NE DEPT OF NATURAL RESOURCES P.O. BOX 94676 LINCOLN, NE 68509

P.O. No.	Terms	Project
	NET 30 DAYS	

Item	Description	Amount
1	#349624 / TOM SCHWARZ ✓	60.00
2	#349904 / NANCY EBERLE ✓	60.00
3	#350534 / LLOYD NELLOR ✓	60.00
4	#350863 / LYLE HEINRICHS ✓	60.00
5	#351003 / ROBT AMBROFEK ✓	60.00
6	#351470 / LUMIR JEDLICKA ✓	60.00
7	#351833 / NEIL SHANER ✓	60.00
1.5% INTEREST ADDED AFTER 30 DAYS		Total \$420.00

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





A S S O C I A T E S

Steve Carl
B, 940559

INVOICE
12-Jun-06

Contract(04)-18889
PO(09)-103178
REC B#-940469

AB 514292

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

CDR Project: IFPL05002
Invoice #850201

Facilitation Services for the Water Policy Task Force
Period: April 30 - May 31, 2006

29041011

<u>Labor</u>	<u>Hours</u>	<u>Rate</u>	<u>Total</u>
Jonathan Bartsch (see attached timecards)	15.50	\$ 151.80	\$ 2,352.90 ✓
Project Admin/Bus Support		5.54%	\$ 130.18 ✓
<u>Expenses</u>			<u>Total</u>
Travel Expenses (see attached receipts)			\$ 155.71 ✓
Copies (3 x .10)			\$ 0.30 ✓
TOTAL DUE			\$ 2,639.09 ✓

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	\$ 18,063.25
Previously Invoiced Project Administrative Support	\$ 878.82
This Invoice - Facilitator Labor and Expenses	\$ 2,508.91
This Invoice - Project Administrative Support	\$ 130.18
TOTAL-INVICED	\$ 21,581.16 ✓
AMOUNTS REMAINING:	
Facilitator Labor and Expenses	\$ 418.84
Project Administrative Support	\$ -
TOTAL REMAINING	\$ 418.84

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
6/23/06
PO Approved
6/25/06

COMMUNICATIONS 5/14/06
PO(09)100183
REC B# 924565



Steve G.
B. 927750

RECEIVED

INVOICE
12-May-06

AB 514292

MAY 17 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 #8502OH

Facilitation Services for the Water Policy Task Force
Period: March 26 - April 29, 2006

Labor	Hours	Rate	Total
Jonathan Bartsch (see attached timecards)	5.50	\$ 151.80	\$ 834.90
Project Admin/Bus Support		5.54%	\$ 46.25

Expenses	Total
Travel Expenses (see attached receipts)	\$ -
Copies (3 x .10)	\$ 0.30
TOTAL DUE	\$ 881.45

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	\$ 17,228.05
Previously Invoiced Project Administrative Support	\$ 832.57
This Invoice - Facilitator Labor and Expenses	\$ 835.20
This Invoice - Project Administrative Support	\$ 46.25
TOTAL INVOICED	\$ 18,942.07
AMOUNTS REMAINING:	
Facilitator Labor and Expenses	\$ 2,927.75
Project Administrative Support	\$ 130.18
TOTAL REMAINING	\$ 3,057.93

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.

Handwritten signature and date: 5/17/06

Contract # (04)-5744
 PO(09)-92258
 REC # 878616



ASSOCIATES
 AB 514292

INVOICE

7-Apr-06

B. 880463

RECEIVED

APR 10 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 #8502OG

Facilitation Services for the Water Policy Task Force
 Period: February 26 - March 25, 2006

<u>Labor</u>	<u>Hours</u>	<u>Rate</u>	<u>Total</u>
Jonathan Bartsch (see attached timecards)	0.50	\$ 151.80	\$ 75.90
Project Admin/Bus Support		5.54%	\$ 4.20
			<u>Total</u>
			\$ -
			\$ 0.30
TOTAL DUE			\$ 80.40

