

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 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 January 1, 2007 and March 31, 2007 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



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: NE Water Policy Task Force / NE Department of Natural Resources

Fiscal Agent: Steve Gaul, Designated Project Representative or Rex Gittins, Fiscal Officer

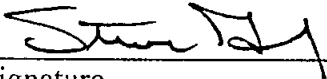
Fiscal Agent Address: LB 1003 Water Policy Task Force Study/Report
(street address, city, state, zip code)

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

Reporting Period: January 1, 2007 to March 31, 2007 Tax I.D. # 47-0491233

TOTAL AMOUNT REQUESTED FOR THIS PERIOD: \$8,396.99 ACH or CHECK

I certify that this report is correct and just; that all expenses were necessary expenses of the project and were incurred in accordance with the approved grant agreement, including any amendments thereto; and that progress of the work and services under grant contract is satisfactory and consistent with the amount billed. As the Sponsor named above, or agent thereof, I hereby claim reimbursement from the STATE OF NEBRASKA for the attached and itemized expenses, for which payment has not previously been made by the STATE OF NEBRASKA.

FOR THE SPONSOR:  DATE: 4/12/2007
Signature

Steve Gaul TITLE: Designated Project Rep
Typed or Printed Name

Nebraska Environmental Trust Signature

DATE: _____



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Environmental Trust

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**SUMMARY OF INVOICES SUBMITTED
FOR REIMBURSEMENT**

Invoice # or Date	Vendor	Description of Services	Budget Category	Invoice Amount
1/05/07	Nebraska Department of Administrative Services	Advertisement/Legal Notice for Task Force Meeting	#3 Expenses for Task Force	\$153.90
1/4/07	Holiday Inn - Kearney	Room Rental	#3 Expenses for Task Force	\$195.00
1/4/07	Holiday Inn - Kearney	Meeting Catering	#3 Expenses for Task Force	\$67.86
85020M	CDR Associates	Meeting Facilitation	#3 Expenses for Task Force	\$2,832.50
85020N	CDR Associates	Meeting Facilitation	#3 Expenses for Task Force	\$166.97
85020O	CDR Associates	Meeting Facilitation	#3 Expenses for Task Force	\$2,794.97
85020P	CDR Associates	Meeting Facilitation	#3 Expenses for Task Force	\$163.27
1103768	Gary Thayer	Task Force Member Meeting Expense	#3 Expenses for Task Force	\$340.96
1105890	David Sands	Task Force Member Meeting Expense	#3 Expenses for Task Force	\$220.84
1108232	Lyle Heinrichs	Task Force Member Meeting Expense	#3 Expenses for Task Force	\$96.03
			TOTAL:	\$

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

Report for period from 1/1/07 to 3/31/07



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Environmental Trust

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**SUMMARY OF INVOICES SUBMITTED
FOR REIMBURSEMENT**

Invoice # or Date	Vendor	Description of Services	Budget Category	Invoice Amount
1112649	Patrick Heath	Task Force Member Meeting Expense	#3 Expenses for Task Force	\$281.30
1168478	John Burke	Task Force Member Meeting Expense	#3 Expenses for Task Force	\$518.82
1168478	Claude Cappel	Task Force Member Meeting Expense	#3 Expenses for Task Force	\$235.23
1165930	Duane Snyder	Task Force Member Meeting Expense	#3 Expenses for Task Force	\$213.40
3/19/07	Lyle Heinrichs	Task Force Member Meeting Expense	#3 Expenses for Task Force	\$89.24
1099887	Gloria Erickson	Task Force Member Meeting Expense	#3 Expenses for Task Force	\$26.70
			TOTAL:	\$ 8,396.99

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

Report for period from 1/1/07 to 3/31/07

PERIODIC REPORT JANUARY 1, 2007 TO MARCH 31, 2007
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 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.

During the quarter Task Force meetings took place on both January 4, 2007 and March 19, 2007. Minutes of the January 4 meeting have been posted on line and can be found at <http://www.dnr.state.ne.us/watertaskforce/Minutes/WPTFMinutes01-04-07.pdf>. Governor Heineman spoke with the Task Force at the March 19 meeting. Approval of minutes for that meeting will be considered at the next Task Force meeting.

REQUEST FOR REIMBURSEMENT

We are requesting reimbursement in the amount of \$8,396.99 for expenses incurred in the period of January 1, 2007 to March 31, 2007. 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.

