

State of Oregon
Department of Environmental Quality

Memorandum

Date: March 30, 2012

To: Environmental Quality Commission

From: Joni Hammond, Deputy Director

Subject: Agenda item E, Action item: Director's transactions for commission review
April 25-27, 2012, EQC meeting

Why this is important Oregon Accounting Policy 10.90.00.PO and DEQ Policy 010.008.2010 require that the Oregon Environmental Quality Commission review and approve certain transactions of the DEQ director on an annual basis.

DEQ recommendation and EQC motion DEQ recommends that the Oregon Environmental Quality Commission review and approve the DEQ director's transactions seen in attachment C.

Background In 2001, the Department of Administrative Services adopted a policy requiring EQC review and approval of certain transactions of the DEQ director, including monthly time reports, vacation pay, travel expense and the small purchase order transaction system credit card use. In September 2001, EQC adopted a policy delegating review and approval of these transactions to the Management Service Division Administrator, with annual EQC review of the approved transactions. The annual review is documented in EQC meeting minutes as directed by state policy.

Attachments A. Oregon Accounting Manual Policy Number 10.90.00.PO
B. DEQ policy regarding approval of the director's transactions
C. Summary of Director Pedersen's financial transactions as defined by OAM 10.90.00.PO for the period 1/1/2011 to 12/31/2011

Approved:

Division: _____

Section: _____

Report prepared by: Kathy Murphy
Phone: 503-229-5455

OREGON ACCOUNTING MANUAL		Number 10.90.00.PO
Oregon Department of Administrative Services State Controller's Division		Effective Date July 16, 2001
Chapter	Internal Control	.1 OF .3
Part	Approval of Agency Head Transactions	
Section		Approval Signature on file at SCD

Accountability and Control Standards

- .101 This policy sets accountability and control standards for the determination and delegation of review and approval authority for the agency head's monthly time report, requests for vacation payoff, use of exceptional performance leave, travel expense reimbursement claims, and Small Purchase Order Transaction System (SPOTS) card purchases. This policy is intended to ensure that these transactions are reviewed for completeness and accuracy and that they are in conformance with and measured against the documentation and compliance standards provided herein. In the case of agency heads that are elected, this policy may be applied at the option of that elected official.

Establishing Review and Approval Authority

- .102 Agency heads appointed by the Governor shall delegate review and approval authority for agency head financial transactions to the chief financial officer or to the person who holds the position of second-in-command to the agency head. The delegation shall be in writing.

Agency heads appointed by or reporting to a board or commission shall work with that body to create a review and approval structure for financial transactions of the agency head. The board or commission may delegate the review and approval authority, by direct designation or motion, in writing, to the board or commission chair or ranking officer. Or, the board or commission may delegate to the agency second-in-command, chief financial officer, or may choose to retain an active role in the approval process. Boards and commissions choosing to take an active role in the review and approval process must make the review and approvals of financial transactions a part of their regular meetings and document them in the minutes.

Boards and commissions delegating the review and approval process must at least annually review the financial transactions of the agency head approved as delegated. These post transaction reviews and approvals must be documented in the minutes of the board or commission annual meeting.

Requirement for Internal Procedure and Review

- .103 This policy requires agencies to develop internal procedures for the review and approval of the following agency head transactions:
- (a) Time reporting: Review and approve the agency head's monthly report of sick leave, vacation, holiday or other leave hours used. Review for completeness and accuracy and to ensure that all time that has been taken has been reported. Ensure that leave hours comply with HRSD 60.000.01 Sick Leave, 60.000.05 Vacation Leave, 60.010.01 Holidays, 60.000.15 Family Medical Leave, 60.005.01 Leave Without Pay and 60.000.10

Special Leaves with Pay. Time reporting (leave usage) must be documented using either paper or electronic timekeeping methods. The documentation must show that the time reports have been reviewed and approved by the appropriate authority, which, in the case of a board or commission, may be the ranking officer of the board. Note: Heads of agencies are classified as exempt from the Fair Labor Standards Act (FLSA) and as such should not be required to report actual hours worked. The time reporting review is intended to focus only on hours related to the categories defined above. The documentation must provide evidence for an audit trail and must be maintained by the agency for the prescribed IRS retention schedule for time records of three years and one quarter as well as the current record retention standards per Secretary of State, Archives Division.

- (b) Travel expense reimbursements: Review and approve all travel claims submitted by the agency head, whether for in-state or out-of-state travel. Ensure compliance with DAS Travel Rules OAM 40 10 00 PO as well as OAM 10 40 00 PO, Expenditures. The review and approval of travel transactions must be documented to provide an audit trail and evidence that the review complies with and was conducted in accordance with the prevailing state policies as listed.
- (c) Exceptional Performance Leave: This leave shall be granted to agency heads using the criteria set forth in HRSD 60.000.10 "Special Leaves With Pay". For agency heads appointed by the Governor, this leave shall only be granted by the Governor or by the Director of the Department of Administrative Services on behalf of the Governor. For agency heads reporting to a board or commission, this leave shall be granted by that body or by the board or commission chair and documented in the minutes of the board or commission. The review and approval responsibility is to ensure that the Exceptional Performance leave was granted based on appropriate criteria and authority and is in compliance with HRSD policy 60.000.10. The review and approval of these transactions must be documented to provide an audit trail and evidence that the review complies with and was conducted in accordance with the prevailing state policies as listed. The documentation must clearly demonstrate the criteria upon which the leave was granted. The documentation must include copies of the written request and approval granting the leave and copies of the board or commission minutes, if applicable. The documentation must be retained according to the current record retention standards per Secretary of State, Archives Division.
- (d) Vacation Payoff: Review and approve ensuring compliance with HRSD policy 60 000.05 "Vacation Leave". The review and approval of these transactions must be documented to provide an audit trail and evidence that the review complies with and was conducted in accordance with HRSD 60.000.05. That review must clearly demonstrate that the vacation payoff was approved in accordance with Section (6)(b) of that policy which mandates that a vacation payoff is only granted when taking vacation leave is not appropriate. Copies of the written request and approval granting the vacation payoff and copies of the board or commission minutes, if applicable, must be part of the documentation for these transactions.
- (e) Use of the Small Purchase Order Transaction System (SPOTS) purchase card: Review purchases to ensure that they are appropriate expenditures that further the business of the state and the mission of the agency and that the use of the SPOTS card complies with OAM 55 30 00 PO. The review must be conducted by someone other than the person whose name appears on the card. The review and approval of transactions must be documented to provide an audit trail and evidence that the review complies with and was conducted in accordance with the prevailing state policies as listed.

The documentation for all of the above should be retained according to the current record retention standards per Secretary of State, Archives Division.

Fiscal Officer Responsibility

- .104 Agency fiscal officers processing these financial transactions for the agency head have a duty to pre-audit and verify that the transactions comply with this policy.

Seeking Guidance from State Controller's Division

- .105 For the purposes of this policy, those persons delegated to review and approve financial transactions for state agency heads have a duty to comply with the provisions of this policy. Any agency head requests to deviate from this policy must be approved by the State Controller. Those persons delegated review and approval authority having reservations or questions about an agency head financial transaction may seek guidance from the State Controller's Division.

Transactions Subject to Audit

- .106 All financial transactions of state agency heads are subject to periodic audit by the Secretary of State Audits Division.