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	\$ 17,151.85
Previously Invoiced Project Administrative Support	\$ 828.37
This Invoice - Facilitator Labor and Expenses	\$ 76.20
This Invoice - Project Administrative Support	\$ 4.20
TOTAL INVOICED	\$ 18,060.62
AMOUNTS REMAINING:	
Facilitator Labor and Expenses	\$ 3,762.95
Project Administrative Support	\$ 176.43
TOTAL REMAINING	\$ 3,939.38

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
4/14/06
Post Posted
4/17/06

EXPENSE

REIMBURSEMENT DOCUMENT

DOCUMENT NUMBER
931469

WARRANT TYPE
WARRANT WRITING

WARRANT FLAG
M R

agency

PAY DATE

SOCIAL SECURITY NUMBER / FTIN
07-66-2490

TYPE CODE

EMPLOYEE NAME
JOHN H. BURKE

EMPLOYEE ADDRESS
308 THOMAS ROAD

STATE ZIP CODE
NE 69301

HEADQUARTER CITY

LICENSE NUMBER
65-567

JTO OWNER
JT BURKE, INC

AGENCY/DIVISION

DATE:

DESCRIPTION	AMOUNT
TOTAL	0.00

DATE	PARTICULARS	STARTED	STOPPED	MEALS	LODGING	TRANSPORTATION	MILES	AMOUNT	DESCRIPTION	AMOUNT	TOTAL				
May 30	Alliance to Water Policy Task Force - NP			18.93	DB		363	161.54		180.47					
31	North Platte & Bld			16.52				16.52		16.52					
TOTALS										35.45	0.00	363	161.54	0.00	196.99

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	AMOUNT	CREDIT	
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)
John H. Burke

DATE
06/09/2006

DIVISION APPROVAL
Robert J. ...

DATE
6/15/06

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 81-1176.

AUTHORIZED SIGNATURE
Robert J. ...

DATE
6/15/06



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

official sponsor u.s. olympic team



13 # 400895

statement

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

PAGE 1 S451 - NE NATURAL RESOURCES STATEMENT CLOSING DATE 06/01/06

DATE	AR TRANS	FOLIO	DESCRIPTION	DEBITS	CREDITS	BALANCE
05/30/06			BEGINNING BALANCE	0.00	0.00	0.00
06/01/06	901543	220395	Rm 409 [RTD FR BLEEP, ANN:RCPT A]	126.00	0.00	126.00
06/01/06	901545	220469	Rm 410 [RTD FR KURTZ, TINA:RCPT A]	126.00	0.00	252.00
06/01/06	901546	220468	Rm 412 [RTD FR DIERS, ANN:RCPT A]	126.00	0.00	378.00

29191031.571100 = 189.00
 29041011.571100 = 189.00

pd # 14853251 6-19-06
 not Applied yet

CLOSING BALANCE \$378.00

QUESTIONS CONCERNING THIS ACCOUNT?

CALL: CHRIS WOOD
 308-534-6000

CURRENT	31-60	61-90	91-120	121-150	OVER 150
378.00	0.00	0.00	0.00	0.00	0.00

for reservations call 1.800.hampton or visit us online at www.hamptoninn.com



thanks.

69101
(308) 534-3415

official sponsor u.s. olympic team



name
address
LINCOLN MALL SOUTH
LINCOLN, NE 68509
US
Ann Bleed

room number: 409/SXQL
arrival date: 05/30/06 8:29PM
departure date: 06/01/06
adult/child: 1/0
room rate: 63.00 L-SGV

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

RATE PLAN
HH# 399641513 SILVER
AL:
CAR:

CONFIRMATION NUMBER : 82318038
06/01/06 PAGE 1

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safe deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I have requested weekday delivery of USA Today. If refused, a credit of \$0.75 will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation assistance due to a physical disability. Please indicate yes by checking here:

signature:

date	reference	description	amount
05/30/06	901008	GUEST ROOM EXEMPT	\$63.00
05/31/06	901262	GUEST ROOM EXEMPT	\$63.00
		** BALANCE **	\$126.00

You have earned approximately 1449 HHonors points and approximately 126 miles with UNITED for this stay. For reservations and to check your point balance, visit hiltonfamily.com.