B1107325

STATE OF NEBRASKA

DAS CENTRAL FINANCE

Remit To:
DAS CENTRAL FINANCE
DAS MATERIEL
INTERAGENCY BILLING # 6505
521 S 14TH ST STE 300
LINCOLN NE 68508-2707



INVOICE

Invoice Number: 164478
Page: 1 of 1
Invoice Date: 12/21/06
Account: 563509
Due Date: 12/21/06

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 DEC 2006	1,503.96

Total Amount Invoiced 1,503.96

NOVEMBER 2006 CONTRACTUAL ADS

POSITION #	POSITION	RCTR.	LJS	OWH	# OF LINES	NON-CONTRACT \$	AGENCY \$	SAVINGS
29-01074	IT Application Developer Senior	KS	X		88 <i>of</i>	\$657.44	\$598.18	\$59.26
29-01074	IT Application Developer Senior	KS		X	95 <i>JAN 11</i>	\$827.25	\$489.96	\$337.29
29-01-00	NATURAL RESOURCES 11/15 &	ZZ	X		26	\$17.02	\$17.02	\$0.00
29-01-00	NATURAL RESOURCES 11/29 C	ZZ	X		21	\$13.75	\$13.75	\$0.00
					47	\$30.77	\$30.77	\$0.00
29-01-00	STATE OF NEBR	ZZ		X	38	\$153.90	\$153.90	\$0.00
29-01-00	MEETING NOTIC	ZZ		X	69	\$231.15	\$231.15	\$0.00
					107	\$385.05	\$385.05	\$0.00
Agency Total						\$1503.96		

In accordance with Sections 84-1408 through 84-1414, Neb. Rev. Stat., the Water Policy Task Force will meet from 9:00 a.m. to 3:00 p.m. on Wednesday, November 15, 2006, at the Holiday Inn Hotel & Convention Center, 110 2nd Avenue, Kearney, NE 68847.

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.ne.gov.

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) 471-2363, by November 13, 2006.

PROOF OF PUBLICATION

AFFIDAVIT

State of Nebraska, County of Douglas, ss:

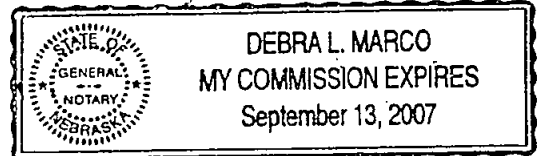
..... Michelle Revis, being duly sworn, deposes and says that he is an employee of The Omaha World-Herald, a legal daily newspaper printed and published in the county of Douglas and State of Nebraska, and of general circulation in the Counties of Douglas and Sarpy and State of Nebraska, and that the attached printed notice was published in the said newspaper on the S day of November A. D., 20 06 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 20 06

(Signed) Michelle Revis Title: Advertising

Subscribed in my presence and sworn to before me this 6 day of November 20 06

Debra L. Marco

Notary Public



Printer's Fee \$... 1,539.90
Affidavit
Paid by

RECEIVED

NOV 07 2006

313-G8-007

DEPARTMENT OF
NATURAL RESOURCES

Total Amount Invoiced 1,503.96



B # 1105296

Holiday Inn Kearney
P.O. Box 1925
Kearney, NE 68848
Telephone: (308) 236-6683 Fax: (308) 234-6475

NATURAL RESOURCES/NE DEPT OF*
ACCOUNTS PAYABLE
P.O. BOX 94676
Lincoln, NE 68509
US

Date : 01-09-07

A/R Account Number 09647

Amount Paid : \$ _____

Date	Inv. No.	Description	Debit	Credit	Balance
01-04-07	294	Thayer, Gary	64.95		64.95
				Page Total	64.95
				Balance Due	<u>64.95</u>

Aging Summary :

<u>Up to 30</u>	<u>31 - 60</u>	<u>61 - 90</u>	<u>91 - 120</u>	<u>121 - 150</u>	<u>151 and over</u>
519.60	0.00	0.00	0.00	0.00	0.00

Payments made close to your billing date will appear on your next statement.
Overdue balances subject to a surcharge at the rate of 1.5% per month after one month. (19.56% per annum).