DEQ Policy



State of Oregon
Department of
Environmental
Quality

Approval of Director's Transactions

Policy Number 010.008.2010	
Effective Date: January 11, 2010	Next Scheduled Revision Date: 2015
Approval: Kerri Nelson (signature on file)	Title: MSD Administrator

Intent/Purpose/ Statement of Need	To set accountability and control standards for the review and approval of the DEQ director's financial transactions.
Authority	Oregon Accounting Manual <u>10.09.00.PO</u>
Applicability	DEQ director, MSD administrator, Environmental Quality Commission members
POLICY	
MSD administrator review	<p>As delegated by the Environmental Quality Commission, the Management Services Division administrator will review and approve the director's:</p> <ul style="list-style-type: none"> • Monthly time reports • Requests for vacation payoff • Use of exceptional performance leaves • Travel expense reimbursement claims • Small Purchase Order Transaction System (SPOTS) card purchases <p>This review will be performed in accordance with OAM 10.90.00.PO.</p>
EQC review	Annual, at the time of the director's evaluation, the Environmental Quality Commission will review the transactions approved as delegated. These post transaction reviews and approvals will be documented in EQC meeting minutes.
History	Updated formatting: January 11, 2010

**Summary of Director's Financial Transactions
 as defined by OAM 10.90.00.PO
 1/1/11 - 12/31/11
 DICK PEDERSEN**

TIME REPORTING

Summary of leave taken:

Exceptional Performance Leave	0 hours
Governor's Leave	8 hours
Holiday	64 hours
Personal Business	24 hours
Sick Leave	7 hours
Vacation	175 hours
Furlough	48 hours
Comp Time	6 hours
Miscellaneous Paid Leave	0 hours

VACATION LEAVE PAYOFF: None

USE OF SMALL PURCHASE ORDER TRANSACTION SYSTEM (SPOTS) PURCHASING CARD: None

TRAVEL EXPENSE REIMBURSEMENTS

<u>Date</u>	<u>Destination</u>	<u>Reason for Travel</u>	<u>Total Cost</u>	<u>Amount Reimbursed by Outside Party</u>	<u>Net Cost to DEQ</u>
2/1 - 2/4/11	Bend & Pendleton & The Dalles	Spoke about DEQ's Budget and current Legislative Session. While in Pendleton, met with the Confederated Tribes of the Umatilla Indian Reservation staff & Tribal Board.	\$385.11	\$0.00	\$385.11
3/11 - 3/15/11	Coos Bay/Gold Beach & Medford	Met with Coos Bay staff. Met with Commissioner Uherbelau; visited other sites in preparation for Monday's speaking engagement with the Ashland City Council. Budget Tour discussion with Medford staff and other field trips.	\$467.26	\$0.00	\$467.26
3/24 - 3/25/11	Seattle	Attended the Pacific Northwest Director's Meeting.	\$540.08	\$0.00	\$540.08
3/27 - 3/30/11	Alexandria, VA	Environmental Council of the States Spring Meeting	\$1,479.89	\$0.00	\$1,479.89

**Summary of Director's Financial Transactions
 as defined by OAM 10.90.00.PO
 1/1/11 - 12/31/11
 DICK PEDERSEN**

TRAVEL EXPENSE REIMBURSEMENTS			Total Cost	Amount Reimbursed by Outside Party	Net Cost to DEQ
Date	Destination	Reason for Travel			
6/15 - 6/17/11	Pendleton	EQC Meeting & a town hall meeting	\$239.86	\$0.00	\$239.86
7/14 - 7/15/11	Newport	Gave Budget Tour presentation to the Eugene, Coos Bay, & North Coast offices.	\$127.00	\$0.00	\$127.00
7/21 - 7/22/11	Medford	Gave Budget Tour presentation to the Medford office.	\$123.00	\$0.00	\$123.00
7/24 - 7/29/11	Bend & Sunriver	Gave Budget Tour presentation to the Bend office; worked from the Bend office. On 7/29/11 attended & spoke at the Oregon Association of Clean Water Agencies Conference.	\$849.00	\$0.00	\$849.00
9/13 - 9/15/11	Boise	Toured the Hells Canyon Complex of which DEQ is working on a 401 certification.	\$381.90	\$0.00	\$381.90
9/20 - 9/22/11	Seattle	Attended and spoke at the Pollution Prevention Roundtable Conference and Banquet. Attended the Pacific Northwest Director's Meeting.	\$554.90	\$0.00	\$554.90
9/24 - 9/27/11	Indianapolis, IN	Environmental Council of the States Annual Meeting	\$982.46	\$0.00	\$982.46
9/29 - 10/1/11	Bend	Attended the League of Oregon Cities Conference; worked from the Bend office.	\$285.10	\$0.00	\$285.10
10/2 - 10/3/11	Washington DC	Environmental Council of the States Officers Meeting	\$1,120.05	\$1,099.15	\$20.90
10/9 - 10/10/11	Bend	Spoke and attended the Oregon Forest Industries Council Conference.	\$157.80	\$0.00	\$157.80

**Summary of Director's Financial Transactions
 as defined by OAM 10.90.00.PO
 1/1/11 - 12/31/11
 DICK PEDERSEN**

TRAVEL EXPENSE REIMBURSEMENTS			Total Cost	Amount Reimbursed by Outside Party	Net Cost to DEQ
Date	Destination	Reason for Travel			
10/12 - 10/14/11	Bend	Gave presentations at the Oregon Water Resource Congress Conference; worked from the Bend office.	\$285.10	\$0.00	\$285.10
10/19 - 10/21/11	Yachats	EQC Meeting	\$187.82	\$0.00	\$187.82
11/15 - 11/18/11	Lincoln City & Newport	Attended the Annual Tribal Summit. Coastal Tour with DEQ staff; visited with the Siletz, Grand Ronde and Coquille Tribes.	\$400.05	\$0.00	\$400.05
11/27 - 12/3/11	Medford & Bend	Worked from the Medford office; met with Commissioner Uherbelau, legislators, & Medford office staff. Went on community tours. Spoke at the Cattlemen Conference in Bend.	\$565.30	\$0.00	\$565.30
12/8 - 12/9/11	Chicago	Attended a Strategic Retreat for Environmental Council of the States.	\$755.27	\$0.00	\$755.27
12/18 - 12/23/11	Coos Bay	Worked from the Coos Bay office; met with office staff; went on community tours & spent a day with the Coquille Tribe.	\$634.30	\$0.00	\$634.30
TOTAL:			<u>\$10,521.25</u>	<u>\$1,099.15</u>	<u>\$9,422.10</u>



**STATE OF OREGON
 TRAVEL EXPENSE DETAIL SHEET**

311/VPT 32103

1. Name of Employee Dick Pedersen			2. Agency DEQ			3. Period (Month and Year) 2/1-2/4 ER Budget Tour		
4. Official Station HQ / Portland			5. Division/ Work Unit OD			6. Regular Schedule Work Shift <input checked="" type="checkbox"/> 8 am - 5 pm <input type="checkbox"/> Other to		
7. Unrepresented <input type="checkbox"/> Management Service <input type="checkbox"/> Executive Service <input type="checkbox"/> Board/Commission <input type="checkbox"/> Volunteered <input type="checkbox"/> Other <input type="checkbox"/>			Bargaining Unit Name AFSCME					

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	12. Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
02/01/11	6:30am		Travel to Bend 88/61	45.75	prov	15.25	30.50	80.00	125.75
02/02/11			Travel to Pendleton 77/46	34.50	prov	11.50	23.00	77.00	111.50
02/03/11				23.00	prov	prov	23.00	77.00	100.00
02/04/11		3:30pm	Return to Portland 23.00	11.50	prov	11.50	11.50		44.50 23.00
				126.25			88.00		340.25
15. Totals				444.75		38.25	76.50	234.00	\$348.75

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-41004		Personal Vehicle Mileage		0.500		
*4101	126.25	Hotel Tax 2/1				8.00
*4106	238.86	Hotel Tax 2/3 & 2/3				16.86
Totals						385.11

23. Section Total		\$24.86
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24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
 Travel was to speak to the Bend, Pendleton and The Dalles office about our Budget and current Session. While in Pendleton, Dick also met with the Confederated Tribes of Umatilla Indian Reservation staff and Tribal Board.