Show off your best bed head and enter for a chance to win great prizes from the Hampton Be a Bed Head Giveaway! To play the game and see official rules, visit hamptonbedheads.com.

for reservations call 1.800.hampton or visit us online at www.hamptoninn.com

account no.	date of charge	folio/check no.
		220395 A
card member name	authorization	initial
establishment no. and location <small>establishment agrees to transmit to card holder for payment</small>	purchases & services	
	taxes	
	tips & misc.	
signature of card member	total amount	
X		



thanks.

NE 69101
Fax (308) 534-3415

official sponsor u.s. olympic team



301 CENTRAL MALL SOUTH
LINCOLN, NE 68509
US

Tina Kurtz
name
address

room number: 410/SXQL
arrival date: 05/30/06 8:28PM
departure date: 06/01/06

adult/child: 1/0
room rate: 63.00 L-SGV

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

RATE PLAN
HH# 652598437 SILVER
AL:
CAR:

CONFIRMATION NUMBER : 82318038

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safe deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I have requested weekday delivery of USA Today. If refused, a credit of \$0.75 will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation assistance due to a physical disability. Please indicate yes by checking here:

06/01/06 PAGE 1

signature: _____

date	reference	description	amount
05/30/06	901009	GUEST ROOM EXEMPT	\$63.00
05/31/06	901263	GUEST ROOM EXEMPT	\$63.00
		** BALANCE **	\$126.00

You have earned approximately 1449 HHonors points for this stay. For reservations and to check your point balance, visit hiltonfamily.com.

Show off your best bed head and enter for a chance to win great prizes from the Hampton Be a Bed Head Giveaway! To play the game and see official rules, visit hamptonbedheads.com.

for reservations call 1.800.hampton or visit us online at www.hamptoninn.com

account no.	date of charge	folio/check no.
		220469 A
card member name	authorization	initial
establishment no. and location	establishment agrees to transmit to card holder for payment	
	purchases & services	
	taxes	
	tips & misc.	
signature of card member	total amount	
X		



thanks.

69101

(308) 534-3415

official sponsor

name address
 GENNTNAL MALL SOUTH
 LINCOLN, NE 68509
 US
Ann Diers

room number: 412/SXQI
 arrival date: 05/30/06 8:27PM
 departure date: 06/01/06
 adult/child: 1/0
 room rate: 63.00
 L-SGV

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

RATE PLAN
 HH# 652598595 SILVER
 AL:
 CAR:

CONFIRMATION NUMBER : 82318038
 06/01/06 PAGE 1

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safe deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. I have requested weekday delivery of USA Today. If refused, a credit of \$0.76 will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation assistance due to a physical disability. Please indicate yes by checking here:
 signature:

date	reference	description	amount
05/30/06	901011	GUEST ROOM EXEMPT	\$63.00
05/31/06	901265	GUEST ROOM EXEMPT	\$63.00
		** BALANCE **	\$126.00

You have earned approximately 1449 HHonors points for this stay. For reservations and to check your point balance, visit hiltonfamily.com.

Show off your best bed head and enter for a chance to win great prizes from the Hampton Be a Bed Head Giveaway! To play the game and see official rules, visit hamptonbedheads.com.

for reservations call 1.800.hampton or visit us online at www.hamptoninn.com

account no.	date of charge	folio/check no.
		220468 A
card member name	authorization	initial
establishment no. and location <small>establishment agrees to transmit to card holder for payment</small>	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	total amount	



thanks.