29192055.571100 = 64.95

B# 1130318

Captain's Table, Inc.
 PO Box 1925
 Kearney, NE 68848-1925
 USA

STATEMENT

Customer No.: D1223
 Page: 1
 Date: 1/12/2007

Customer No.: D1223
 Page: 1
 Date: 1/12/2007

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

Remit To Address:
 Captain's Table, Inc.
 PO Box 1925
 Kearney, NE 68848-1925
 USA

Document No.	Doc. Date	Ty.	Reference/ Applied No.	Due Date	Amount	Document No.	Amount	✓	
			Last Balance Forward Date: 12/21/2006		300.43	Balance Forward:	300.43		
			Balance Forward:						
INT-0000000000000000	12/31/2006	IT		12/31/2006	0.92	INT-0000000000000000	<i>w/o</i> 0.92		
13007A	1/4/2007	IN		2/3/2007	195.00	13007A	195.00	✓	
13008A	1/4/2007	IN		2/3/2007	72.61	13008A	* 72.61		
000000801-00001	1/12/2007	PY			-10.64	000000801-00001	-10.64		
000000801-00004	1/12/2007	PY			-198.78	000000801-00004	-198.78		
<p><i>This payment for 1-11-07 * Room Rental WPTA \$195.00 room rental + 67.86 coffee/POP 262.86</i></p>					<p><i>S/B 67.86 remove tax-exempt chgs. of \$4.75 w/o Called fo 2-12-07 computers on their end were down will pay 262.86 for this billing & wait for next billing cycle if any forward balances remain due</i></p>			<p><i>195.00 67.86</i></p>	

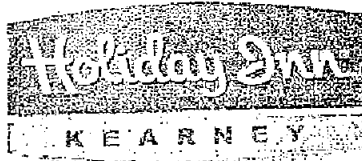
Thank You! We Appreciate Your Business!

Credit Limit: 999,999.99
 Credit Available: 999,640.45

TO ENSURE PROPER CREDIT, PLEASE CHECK THE ITEMS YOU ARE PAYING IN THE COLUMN. *262.86*

- Invoice	IT - Interest Payable	AD - Adjustment	Total ⇒	359.54	Total ⇒	-359.54
- 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	
0.92	0.89	90.12	0.00	Captain's Table, Inc.



Hotel & Convention Center
 110 Second Avenue * Kearney, NE
 Phone: 308-237-5971 Fax: 308-236-7549

Date of Function: January 4, 2007
 Group Name: Nebraska Department of Natural Resources
 Contact Name: Cheryl Byler
 Address: P.O. Box 94676 Lincoln, NE 68509-4676

D1223

Item:	Unit Cost	Quantity	Total
Coffee	\$16.00	1	\$16.00
Pop	\$1.50	28	\$42.00
	S/C Apply?	Taxable?	
SUBTOTAL:			\$58.00
SERVICE CHARGE:	y		\$9.86
TAX:		y	\$4.75
TOTAL:			\$72.61
			67.86

#13008

tax-exem



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

official sponsor u.s. olympic team



B# 1149946

statement

NE NATURAL RESOURCES
 Attn: CHERYL BYLER
 301 CENTENNIAL MALL SOUTH
 P.O. BOX 94606
 LINCOLN, NE 68509

PAGE 1 S451 - NE NATURAL RESOURCES				STATEMENT CLOSING DATE		02/28/07
DATE	AR TRANS	FOLIO	DESCRIPTION	DEBITS	CREDITS	BALANCE
02/26/07			BEGINNING BALANCE	0.00	0.00	63.00
02/28/07	957833	239802	Rm 224 [RTD FR KURTZ, TINA:RCPT A]	63.00	0.00	126.00

29192055.571100 = 63.00
 29041011.571100 = 63.00

BALANCE DUE \$126.00

QUESTIONS CONCERNING THIS AGGOUNT?
 CALL: RICHARD SIMMONS
 308-534-6000

CURRENT	31-60	61-90	91-120	121-150	OVER 150
126.00	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.