26. Grand Total Amount		385.11 \$373.61
27. Travel Advance Amount		
28. Amount Due Employee/State		385.11 \$373.61
29. Received Training	Conducted Training	
30. Signature of Employee	31. Title	Date
	Director	02/08/11
32. Approved By	33. Title	Date
	MSD Administrator	2/9/11

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.

I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.

STATE OF OREGON
 TRAVEL EXPENSE DETAIL SHEET



302/VPT 32338

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) 3/11 - 3/15 Coos Bay - Medford	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift <input checked="" type="checkbox"/> ## 8 am - 5 pm <input type="checkbox"/> # Other to	
7. Unrepresented <input type="checkbox"/> Management Serv <input type="checkbox"/> Executive Service <input type="checkbox"/> Board/Commission <input type="checkbox"/> Volunte <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME		Other <input type="checkbox"/>	

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
03/11/11	8:30am		Travel to Coos Bay 77/46	23.00 ✓		prov	23.00	77.00 ✓	100.00 ✓
03/12/11			Coos Bay / Gold Beach 77/46	34.50 ✓	prov	11.50	23.00	25.00	59.50 ✓
03/13/11			Travel to Medford 80/56	56.00 ✓	14.00	14.00	28.00	80.00 ✓	136.00 ✓
03/14/11			Medford	42.00 ✓	prov	14.00	28.00	80.00 ✓	122.00 ✓
03/15/11		3:30pm	Return to Portland	28.00 ✓	prov	14.00	14.00		28.00 ✓
15. Totals				183.50	14.00	53.50	116.00	262.00 ✓	\$445.50 ✓

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010 - 41004		Personal Vehicle Mileage		0.500		
4101	183.50	Hotel Tax 3/11				5.76 ✓
4106	283.76	Hotel Tax 3/13 & 3/14				16.00 ✓
Totals						247.26
23. Section Total						\$21.76 ✓

24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
 Travel was to Meet with the Coos Bay staff Friday. Saturday and Sunday were spent meeting with Commissioner Uherbelau and visiting other sites in preparation for a speaking engagement Monday with the Ashland City council. Monday day was spent giving the Budget Tour discussion to the Medford office and other field trips

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.	30. Signature of Employee 	26. Grand Total Amount \$467.26 ✓
	32. Approved By 	27. Travel Advance Amount
I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.	31. Title Director	28. Amount Due Employee/State \$467.26 ✓
	33. Title MSD Administrator	29. Received Training Conducted Training
		Date 03/24/11
		Date 3/30/11

✓ for dup.

ROL

STATE OF OREGON
TRAVEL EXPENSE DETAIL SHEET



302/VPT32338

1. Name of Employee Dick Pedersen			2. Agency DEQ			3. Period (Month and Year) 3/2011 Seattle		
4. Official Station HQ / Portland			5. Division/ Work Unit OD			6. Regular Schedule Work Shift <input checked="" type="checkbox"/> ## 8 am - 5 pm <input type="checkbox"/> # Other to		
7. Unrepresented <input type="checkbox"/> Management Servid <input type="checkbox"/> Executive Service ## <input type="checkbox"/> Board/Commission <input type="checkbox"/> Volunte <input type="checkbox"/>			Bargaining Unit Name <input type="checkbox"/> AFSCME Other <input type="checkbox"/>					

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	12. Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging		
					Breakfast	Lunch	Dinner				
03/24/11	4 pm		Travel to Seattle 139/71	35.50			35.50	139.00	174.50		
03/25/11		7 pm	Return to Portland	71.00	17.75	17.75	35.50		71.00		
					15. Totals	106.50	17.75	17.75	71.00	139.00	\$245.50

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-41004		Personal Vehicle Mileage		0.500		
4151	106.50	03/24/11 Hotel Tax				21.68
4150	160.68	03/24/11 Train to Seattle (Lost receipt)				2.50
4160	3.00	03/25/11 Train to Sea-Tac				2.50
Totals		272.18	23. Section Total		\$26.68	

24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
Travel to Seattle was to attend the Pacific Northwest Director's meeting held at the Seattle EPA Offices.

26. Grand Total Amount	\$272.18
27. Travel Advance Amount	
28. Amount Due Employee/State	① \$272.18 <i>RLM</i>
29. Received Training	Conducted Training
30. Signature of Employee	31. Title Director
32. Approved By	33. Title MSD Administrator
	Date 03/30/11
	Date 3/31/11

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.

I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.

OS rec.

① \$272.18

② \$267.90 (see next page)

\$540.08

RAL

Azumano Travel






**** Duplicate Electronic Invoice ****

For: PEDERSEN/RICHARD
OR State Dept. of Enviromental

Ticket #: 7983420575
Cred Card #: VIXXXXXXXXXXX10165
Agent ID: EX

Invoice Number: 117515983
Invoice Date: 3/21/2011
Record Locator: XTD250
Booked Date: 3/21/2011

 AIRLINES	3/24/2011	Depart: PORTLAND, OR Arrive: SEATTLE TACOMA, WA	4:30 pm 5:20 pm	ALASKA AIRLINES	Flight #: 2162	Class: L
	3/25/2011	Depart: SEATTLE TACOMA, WA Arrive: PORTLAND, OR	6:30 pm 7:20 pm	ALASKA AIRLINES	Flight #: 2055	Class: Y
 CARS	No Car Rentals					
 HOTELS	No Hotel Bookings					

Summary of Charges

ALASKA AIRLINES -- Ticket #: 7983420575 :	\$239.40
Service Fee: 0532976809 :	\$28.50
	<u>2</u> \$267.90

RA 10R0127253

STATE OF OREGON

TRAVEL EXPENSE DETAIL SHEET



302/VPT 32338

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) 03/2011 ECOS Sping Mtg	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift <input checked="" type="checkbox"/> ## 8 am - 5 pm <input type="checkbox"/> # Other to	
7. Unrepresented <input type="checkbox"/> Management Service <input type="checkbox"/> Executive Salaries <input type="checkbox"/> Board/Commssid. <input type="checkbox"/> Volunte <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME <input type="checkbox"/> Other <input type="checkbox"/>			

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
03/27/11	5:00am		Travel to Alexandria, Virginia	71.00 ✓	17.75	17.75	35.50	211.00 ✓	282.00 ✓
03/28/11				35.50 ✓	prov	prov	35.50	211.00 ✓	246.50 ✓
03/29/11				0 ✓	prov	prov	prov	211.00 ✓	211.00 ✓
03/30/11		9:00pm	Return to Portland	35.50 ✓	prov	prov	35.50		35.50 ✓
15. Totals				142.00 ✓	17.75	17.75	106.50	633.00 ✓	\$775.00 ✓

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010 - 41004		Personal Vehicle Mileage		0.500		
4151	142.00	Hotel Tax				75.81 ✓
4150	708.81	Airport Parking 4@ \$9.95 + Airport Fees				43.78 ✓
4160	43.78					
Totals		894.59	23. Section Total		\$119.59 ✓	

24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
Travel was to attend the Environmental Council of the States (ECOS) Spring Meeting March 28-30, 2011. Dick represents the state of Oregon at this meeting.

26. Grand Total Amount		\$894.59 ✓
27. Travel Advance Amount		
28. Amount Due Employee/State		① \$894.59 <i>700m</i>
29. Received Training	Conducted Training	
30. Signature of Employee	31. Title	Date
<i>[Signature]</i>	Director	03/31/11
32. Approved By	33. Title	Date
<i>[Signature]</i>	MSD Administrator	3/31/11

05m.