EXPENSE REIMBURSEMENT DOCUMENT

SOCIAL SECURITY NUMBER / FTIN: 506-38-0141
 TYPE CODE: _____
 PAYEE NAME: LLOYD NEKKOR
 PAYEE ADDRESS: 1686 11th Rd
 CITY: BEEMER NE
 STATE: NE
 ZIP CODE: 68716-4064
 HEADQUARTER CITY: _____
 TITLE: _____
 AUTO OWNER: SELF
 LICENSE NUMBER: 24-B306

DOCUMENT NUMBER: 932489
 WARRANT WRITING: _____
 M: _____ R: _____
 acn: _____ agency: _____
 PAY DATE: _____

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

DATE	STARTED	STOPPED	MEALS	LODGING	RATE	MILES	AMOUNT	DESCRIPTION	AMOUNT	TOTAL
2006-5-31	0800	1900			44.5	582	258.99	Water Policy Task Force Beemer to North Platte, Neb. & RFD		258.99
TOTALS										258.99

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 Nekkor* DATE: 6-19-06

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

DIVISION APPROVAL: *Russell* DATE: 6/17/06

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 84-1116.

AUTHORIZED SIGNATURE: *Russell* DATE: 6/19/06

EXPENSE REIMBURSEMENT DOCUMENT

DOCUMENT NUMBER
928646

WARRANT FEE
M I

TRANSPORTATION
WARRANT WRITING

TRANSPORTATION DOCUMENT NO.

LODGING DOCUMENT NO.

TRANSPORTATION DOCUMENT NO.

FOYER REFERENCE

DESCRIPTION

AMOUNT

TOTAL

AGENCY DIVISION
DATE

(PLEASE PRINT OR TYPE)

SOCIAL SECURITY NUMBER/FIN: **509-49-8282**

NAME: **Zyle Heinrichs**

ADDRESS: **503 Road 4**

CITY: **Shickley** STATE: **NE** ZIP CODE: **68436**

TITLE: **Test Force** HEADQUARTER CITY: **Shickley**

AUTOWNER: **Zyle** LICENSE NUMBER: **340122**

DATE	PARTICULARS	MILE	STARTED	STOPPED	MEALS	LODGING	RATE	MILES	TRANSPORTATION AMOUNT	MISCELLANEOUS DESCRIPTION	AMOUNT	TOTAL
TOTALS												173.55

AG	DIV	FUND	PRG	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: *Zyle Heinrichs* DATE: **6-09-06**

DIVISION APPROVAL

APPROVAL SIGNATURE: *Robert Stepien* DATE: **6/13/06**

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 6-1178

AGENCY AUTHORIZED SIGNATURE: *[Signature]* DATE: **6/15/06**

EXPENSE

REIMBURSEMENT DOCUMENT

DOCUMENT NUMBER
927730

WARRANT WRITING		M	R
agency			

AGENCY/DIVISION

DATE:

SOCIAL SECURITY NUMBER / FTIN	506-46-5829			TYPE CODE	
PAYEE NAME	Claude L Cappel				
PAYEE ADDRESS	71795 Road 383				
CITY	STATE	ZIP CODE			
McCook	NE	69001-7508			
TITLE	HEADQUARTER CITY			LICENSE NUMBER	48-D-23
AUTO OWNER	Claude Cappel				

DATE	NAME OF PLACE AND NATURE OF SERVICE	STARTED	STOPPED	MEALS	LODGING	RATE	MILES	AMOUNT	DESCRIPTION	AMOUNT	TOTAL				
2006 05/31	McCook North Platte water Policy Task Force TRM					.445	144	64.08			64.08				
								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										0.00	0.00	144	64.08	0.00	64.08

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)
Claude L Cappel DATE 06-07-06

DIVISION APPROVAL
Robert J... DATE 6/17/06

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 81-216.