CONTINUED FROM 2-11-05
 90009-133066
 REC B#1104702



Steve Gaul
 B 1106947

INVOICE

7-Dec-06
 AB 514293

RECEIVED

DEC 12 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 #8502OM

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

Labor	Hours	Rate	Total
Jonathan Bartsch (see attached timecards)	10.00	\$ 151.00	\$ 1,510.00
Travel Time	7.50	\$ 100.00	\$ 750.00
Project Admin/Bus Support		5.54%	\$ 125.20

Expenses	Total
Travel 11-14 to 11-15-06	\$ 444.70
Copies - 26 x .10	\$ 2.60
TOTAL DUE	\$ 2,832.50

P.O. Approved
11/12/06
11/12/06

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	\$ 3,289.53
Previously Invoiced Project Administrative Support	\$ 165.67
This Invoice - Facilitator Labor and Expenses	\$ 2,707.30
This Invoice - Project Administrative Support	\$ 125.20
TOTAL INVOICED	\$ 6,287.70
AMOUNTS REMAINING:	
Facilitator Labor and Expenses	\$ 17,503.17
Project Administrative Support	\$ 709.13
TOTAL REMAINING	\$ 18,212.30

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.

Contract#04)
20918
PO(09)-133491
Rec B#1106159



ASSOCIATES
AB 514293
INVOICE
3-Jan-07

B. 1108236

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

CDR Project: IFPL05002
Invoice #8502ON

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

	<u>Hours</u>	<u>Rate</u>	<u>Total</u>
<u>Labor</u>			
Jonathan Bartsch (see attached timecards)	1.00	\$ 151.00	\$ 151.00
Travel Time	0.00	\$ 100.00	\$ -
Project Admin/Bus Support		5.54%	\$ 8.37

	<u>Total</u>
<u>Expenses</u>	\$ -
Copies - 76 x .10	\$ 7.60
TOTAL DUE	\$ 166.97

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	\$ 5,996.83
Previously Invoiced Project Administrative Support	\$ 290.87
This Invoice - Facilitator Labor and Expenses	\$ 158.60
This Invoice - Project Administrative Support	\$ 8.37
TOTAL INVOICED	\$ 6,454.67
AMOUNTS REMAINING:	
Facilitator Labor and Expenses	\$ 17,344.57
Project Administrative Support	\$ 700.76
TOTAL REMAINING	\$ 18,045.33

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

*PO Approved
11/21/07
Receipt Approved
11/21/07*

Contract (04)-20418
 PO (09)-139132
 REC B# 1133661



AB514293
INVOICE
 8-Feb-07

Ann
 Steve Gaud
 B. 1138677

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

CDR Project: IFPL05002
 Invoice #850200

Facilitation Services for the Water Policy Task Force
 Period: January, 2007

<u>Labor</u>	<u>Hours</u>	<u>Rate</u>	<u>Total</u>
Jonathan Bartsch (see attached timecards)	8.50 ✓	\$ 151.00 ✓	\$ 1,283.50 ✓
Travel Time	10:00 ✓	\$ 100.00 ✓	\$ 1,000.00 ✓
Project Admin/Bus Support		5.54% \$	126.51
<u>Expenses</u>			<u>Total</u>
Travel Expenses (see attached)		\$	384.36 ✓
Copies - 6 copies x .10		\$	0.60 ✓
TOTAL DUE		\$	2,794.97 ✓

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	\$ 6,155.43
Previously Invoiced Project Administrative Support	\$ 299.24
This Invoice - Facilitator Labor and Expenses	\$ 2,668.46
This Invoice - Project Administrative Support	\$ 126.51
TOTAL INVOICED	\$ 9,249.64
AMOUNTS REMAINING:	
Facilitator Labor and Expenses	\$ 14,676.11
Project Administrative Support	\$ 574.25
TOTAL REMAINING	\$ 15,250.36

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
 2/15/07
 Rec'd Posted
 2/20/07

Contract (04)-20918
 PO(09)-142832
 REC B# 1153331



Steve G.

B 1154142

AB 514293

INVOICE
 7-Mar-07

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

CDR Project: IFPL05002
 Invoice #8502OP

Facilitation Services for the Water Policy Task Force
 Period: February, 2007

<u>Labor</u>	<u>Hours</u>	<u>Rate</u>	<u>Total</u>
Jonathan Bartsch (see attached timecards)	1.00	\$ 151.00 ✓	\$ 151.00
Travel Time	0.00	\$ 100.00	-
Project Admin/Bus Support		5.54%	\$ 8.37

<u>Expenses</u>	<u>Total</u>
Copies - 39 copies x .10	\$ 3.90 ✓
TOTAL DUE	\$ 163.27

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	\$ 8,823.89
Previously Invoiced Project Administrative Support	\$ 425.75
This Invoice - Facilitator Labor and Expenses	\$ 154.90
This Invoice - Project Administrative Support	\$ 8.37
TOTAL INVOICED	\$ 9,412.91
AMOUNTS REMAINING:	
Facilitator Labor and Expenses	\$ 14,521.21
Project Administrative Support	\$ 565.88
TOTAL REMAINING	\$ 15,087.09

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.