① \$894.59

② \$585.30 (see next page)

\$1,479.89

Azumano Travel

Azumano Travel
Est. 1949






**** Duplicate Electronic Invoice ****

For: PEDERSEN/RICHARD JOH
OR State Dept. of Environmental

Ticket #: 7982381784
Cred Card #: VIXXXXXXXXXXX10165
Agent ID: EX

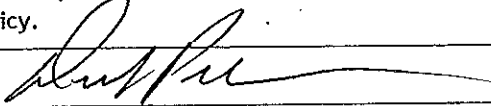
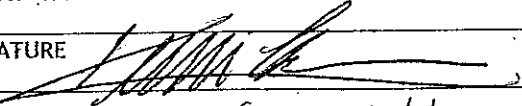
Invoice Number: 117514238
Invoice Date: 3/2/2011
Record Locator: NDLDV7
Booked Date: 3/2/2011

	3/27/2011	Depart: PORTLAND, OR	6:09 am	UNITED AIRLINES	Flight #: 0132	Class: V
		Arrive: CHICAGO-OHARE, IL	12:07 pm			
		Depart: CHICAGO-OHARE, IL	2:00 pm	UNITED AIRLINES	Flight #: 0616	Class: V
		Arrive: WASHINGTON-NATIONAL, DC	4:47 pm			
	3/30/2011	Depart: WASHINGTON-NATIONAL, DC	3:30 pm	UNITED AIRLINES	Flight #: 0623	Class: V
		Arrive: CHICAGO-OHARE, IL	4:31 pm			
		Depart: CHICAGO-OHARE, IL	5:53 pm	UNITED AIRLINES	Flight #: 0949	Class: V
		Arrive: PORTLAND, OR	8:24 pm			
	No Car Rentals					
	No Hotel Bookings					

Summary of Charges

UNITED AIRLINES -- Ticket #: 7982381784 :	\$556.80
Service Fee: 0532379965 :	\$28.50
	<u>\$585.30</u>

②

1. NAME OF EMPLOYEE: Dick Pedersen		2. AGENCY/OFFICIAL STATION: DEQ / HQ		3. REQUEST #: 127-11																					
4. AGENCY ACCOUNTING INFORMATION (fund code or Q-Time number): 11 14010 41004			5. TRAVEL JUSTIFICATION ATTACHED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																						
6. PURPOSE OF TRIP: (Be specific, include dates/times of meeting or conference) Environmental Council of the States (ECOS) Spring Meeting in Alexandria, Virginia March 28-30, 2011. Dick represents the state of Oregon at this meeting.																									
7. ITINERARY: Destination city/state: <u>Alexandria, Virginia</u> Departure date/time: <u>Sun. March 27, 2011, 6:00am</u> Return date/time: <u>Wed. March 30, 2011, 8:30pm</u>			8. TRANSPORTATION: (Airfare, train fare or state motor pool vehicle (circle one). For rental cars, see #11, for misc. ground transportation, see #12) <div style="text-align: right;">TOTAL: <u>\$560.00</u></div>																						
9. LODGING: Lodging per diem rate: <u>\$211.00</u> Amount per night: <u>211.00</u> Room tax per night: <u>25.27</u> # of nights: <u>83</u> TOTAL: <u>708.81</u> <u>\$1,484.35</u>			10. MEALS: Daily meal per diem rate: <u>\$71.00</u> <table style="width:100%; border-collapse: collapse;"><thead><tr><th></th><th style="text-align: center;">Rate</th><th style="text-align: center;"># Meals</th><th style="text-align: center;">Total</th></tr></thead><tbody><tr><td>Breakfast: (25%)</td><td style="text-align: center;">17.75</td><td style="text-align: center;">4</td><td style="text-align: center;">71.00</td></tr><tr><td>Lunch: (25%)</td><td style="text-align: center;">17.75</td><td style="text-align: center;">4</td><td style="text-align: center;">71.00</td></tr><tr><td>Dinner: (50%)</td><td style="text-align: center;">35.50</td><td style="text-align: center;">4</td><td style="text-align: center;">142.00</td></tr><tr><td colspan="3" style="text-align: right;">TOTAL:</td><td style="text-align: center;"><u>\$284.00</u></td></tr></tbody></table>				Rate	# Meals	Total	Breakfast: (25%)	17.75	4	71.00	Lunch: (25%)	17.75	4	71.00	Dinner: (50%)	35.50	4	142.00	TOTAL:			<u>\$284.00</u>
	Rate	# Meals	Total																						
Breakfast: (25%)	17.75	4	71.00																						
Lunch: (25%)	17.75	4	71.00																						
Dinner: (50%)	35.50	4	142.00																						
TOTAL:			<u>\$284.00</u>																						
11. CAR RENTAL: (See OAM 40.10.00.PO, Section 115. The State has a price agreement with Enterprise Rent-A-Car. Optional insurance will not be reimbursed). Days @ \$31 plus tax, gas TOTAL: <u>\$0.00</u>			12. MISCELLANEOUS COSTS: (Identify specific expenses - taxis, shuttles, phone, vehicle mileage, etc.) a. Private vehicle mileage <u>0.00</u> b. Shuttle <u>(# of miles)</u> c. Other (specify below) <u>20.00</u> <u>Commuter train fare</u> TOTAL: <u>20.00</u> <u>\$0.00</u>																						
13. TRAINING RELATED? (if yes, attach agenda) <input type="checkbox"/> Yes <input type="checkbox"/> No																									
14. STATUS: <input checked="" type="checkbox"/> Executive/Mgmt Svc: <input type="checkbox"/> AFSCME: <input type="checkbox"/> Other: Explain: _____			16. ESTIMATED COST OF TRIP: <table style="width:100%; border-collapse: collapse;"><tbody><tr><td>Transportation:</td><td style="text-align: right;"><u>\$560.00</u></td></tr><tr><td>Lodging:</td><td style="text-align: right;"><u>\$1,181.35</u> <u>708.81</u></td></tr><tr><td>Meals:</td><td style="text-align: right;"><u>\$284.00</u></td></tr><tr><td>Car Rental:</td><td style="text-align: right;"><u>\$0.00</u></td></tr><tr><td>Misc:</td><td style="text-align: right;"><u>\$0.00</u> <u>20.00</u></td></tr><tr><td>TOTAL:</td><td style="text-align: right;"><u>1,572.81</u> <u>\$2,025.35</u> <u>20.00</u></td></tr></tbody></table>			Transportation:	<u>\$560.00</u>	Lodging:	<u>\$1,181.35</u> <u>708.81</u>	Meals:	<u>\$284.00</u>	Car Rental:	<u>\$0.00</u>	Misc:	<u>\$0.00</u> <u>20.00</u>	TOTAL:	<u>1,572.81</u> <u>\$2,025.35</u> <u>20.00</u>								
Transportation:	<u>\$560.00</u>																								
Lodging:	<u>\$1,181.35</u> <u>708.81</u>																								
Meals:	<u>\$284.00</u>																								
Car Rental:	<u>\$0.00</u>																								
Misc:	<u>\$0.00</u> <u>20.00</u>																								
TOTAL:	<u>1,572.81</u> <u>\$2,025.35</u> <u>20.00</u>																								
15. TRAVEL AWARDS: Agencies are mandated to maintain records on employee accumulation of travel awards as reported on their travel expense detail sheets. Travel awards include, but may not be limited to airline frequent flyer miles and hotel or car rental frequent customer awards or miles.																									
17. I certify that this trip is necessary and essential to the normal discharge of DEQ responsibilities; that required monies are budgeted and allotted for expenditure; that the trip meets all the requirements mandated by ORS 292.230, OAM Policy 40.10.00, and DEQ policy.																									
18. EMPLOYEE SIGNATURE 			DATE: <u>3/2/2010</u>																						
19. SUPERVISOR SIGNATURE			DATE:																						
20. DA/EMT SIGNATURE			DATE:																						
21. MSD DA SIGNATURE 			DATE: <u>3/3/2010</u> <u>1000015</u>																						