AUTHORIZED SIGNATURE Robert J... DATE 6/15/06

EXPENSE

REIMBURSEMENT DOCUMENT

DOCUMENT NUMBER 921936
PAY DATE

WARRANT WRITING
WARRANT FILING
M R
agency

WARRANT WRITING
WARRANT FILING
M R
agency

EE NAME: Dave Sands
EE ADDRESS: 7700 SW 27th St.
STATE: NE ZIP CODE: 68523
HEADQUARTER CITY: Lincoln
LICENSE NUMBER: NQC 392

AGENCY/DIVISION
DATE:

Table with columns: DATE, LOC, NAME OF PLACE AND NATURE OF SERVICE, PARTIULARS, STARTED, STOPPED, MEALS, LODGING, RATE, MILES, AMOUNT, AMOUNT, TOTAL. Includes handwritten entries for 2006 and 2007.

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 6/5/06

DIVISION APPROVAL
DATE 6/6/06

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 81-1476.
AUTHORIZED SIGNATURE DATE 6/7/06

Table with columns: ACCOUNT, DEBIT, CREDIT. Includes a TOTAL row.

Table with columns: ENC. NO., AG, DIV, FUND, PRG, S-P, ACT, ACCOUNT, CREDIT. Includes a TOTAL row.

EXPENSE REIMBURSEMENT DOCUMENT

DOCUMENT NUMBER: 92/930
 WARRANT TYPE: agency
 WARRANT FLAG: M R
 WARRANT WRITING
 TRANSPORTATION DOCUMENT NO.: _____
 PAYEE NAME: Tina Kurtz
 PAYEE ADDRESS: 1910 Knox St. Apt. 1
 CITY: Lincoln STATE: NE ZIP CODE: 68521
 TITLE: Planning Coordinator HEADQUARTER CITY: Lincoln
 AUTO OWNER: _____ LICENSE NUMBER: _____
 State

DESCRIPTION	PAYEE REFERENCE	AMOUNT
TOTAL 0.00		

DATE	PARTICULARS	TIME		MEALS	LODGING	TRANSPORTATION		MISCELLANEOUS	TOTAL
		STARTED	STOPPED			MILES	AMOUNT		
2006 5-30	Travel to North Platte	16:00	over	22	DB	0.00	0.00		22.00
5-31	WPTF meeting - North Platte	over	over	29.5	DB	0.00	0.00		29.50
6-1	OA Basin Meeting - North Platte <i>Ret</i>	over	21:00	18.5		0.00	0.00		18.50
	WPTF = Water Policy Task Force					0.00	0.00		0.00
	OA = Overappropriated					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		0.00
TOTALS						70.00	0.00		70.00

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: *[Signature]* DATE: 6/2/06
 () INDEPENDENT CONTRACTOR () OTHER

DIVISION APPROVAL: *[Signature]* DATE: 6/2/06

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	DEBIT	CREDIT
TOTAL								0.00	0.00

I hereby certify that the above claim for reimbursement is proper under state statutes, and that the claim for mileage, if any, for use of a privately owned vehicle, is authorized according to Section 84-1179.

AUTHORIZED SIGNATURE: *[Signature]* DATE: 6/17/06



The Nebraska Environmental Trust

preserving NATURAL NEBRASKA™ for future generations

Mary A. Harding, Executive Director

May 24, 2006

Mr. Steve Gaul
NE Department of Natural Resources
INTERAGENCY MAIL - NSOB

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

Dear Mr. Gaul:

We acknowledge receipt of your most recent project report. An IBT in the amount of \$12,651.30 has been processed.

We are enclosing the forms for submission of your next quarterly project report that is due no later than July 31, 2006.

Please feel free to contact our office at (402) 471-5409 if you have any questions regarding your project.

Sincerely,

Lisa Beethe
Grants Administrator

LB/tmh

Enclosures

RECEIVED

MAY 25 2006

DEPARTMENT OF
NATURAL RESOURCES

700 S 16th Street · PO Box 94913 · Lincoln, NE 68509-4913
Phone: 402-471-5409 · Fax: 402-471-8233
www.environmentaltrust.org