Approved
 P.O. 3/13/07
 RECEIVED
 3/13/07

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 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

MAR 09 2007

DEPARTMENT OF

(PLEASE PRINT OR TYPE)

SOCIAL SECURITY NUMBER/FTIN: 508-52-8699
 NAME: Gary E Thayer
 ADDRESS: 520 W. Hat Crk Rd
 CITY: Heverson NE 69346
 STATE: NE ZIP CODE: 69346
 HEADQUARTER CITY: Heverson
 LICENSE NUMBER: 80-A800
 AUTO OWNER: Yes

STATE OF NEBRASKA
NEBRASKA ACCOUNTING SYSTEM

EXPENSE REIMBURSEMENT DOCUMENT

TRANSACTION TYPE: WARRANT WRITING
 WARRANT FLAG: M R
 DOCUMENT NUMBER: 1103768

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

AGENCY/DIVISION:
 DATE:
 PAYEE REFERENCE AMOUNT:

DATE	PARTICULARS	STARTED	STOPPED	MEALS	LODGING	RATE	MILES	TRANSPORTATION		MISCELLANEOUS	TOTAL
								AMOUNT	AMOUNT		
1-3	Heverson (Return Home)	50926	51274	1.00		4.85	348				168.78
1-4	Heverson (water board meeting)	51274	51629	1.80		4.85	355				172.18
TOTALS											340.96

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: 1-8-07
 DIVISION APPROVAL: *Robert Stupitsch* DATE: 1/10/07

TRANSACTION CODING				AMOUNT			
AG	DIV	FUND	PRG	S-P	ACT	DEBIT	CREDIT
TOTALS						340.96	

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

TOTAL AMOUNT CREDIT

AGENCY AUTHORIZED SIGNATURE: *Robert Stupitsch* DATE: 1/12/07

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.

EMPLOYEE NAME
David Sands

EMPLOYEE ADDRESS
8110 SW 27th

CITY
Lincoln

STATE ZIP CODE
NE 68523

HEADQUARTER CITY

TITLE

EMPLOYEE OWNER

LICENSE NUMBER

EXPENSE REIMBURSEMENT DOCUMENT

WARRANT WRITING

WARRANT NUMBER

WARRANT DATE

WARRANT TYPE

WARRANT R

WARRANT AGENCY

PAY DATE

DESCRIPTION

AMOUNT

TOTAL

AGENCY/DIVISION

DATE

DATE	PARTICULARS	STARTED	STOPPED	MEALS	LODGING	TRANSPORTATION		MISCELLANEOUS	TOTAL
						MILES	AMOUNT		
2006-7									
12/28/06	WOC to Grand Island/Funding Comm. (PRTS)	10:00	12:00			445	202	89.89	89.89
1/4/07	WOC to WPTF Mtg. Kearney (PRTS)	1:00	4:00			485	270	130.95	130.95
TOTALS									220.84

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 (INDEPENDENT CONTRACTOR OTHER) **David Sands** DATE **1/11/07**

DIVISION APPROVAL

Robert S. [Signature] DATE **1/12/07**

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] AUTHORIZED SIGNATURE DATE **1/12/07**

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

STATE OF NEBRASKA
NEBRASKA ACCOUNTING SYSTEM

1108232

EXPENSE REIMBURSEMENT DOCUMENT

PLEASE PRINT OR TYPE)
SOCIAL SECURITY NUMBER: 507-49-8082
NAME: 27/e Henry, C.H.S.
ADDRESS: 503 Road 4
CITY: Shiakley STATE: NE ZIP CODE: 68436
TITLE: Truck Driver HEADQUARTER CITY: Shiakley
AUTO OWNER: 27/e LICENSE NUMBER: 34-122