**STATE OF OREGON
 TRAVEL EXPENSE DETAIL SHEET**

332/VPT32793

1. Name of Employee Dick Pedersen			2. Agency DEQ			3. Period (Month and Year) June 15-17, 2011 EQC		
4. Official Station HQ / Portland			5. Division/ Work Unit OD			6. Regular Schedule Work Shift <input checked="" type="checkbox"/> ## 8 am - 5 pm <input type="checkbox"/> # Other to		
7. Unrepresented <input type="checkbox"/> Management Service <input type="checkbox"/> Executive Service <input type="checkbox"/> Board/Commission <input type="checkbox"/> Volunteered <input type="checkbox"/>			Bargaining Unit Name AFSCME			Other <input type="checkbox"/>		

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	13. Individual Meal Reimbursement			14. Total Meals and Lodging
					Breakfast	Lunch	Dinner	
06/15/11	9:00am		Travel to Pendleton 77/46	34.50		11.50	23.00	77.00
06/16/11				23.00	prov	prov	23.00	100.00
06/17/11		5:30pm	Return to Portland	11.50	prov	prov	11.50	11.50
15. Totals				69.00		11.50	57.50	154.00
								\$223.00

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-41004		Personal Vehicle Mileage		0.500		
4101	69.00	Hotel Tax				16.86
4106	170.86					
Totals						239.86

23. Section Total		\$16.86
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24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
 ztravel was to attend the June EQC Meeting that was held in Pendleton June 16-17, 2011. There was also a Town Hall meeting on Wednesday, June 15, 2011.

26. Grand Total Amount		\$239.86
27. Travel Advance Amount		
28. Amount Due Employee/State		\$239.86
29. Received Training	Conducted Training	
30. Signature of Employee		31. Title Director
32. Approved By		33. Title MSD Administrator
		Date 06/20/11

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.

I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.



303/VPT 32966

✓ for dup.



302/VPT 33004

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) July 21-22, 2011				
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift <input checked="" type="checkbox"/> ## 8 am - 5 pm <input type="checkbox"/> # Other to				
7. Unrepresented <input type="checkbox"/> Management Service <input type="checkbox"/> Executive Secretary <input checked="" type="checkbox"/> Board/Commissioner <input type="checkbox"/> Volunteered <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME Other <input type="checkbox"/>						
8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	13. Individual Meal Reimbursement Breakfast Lunch Dinner	14. Total Meals and Lodging		
07/21/11	7:00am		Travel to Medford <i>80156</i>	42.00 ✓	14.00 28.00	25.00 67.00 ✓		
07/22/11		8:00pm	Return to Portland	56.00 ✓	14.00 28.00	25.00 56.00 ✓		
			15. Totals	98.00 ✓	14.00 28.00 56.00	25.00 \$123.00 ✓		
16. Accounting Codes		17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses		19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
<i>14010 - 41004</i>			Personal Vehicle Mileage			0.500		
<i>4101</i>		<i>98.00</i>						
<i>4106</i>		<i>25.00</i>						
Totals		<i>123.00</i>			23. Section Total		\$0.00	
24. I did/will <input type="checkbox"/> did not/will not <input checked="" type="checkbox"/> accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.								
25. REASON FOR TRAVEL: (Be specific.) Travel was for Dick to give DEQ's Budget Tour presentation to the Medford Office.								
I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.					26. Grand Total Amount \$123.00 ✓			
					27. Travel Advance Amount			
					28. Amount Due Employee/State \$123.00 <i>rem</i>			
					29. Received Training Conducted Training			
I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.					30. Signature of Employee <i>[Signature]</i>		31. Title Date Director 08/01/11	
					32. Approved By <i>[Signature]</i>		33. Title Date MSD Administrator 8/1/11	

✓ for dup.

STATE OF OREGON
TRAVEL EXPENSE DETAIL SHEET



302/VPT 33004

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) July 24-29, 2011	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift <input checked="" type="checkbox"/> ## 8 am - 5 pm <input type="checkbox"/> # Other to	
7. Unrepresented <input type="checkbox"/> Management Servd <input type="checkbox"/> Executive Sevice <input type="checkbox"/> Board/Commissid <input type="checkbox"/> Volunte <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME		Other <input type="checkbox"/>	

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
07/24/11	2pm		Travel to Bend 110/61	30.50			30.50	110.00	140.50
07/25/11				45.75	prov	15.25	30.50	110.00	155.75
07/26/11				45.75	prov	15.25	30.50	110.00	155.75
07/27/11				45.75	prov	15.25	30.50	110.00	155.75
07/28/11				45.75	prov	15.25	30.50	110.00	155.75
07/29/11		3pm	Return to Portland	30.50	prov	15.25	15.25		30.50
15. Totals				244.00		76.25	167.75	550.00	\$794.00

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-41004		Personal Vehicle Mileage		0.500		
4101	244.00	Hotel Taxes				55.00
4106	605.00					
Totals				849.00	23. Section Total	
\$55.00						

24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
Travel was for Dick's Budget Tour in Bend. He also spent the week working from the Bend office. On Friday, July 29, Dick gave a presentation at the Annual ACWA Conference in Sunriver.

26. Grand Total Amount		\$849.00
27. Travel Advance Amount		
28. Amount Due Employee/State		\$849.00
29. Received Training	Conducted Training	
30. Signature of Employee	31. Title	Date
	Director	08/01/11
32. Approved By	33. Title	Date
	MSD Administrator	8/1/11

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.

I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.

RA10R0127253

STATE OF OREGON

TRAVEL EXPENSE DETAIL SHEET



321/VPT 33232

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) September 13-15, 2011	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift <input checked="" type="checkbox"/> ## 8 am - 5 pm <input type="checkbox"/> # Other to	
7. Unrepresented <input type="checkbox"/> Management Servid <input type="checkbox"/> Executive Sevice <input type="checkbox"/> Board/Commissid <input type="checkbox"/> Volunte <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME Other <input type="checkbox"/>			

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
09/13/11	8pm		Travel to Boise 77/46	11.50 ✓			11.50	77.00	88.50 ✓
09/14/11				11.50 ✓	11.50	prov	prov	prov	11.50 ✓
09/15/11		7pm	Return to Portland	23.00 ✓	prov	prov	23.00		23.00 ✓
15. Totals				46.00 ✓	11.50		34.50	77.00 ✓	\$123.00 ✓

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-30947-		Personal Vehicle Mileage		0.500		
Q10012						
4151	46.00					
4150	77.00					
Totals		123.00	23. Section Total		\$0.00	

24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
Travel was for Dick to tour the Hells Canyon Complex of which DEQ is working on a 401 certification.

26. Grand Total Amount	\$123.00 ✓
27. Travel Advance Amount	
28. Amount Due Employee/State	① \$123.00 ✓
29. Received Training	Conducted Training
30. Signature of Employee	31. Title Director
32. Approved By	33. Title MSD Administrator
	Date 09/23/11
	Date 9/27/11

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.

I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.

05 rec.