WARRANT WAITING
TRANSPORTATION DOCUMENT NO.
LODGING DOCUMENT NO.
PAY DATE

DATE	NAME OF PLACE AND NATURE OF SERVICE	STARTED	STOPPED	MEALS	LODGING	RATE	MILES	AMOUNT	DESCRIPTION	AMOUNT	TOTAL
1-04-07	Shiako Ferry + RD.	119400	119598			.485	198	96.03			96.03
	WPTF	0800	1730								
TOTALS										96.03	96.03

claim number: I am 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 Henry* DATE: 1-15-07

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

EMPLOYEE SIGNATURE: *Robert Henry* DATE: 1/17/07

DIVISION APPROVAL: *Robert Henry* DATE: 1/18/07

AGENCY DIVISION: _____ DATE: _____

ENCUMBRANCE: _____

STATE OF NEBRASKA

EXPENSE REIMBURSEMENT REQUEST

TRANSPORTATION DOCUMENT NUMBER		LOGGING DOCUMENT NUMBER		BATCH NUMBER		DOCUMENT NUMBER	
				1112649			
DATE	NAME OF PLACE AND NATURE OF SERVICE	TRAVEL TIMES	MEALS	LODGING	RATE	MILES TRAVELED	AMOUNT
month/day	Enter start and stop points for each trip State purpose of each trip	STARTED STOPPED	Actual Amounts only	etc. if direct billed			TOTAL
1/4	Gering/Kearney/Gering Water Policy Task Force Meeting, Kearney	7:00 am 8:30 pm	B N/A	N/A	4.45	580	281.3
			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		
			D		0.445		
			B		0.445		
			L		0.445		
			D		0.445		
			B		0.445		
			L		0.445		
			D		0.445		
		TOTALS				281.3	281.3
DB: 1							
DB: 2							
DB: 3							
DB: 4							
DB: 5							

BUSINESS UNIT		Object Code		Amount	
NAME and TITLE			SUPERVISOR or APPROVER SIGNATURE		
Patrick Heath, Water Policy Task Force Member			<i>Patrick Heath</i>		
ADDRESS			DATE		
600 18th Street			1/22/07		
<small>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.</small>			<small>I certify that reimbursement for use of privately owned vehicles is authorized according to the provisions of NE State Statutes sections 81-1014 & 81-1178.</small>		
EMPLOYEE SIGNATURE			AUTHORIZED SIGNATURE		
<i>Patrick Heath</i>			<i>Patrick Heath</i>		
DATE			DATE		
1/13/2007			1/23/07		

EXPENSE

REIMBURSEMENT DOCUMENT

DOCUMENT NUMBER
1168478

PAY DATE

WARRANT TYPE
WARRANT WRITING

WARRANT HEAD
M R
agency

TRANSPORTATION DOCUMENT NO.

TRANSPORTATION DOCUMENT NO.

SECURITY NUMBER / FTIN: 507 66 2490 TYPE CODE

NAME: JOHN BURKE

ADDRESS: 7308 THOMAS RD

STATE: NE ZIP CODE: 69301

HEADQUARTER CITY:

OWNER: BURKE, INC LICENSE NUMBER: 65-47 FARM

AGENCY/DIVISION

DATE:

DESCRIPTION	AMOUNT
TOTAL	0.00

DATE	PARTICULARS	TIME		MEALS	LODGING	MILES	AMOUNT	DESCRIPTION	AMOUNT	TOTAL
		STARTED	STOPPED							
07	Align									
18	WATER POLICY TASK FORCE(LINCOLN)			26.36	DB	893	433.11	PARKING	12.00	
19	WATER POLICY TASK FORCE(LINCOLN)			28.94	DB					
20	WATER POLICY TASK FORCE(LINCOLN) PRM			18.41						
TOTALS				73.71	0.00	893	433.11		12.00	518.82

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

ENCUMBRANCE INC. NO.	AG	DIV	FUND	PRG	S-P	ACT	ACCOUNT	AMOUNT	
								DEBIT	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 Burke* DATE: 3/22/07

DIVISION APPROVAL: *Robert S. ...* DATE: 3/30/07

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 S. ...* DATE: 3/30/07

USE PRINT OR TYPE
IF SECURITY NUMBER WITH

508-54-7803

Duane Sugden

73534 612 Ave

STERLING
NE 68443

Lincoln
L152820001

PONTIAC MONTANA DS RS

NAME OF PLACE AND NATURE OF SERVICE

STERLING
1-4-07

Water Task Force
Meeting @ Kennedy
3-19-07

Lincoln
Task Force

Meeting @ Lincoln
3-20-07

STATE OF NEBRASKA
NEBRASKA ACCOUNTING SYSTEM

EXPENSE REIMBURSEMENT DOCUMENT

AGENCY/DEPARTMENT
NE Dept. of Natural Resources
PO Box 94676
Lincoln, NE 68509-4676