① \$123.00

② \$258.90 (see next page)

\$381.90

Azumano Travel






**** Duplicate Electronic Invoice ****

For: PEDERSEN/RICHARD JOH
OR State Dept. of Enviromental

Ticket #: 7993342651
Cred Card #: V1XXXXXXXXXX10165
Agent ID: EX

Invoice Number: 117527599
Invoice Date: 8/26/2011
Record Locator: WVGZ10
Booked Date: 8/26/2011

	9/13/2011	Depart: PORTLAND, OR Arrive: BOISE, ID	7:55 pm 10:10 pm	ALASKA AIRLINES	Flight #: 2593	Class: T
	9/15/2011	Depart: LEWISTON, ID Arrive: BOISE, ID	3:44 pm 5:35 pm	ALASKA AIRLINES	Flight #: 2217	Class: H
		Depart: BOISE, ID Arrive: PORTLAND, OR	6:05 pm 6:27 pm	ALASKA AIRLINES	Flight #: 2301	Class: H
	No Car Rentals					
	No Hotel Bookings					

Summary of Charges

ALASKA AIRLINES -- Ticket #: 7993342651 :	\$230.40
Service Fee: 0553077475 :	\$28.50
	<u>\$258.90</u>

②

RA10R0127253

STATE OF OREGON

TRAVEL EXPENSE DETAIL SHEET



304/VPT 33271

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) 9/2011 Seattle	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift <input checked="" type="checkbox"/> ## 8 am - 5 pm <input type="checkbox"/> # Other to	
7. Unrepresented <input type="checkbox"/> Management Service <input type="checkbox"/> Executive Service <input type="checkbox"/> Board/Commission <input type="checkbox"/> Volunteered <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME		Other <input type="checkbox"/>	

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	12. Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
09/20/11	3pm		Travel to Seattle 139/71	35.50			35.50	139.00	174.50
09/21/11				71.00	17.75	17.75	35.50	139.00	210.00
09/22/11		7pm	Return to Portland	71.00	17.75	17.75	35.50		71.00
15. Totals				177.50	35.50	35.50	106.50	278.00	\$455.50

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-41004		Personal Vehicle Mileage		0.500		
		Hotel Tax for 9/20 and 9/21				43.36
	09/21/11	Parking for 9/21				39.04
	09/22/11	Parking for 9/22				17.00
Totals						23. Section Total
						\$99.40

24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
Travel to Seattle was to attend the Pacific Northwest Director's meeting held at the Seattle EPA Offices on September 22. Dick also attended and spoke at the Pollution Prevention Roundtable Conference and Banquet on 9/20-9/21.

26. Grand Total Amount		\$554.90
27. Travel Advance Amount		
28. Amount Due Employee/State		\$554.90 <i>rm</i>
29. Received Training	Conducted Training	
30. Signature of Employee	31. Title	Date
<i>Dick Pedersen</i>	Director	09/28/11
32. Approved By	33. Title	Date
<i>[Signature]</i>	MSD Administrator	9/30/11

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.

I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.

05 m.

TRAVEL EXPENSE DETAIL SHEET



304/VPT 33271

[illegible]

05 rec.

① \$490.16
② \$492.30 (see next page)
\$982.46

Azumano Travel

Azumano Travel
Est. 1949






Travel
Services
Representative

**** Duplicate Electronic Invoice ****

For: **PEDERSEN/RICHARD JOH**
OR State Dept. of Enviromental

Ticket #: 7988164192
Cred Card #: VIXXXXXXXXXXX10165
Agent ID: 52

Invoice Number: 117524838
Invoice Date: 7/19/2011
Record Locator: L4HPV8
Booked Date: 7/18/2011

 AIRLINES	9/24/2011	Depart: PORTLAND, OR	7:26 am	UNITED AIRLINES	Flight #: 0250	Class: S
		Arrive: WASHINGTON-DULLES, DC	3:15 pm			
		Depart: WASHINGTON-DULLES, DC	5:03 pm	UNITED AIRLINES	Flight #: 5861	Class: S
		Arrive: INDIANAPOLIS, IN	6:43 pm			
	9/27/2011	Depart: INDIANAPOLIS, IN	3:49 pm	UNITED AIRLINES	Flight #: 3803	Class: L
		Arrive: CHICAGO-OHARE, IL	3:53 pm			
		Depart: CHICAGO-OHARE, IL	5:25 pm	UNITED AIRLINES	Flight #: 0949	Class: L
		Arrive: PORTLAND, OR	7:38 pm			
 CARS	No Car Rentals					
 HOTELS	No Hotel Bookings					

Summary of Charges

UNITED AIRLINES -- Ticket #: 7988164192 :	\$463.80
Service Fee: 0552005650 :	\$28.50
	<u>\$492.30</u>

(2)

1. NAME OF EMPLOYEE: Dick Pedersen		2. AGENCY/OFFICIAL STATION: DEQ / HQ		3. REQUEST #: 20-12																					
4. AGENCY ACCOUNTING INFORMATION (fund code or Q-Time number): 13 14010 41004			5. TRAVEL JUSTIFICATION ATTACHED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																						
6. PURPOSE OF TRIP: (Be specific, include dates/times of meeting or conference) Environmental Council of the States (ECOS) Annual Meeting in Indianapolis, Indiana September 25-27, 2011. Dick represents the state of Oregon at this meeting.																									
7. ITINERARY: Destination city/state: Indianapolis, Indiana Departure date/time: Sat. September 24, 2011 6:00am Return date/time: Tues. September 27, 2011 8:00pm			8. TRANSPORTATION: (Airfare, train fare or state motor pool vehicle (circle one). For rental cars, see #11, for misc. ground transportation, see #12) TOTAL: \$474.00																						
9. LODGING: Lodging per diem rate: \$91.00 Amount per night: 91.00 Room tax per night: 15.47 # of nights: 3 TOTAL: \$319.41			10. MEALS: Daily meal per diem rate: 61.00 \$56.00 <table border="1"> <thead> <tr> <th></th> <th>Rate</th> <th># Meals</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Breakfast: (25%) 15.25</td> <td>44.00</td> <td>4</td> <td>61.00 56.00</td> </tr> <tr> <td>Lunch: (25%) 15.25</td> <td>44.00</td> <td>4</td> <td>61.00 56.00</td> </tr> <tr> <td>Dinner: (50%) 30.50</td> <td>28.00</td> <td>4</td> <td>122.00 112.00</td> </tr> <tr> <td colspan="3">TOTAL:</td> <td>\$224.00</td> </tr> </tbody> </table> 244.00				Rate	# Meals	Total	Breakfast: (25%) 15.25	44.00	4	61.00 56.00	Lunch: (25%) 15.25	44.00	4	61.00 56.00	Dinner: (50%) 30.50	28.00	4	122.00 112.00	TOTAL:			\$224.00
	Rate	# Meals	Total																						
Breakfast: (25%) 15.25	44.00	4	61.00 56.00																						
Lunch: (25%) 15.25	44.00	4	61.00 56.00																						
Dinner: (50%) 30.50	28.00	4	122.00 112.00																						
TOTAL:			\$224.00																						
11. CAR RENTAL: (See OAM 40.10.00.P.O., Section 115. The State has a price agreement with Enterprise Rent-A-Car. Optional insurance will not be reimbursed). Days @ \$31 plus tax, gas TOTAL: \$0.00			12. MISCELLANEOUS COSTS: (Identify specific expenses - taxis, shuttles, phone, vehicle mileage, etc.) a. Private vehicle mileage 0.00 b. Shuttle (# of miles) c. Other (specify below) 30.00 Transportation to/from airport to Conference TOTAL: \$30.00																						
13. TRAINING RELATED? (if yes, attach agenda) <input type="checkbox"/> Yes <input type="checkbox"/> No			14. STATUS: <input checked="" type="checkbox"/> Executive/Mgmt Svc: <input type="checkbox"/> AFSCME: <input type="checkbox"/> Other: Explain:																						
15. TRAVEL AWARDS: Agencies are mandated to maintain records on employee accumulation of travel awards as reported on their travel expense detail sheets. Travel awards include, but may not be limited to airline frequent flyer miles and hotel or car rental frequent customer awards or miles.			16. ESTIMATED COST OF TRIP: Transportation: \$474.00 Lodging: \$319.41 Meals: \$224.00 244.00 Car Rental: \$0.00 Misc: \$30.00 TOTAL: 1,067.41 22m \$1,047.41																						
17. I certify that this trip is necessary and essential to the normal discharge of DEQ responsibilities; that required monies are budgeted and allotted for expenditure; that the trip meets all the requirements mandated by ORS 292.230, OAM Policy 40.10.00, and DEQ policy.																									
18. EMPLOYEE SIGNATURE			DATE: 7/18/11																						
19. SUPERVISOR SIGNATURE			DATE:																						
20. DA/EMT SIGNATURE			DATE:																						
21. MSD DA SIGNATURE			DATE: 7/19/11 Item E 000025																						