DOCUMENT NUMBER
1165930

TRAVEL EXPENSES
LODGING
PAY DATE

DATE	STARTED	STOPPED	MEALS	LODGING	MILE	AMOUNT	DESCRIPTION	AMOUNT	TOTAL
						485.350	169.75		169.75
						485.90	43.65		43.65
						470	213.4		213.40

I certify that the amount from the STATE OF NEBRASKA for the above expense is properly paid to the State of Nebraska and I declare that this is a true statement of such expense for which I am entitled to reimbursement by the STATE OF NEBRASKA

EMPLOYEE SIGNATURE (PRINT NAME AND POSITION) *Robert Stephen J...* 3-20-07

AGENCY SIGNATURE (PRINT NAME AND POSITION) *Robert Stephen J...* 3-27-07

I hereby certify that the above charges for reimbursement are proper under this act, and that the items are not for the use of a privately owned vehicle, as authorized by statute.

DATE 3/28/07

EXPENSE REIMBURSEMENT DOCUMENT

1165930

PLEASE PRINT (TYPE)
SOCIAL SECURITY NUMBER: 507-49-8282

NAME: Zyle Henrychs
ADDRESS: 503 Road 4
CITY: Shickley
STATE: NE ZIP CODE: 68436
HEADQUARTER CITY: Shickley
TITLE: Truck Driver
LICENSE NUMBER: 34-122
AUTHORIZER: Zyle

DATE	INDIVIDUAL	STARTED	STOPPED	MEALS	LODGING	RATE	MILES	AMOUNT	DESCRIPTION	AMOUNT	TOTAL
3-19-07	Liberty Force Shickley to "F RIN	126650	126834			485	184	89.24			89.24
TOTALS										184	89.24

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

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

I hereby certify that the above claim for reimbursement is proper under state statute and that the claim for mileage, if any, is at a per mile rate of \$0.45 per mile.

EMPLOYEE SIGNATURE: *Robert Stephen Tall* DATE: 3-27-07
 EMPLOYEE DESIGNATION: INDEPENDENT CONTRACTOR
 DIVISION APPROVAL: *Robert Stephen Tall* DATE: 3-27-07

AGENCY APPROVAL: *[Signature]* DATE: 3/28/07

(PLEASE PRINT TYPE)

SOCIAL SECURITY NUMBER/FTIN: 505-56-6030
 NAME: Gloria J. Erickson
 ADDRESS: 315 18th Ave
 CITY: Holdrege NE 68949
 STATE: NE ZIP CODE: 68949
 HEADQUARTER CITY: Lincoln
 TITLE: Task Force Member
 AUTO OWNER: G. Erickson
 LICENSE NUMBER: 37-B29

STATE OF NEBRASKA
NEBRASKA ACCOUNTING SYSTEM

EXPENSE REIMBURSEMENT DOCUMENT

TRANSACTION TYPE: WARRANT WRITING
 WARRANT FLAG: M R
 DOCUMENT NUMBER: 109988

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

AGENCY/DIVISION: Water Policy Task Force Meeting
 Nebraska DNR Holiday Inn
 DATE: Nov. 15, 2006 Kearney

DATE	PARTICULARS	STARTED	STOPPED	MEALS	LODGING	RATE	TRANSPORTATION MILES	AMOUNT	DESCRIPTION	MISCELLANEOUS AMOUNT	TOTAL
11/15	Holdrege -> Kearney	8:25am	9:00am			.445	30	13.35		13.35	
11/15	Kearney -> Holdrege	3:00pm	3:35pm			.445	30	13.35		13.35	
	WPTF										
TOTALS											26.70

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* 12-26-06
 DATE: 12-26-06

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

DIVISION APPROVAL: *Robert [Signature]* 1/3/07
 DATE: 1/3/07

AGENCY AUTHORIZED SIGNATURE: *[Signature]* 1/3/07
 DATE: 1/3/07

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 87-1176.