RA 10R0127253

STATE OF OREGON
TRAVEL EXPENSE DETAIL SHEET



314/VPT 33312

1. Name of Employee Dick Pedersen			2. Agency DEQ			3. Period (Month and Year) 9/2011 Bend		
4. Official Station HQ / Portland			5. Division/ Work Unit OD			6. Regular Schedule Work Shift <input checked="" type="checkbox"/> # 8 am - 5 pm <input type="checkbox"/> # Other to		
7. Unrepresented <input type="checkbox"/> Management Service <input type="checkbox"/> Executive Service <input type="checkbox"/> Board/Commission <input type="checkbox"/> Volunteered <input type="checkbox"/>			Bargaining Unit Name <input type="checkbox"/> AFSCME <input type="checkbox"/> Other <input type="checkbox"/>					

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	12. Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
09/29/11	7am		Travel to Bend 88/41 45.75	61.00	N/A	15.25	30.50	88.00	149.60
09/30/11				30.50	prov	prov	30.50	88.00	118.50
10/01/11		11am	Return to Portland	15.25	prov	15.25			15.25
				91.50	0				267.50
15. Totals				406.75	45.25	30.50	61.00	176.00	\$282.75

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-4100+		Personal Vehicle Mileage		0.500		
4101	91.50	Hotel Tax for 9/29 and 9/30				17.60
4106	193.60					
Totals		285.10	23. Section Total		\$17.60	

24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
Travel was to Bend to attend the League of Oregon Cities Conference. Dick Participated in two panels and also spent some time in the Bend DEQ office.

26. Grand Total Amount 285.10 \$300.35	
27. Travel Advance Amount	
28. Amount Due Employee/State 285.10 \$300.35 km	
29. Received Training	Conducted Training
30. Signature of Employee <i>Dick Pedersen</i>	31. Title Director Date 10.3.11
32. Approved By <i>[Signature]</i>	33. Title MSD Administrator Date 10/6/11

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.

I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.



STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET

332/VPT 33410

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) 10/2011 ECOS OMB	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift <input checked="" type="checkbox"/> 8 am - 5 pm <input type="checkbox"/> # Other to	
7. Unrepresented <input type="checkbox"/> Management Serv <input type="checkbox"/> Executive Se/ice <input type="checkbox"/> Board/Commissid <input type="checkbox"/> Volunte <input type="checkbox"/> Other <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME			

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	12. Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
10/02/11	10:30pm		Travel To Washington DC	17.75			17.75	N/A	17.75
10/03/11		11:45pm	Return to Portland	71.00	17.75	17.75	35.50		71.00
15. Totals					88.75	17.75	17.75	53.25	\$88.75

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
10001-4200+- M2.0000		Personal Vehicle Mileage		0.500		
		Metro Voucher				5.00
		Taxi Receipt				7.00
Totals					23. Section Total	\$12.00

24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
Travel was to Washington DC to attend an ECOS Officer Meeting with OMB on October 3, 2011.

26. Grand Total Amount		\$100.75
27. Travel Advance Amount		
28. Amount Due Employee/State		① \$100.75 n/m
29. Received Training	Conducted Training	
30. Signature of Employee		31. Title Director
32. Approved By		33. Title MSD Administrator
		Date 10/17/11
		Date 10/10/11

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.

I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.

OS no.

① \$100.75

② \$1,019.30 (see next page)

③ <\$1,099.15> Reimbursed by outside party - see third page

\$ 20.90

Azumano Travel

Azumano Travel
 Est. 1949






Travel
 Services
 Representative

**** Duplicate Electronic Invoice ****

For: **PEDERSEN/RICHARD JOHN**
 OR State Dept. of Enviromental

Ticket #: 7995807431
 Cred Card #: VIXXXXXXXXXXX10165
 Agent ID: EX

Invoice Number: 117529927
 Invoice Date: 9/27/2011
 Record Locator: LNJ92
 Booked Date: 9/27/2011

 AIRLINES	10/2/2011	Depart: PORTLAND, OR Arrive: NEWARK, NJ	9:52 pm 6:00 am	UNITED AIRLINES	Flight #: 1622	Class: Q
	10/3/2011	Depart: NEWARK, NJ Arrive: WASHINGTON-NATIONAL, DC	6:45 am 7:54 am	UNITED AIRLINES	Flight #: 4701	Class: Q
		Depart: WASHINGTON-NATIONAL, DC Arrive: DENVER, CO	5:50 pm 7:40 pm	UNITED AIRLINES	Flight #: 0963	Class: Q
		Depart: DENVER, CO Arrive: PORTLAND, OR	10:07 pm 11:43 pm	UNITED AIRLINES	Flight #: 0873	Class: Q
 CARS	No Car Rentals					
 HOTELS	No Hotel Bookings					

Summary of Charges

UNITED AIRLINES -- Ticket #: 7995807431 :	\$990.80
Service Fee: 0553408667 :	\$28.50
	<u>② \$1019.30</u>

ECOS TRAVEL REIMBURSEMENT FORM

Instructions: *****PLEASE COMPLETE ELECTRONICALLY*****
Type in the requested information. Calculations will be done automatically.
Please mail a signed hard copy of this completed form and corresponding original receipts for all items \$25 and more to ECOS for reimbursement.

Name: Dick Pedersen
Organization: Oregon DEQ
Address: 811 SW Sixth Ave
City/State/ZIP: Portland, OR 97204
Phone: 503-229-5300
Fax: 503-229-6730
Email: Pedersen.Dick@deq.state.or.us

Mail to: ECOS
50 F St NW
Suite 350
Washington, DC 20001 Phone: (202) 266-4920

Meeting Name: ECOS Officers Meeting
Meeting Location: Washington DC
Travel Start and End Dates and Times: 10/2/11 10:30pm; 10/3/11 11:45pm

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	TOTALS
Dates of Trip (m/d/y):	10/2/2011	10/3/2011								
TRANSPORTATION										
Air/Train Fare	\$1,019.30									1,019.30
Personal Car Mileage										
Mileage Charges*										
Taxi/Van/Metro		8.85								8.85
Airport Parking										
Transportation Subtotal	1,019.30	8.85								\$ 1,028.15
MEALS & INCIDENTALS (M&IE): See GSA page for per diem rates:										
Breakfast		17.75								17.75
Lunch		17.75								17.75
Dinner	17.75	17.75								35.50
Incidentals										
M&IE Subtotal	17.75	53.25								\$ 71.00
HOTEL AND OTHER (Please specify "other" charges)										
Hotel										
Bag Check										
Other: Internet										
Hotel and Other Subtotal										
GRAND TOTAL AMOUNT OWED										\$ 1,099.15

* current rate is \$ 0.510 per mile
I certify that the above claim is correct and in accordance with ECOS Travel Policy (Please sign and date):
Make Check Payable To: Oregon DEQ

Mail Check to: ☐ Address on File or ☒ Above Address (NEW USERS ONLY)

OFFICE USE ONLY

APPROVED: [Signature]
CODE:
CHECK #:

ECOS

1. NAME OF EMPLOYEE: Dick Pedersen		2. AGENCY/OFFICIAL STATION: DEQ / HQ		3. REQUEST #: <u>61-12</u>																					
4. AGENCY ACCOUNTING INFORMATION (fund code or Q-Time number): 13-10001-42004-M20000			5. TRAVEL JUSTIFICATION ATTACHED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																						
6. PURPOSE OF TRIP: (Be specific, include dates/times of meeting or conference) Environmental Council of the States (ECOS) Meeting with OMB on Monday, October 3, 2011 in Washington DC. Dick represents the state of Oregon and is also an elected officer. He holds the Secretary/Treasurer position.																									
7. ITINERARY: Destination city/state: <u>Washington DC</u> Departure date/time: <u>Sun, October 2, 2011 930pm</u> Return date/time: <u>Mon, October 3, 2011 11:45pm</u>			8. TRANSPORTATION: (Airfare, train fare or state motor pool vehicle (circle one). For rental cars, see #11, for misc. ground transportation, see #12) TOTAL: <u>\$1,019.00</u>																						
9. LODGING: Lodging per diem rate: \$236.00 <u>226.00</u> Amount per night: <u>Taking red eye flights</u> Room tax per night: <u>+ will not be staying in hotels</u> # of nights: _____ TOTAL: <u>\$0.00</u>			10. MEALS: Daily meal per diem rate: <u>\$71.00</u> <table border="1"> <thead> <tr> <th></th> <th>Rate</th> <th># Meals</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Breakfast: (25%)</td> <td>17.75</td> <td>1</td> <td>17.75</td> </tr> <tr> <td>Lunch: (25%)</td> <td>17.75</td> <td>1</td> <td>17.75</td> </tr> <tr> <td>Dinner: (50%)</td> <td>35.50</td> <td>1</td> <td>35.50</td> </tr> <tr> <td colspan="3">TOTAL:</td> <td><u>\$71.00</u></td> </tr> </tbody> </table>				Rate	# Meals	Total	Breakfast: (25%)	17.75	1	17.75	Lunch: (25%)	17.75	1	17.75	Dinner: (50%)	35.50	1	35.50	TOTAL:			<u>\$71.00</u>
	Rate	# Meals	Total																						
Breakfast: (25%)	17.75	1	17.75																						
Lunch: (25%)	17.75	1	17.75																						
Dinner: (50%)	35.50	1	35.50																						
TOTAL:			<u>\$71.00</u>																						
11. CAR RENTAL: (See OAM 40.10.00.PO, Section 115. The State has a price agreement with Enterprise Rent-A-Car. Optional insurance will not be reimbursed). Days @ \$31 plus tax, gas TOTAL: <u>\$0.00</u>			12. MISCELLANEOUS COSTS: (Identify specific expenses - taxis, shuttles, phone, vehicle mileage, etc.) a. Private vehicle mileage _____ 0.00 b. Shuttle _____ (# of miles) <u>50.00</u> c. Other (specify below) _____ 30.00 <u>Airport parking</u> TOTAL: <u>80.00</u> 530.00																						
13. TRAINING RELATED? (if yes, attach agenda) <input type="checkbox"/> Yes <input type="checkbox"/> No																									
14. STATUS: <input checked="" type="checkbox"/> Executive/Mgmt Svc: <input type="checkbox"/> AFSCME: <input type="checkbox"/> Other: Explain: _____			16. ESTIMATED COST OF TRIP: Transportation: <u>\$1,019.00</u> Lodging: <u>\$0.00</u> Meals: <u>\$71.00</u> Car Rental: <u>\$0.00</u> Misc: <u>530.00 80.00</u> TOTAL: <u>1,170.00</u> <u>530.00 1,120.00</u>																						
15. TRAVEL AWARDS: Agencies are mandated to maintain records on employee accumulation of travel awards as reported on their travel expense detail sheets. Travel awards include, but may not be limited to airline frequent flyer miles and hotel or car rental frequent customer awards or miles.																									
17. I certify that this trip is necessary and essential to the normal discharge of DEQ responsibilities; that required monies are budgeted and allotted for expenditure; that the trip meets all the requirements mandated by ORS 292.230, OAM Policy 40.10.00, and DEQ policy.																									
18. EMPLOYEE SIGNATURE <u>Dick Pedersen</u>			DATE: <u>9-28-11</u>																						
19. SUPERVISOR SIGNATURE _____			DATE: _____																						
20. DA/EMT SIGNATURE _____			DATE: _____																						
21. MSD DA SIGNATURE <u>[Signature]</u>			DATE: <u>9/30/11</u> Item E 000030																						



323/VPT33357

[illegible]

RA 10R0127253

STATE OF OREGON

TRAVEL EXPENSE DETAIL SHEET



326/VPT33379

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) 10/2011 OWRC	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift <input checked="" type="checkbox"/> ## 8 am - 5 pm <input type="checkbox"/> # Other to	
7. Unrepresented <input type="checkbox"/> Management Serv. <input type="checkbox"/> Executive Sec. <input type="checkbox"/> Board/Commission <input type="checkbox"/> Volunte. <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME		Other <input type="checkbox"/>	

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	13. Individual Meal Reimbursement			14. Total Meals and Lodging			
					Breakfast	Lunch	Dinner				
10/12/11	4pm		Travel to Bend 89/61	30.50			30.50	88.00			
10/13/11				30.50	prov	prov	30.50	88.00			
10/14/11		5pm	Return to Portland	30.50	prov	15.25	15.25	30.50			
15. Totals				91.50		15.25	76.25	176.00			
16. Accounting Codes				17. Date		18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses		19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
1-4010-41004						Personal Vehicle Mileage			0.500		
4101				91.50		Hotel Tax for 10/12 and 10/13					17.60
4106				193.60							
Totals				285.10				23. Section Total			\$17.60

24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
Travel was to Bend to attend the OWRC Conference. Dick presented in a morning panel and an afternoon panel at the conference. Dick also spent some time in the Bend DEQ Office.

26. Grand Total Amount		\$285.10
27. Travel Advance Amount		
28. Amount Due Employee/State		\$285.10
29. Received Training		Conducted Training
30. Signature of Employee	31. Title	Date
	Director	10/17/11
32. Approved By	33. Title	Date
	MSD Administrator	10/20/11

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.

I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.



STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET

332/VPT 33410

1. Name of Employee Dick Pedersen			2. Agency DEQ			3. Period (Month and Year) October 20-21, 2011 EQC		
4. Official Station HQ / Portland			5. Division/ Work Unit OD			6. Regular Schedule Work Shift <input checked="" type="checkbox"/> ## 8 am - 5 pm <input type="checkbox"/> # Other to		
7. Unrepresented <input type="checkbox"/> Management Serv <input type="checkbox"/> Executive Service <input checked="" type="checkbox"/> Board/Commission <input type="checkbox"/> Volunteered <input type="checkbox"/>			Bargaining Unit Name <input type="checkbox"/> AFSCME <input type="checkbox"/> Other <input type="checkbox"/>					

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	12. Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
10/19/11	1pm		Travel to Yachats 8-4/56	28.00			28.00	67.50	95.50
10/20/11				0	prov	prov	prov	67.50	67.50
10/21/11		5pm	Return to Portland 14.00	28.00	prov	prov	28.00		28.00 14.00
							14.00		
				42.00			42.00		172.00
15. Totals				66.00			50.00	135.00	\$191.00

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-41004		Personal Vehicle Mileage		0.500		
4101	42.00	Hotel Tax for 10/19 and 10/20				10.82
4106	145.82					
Totals						187.82
23. Section Total						\$10.82

24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
Travel was to attend the October EQC Meeting that was held in Yachats October 20-21, 2011.

26. Grand Total Amount		187.82 \$204.82
27. Travel Advance Amount		
28. Amount Due Employee/State		187.82 \$201.82
29. Received Training	Conducted Training	
30. Signature of Employee	31. Title	Date
	Director	10/24/11
32. Approved By	33. Title	Date
	MSD Administrator	10/21/11

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.

I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.

STATE OF OREGON
TRAVEL EXPENSE DETAIL SHEET



311 /VPT 33683

1. Name of Employee Dick Pedersen			2. Agency DEQ			3. Period (Month and Year) November 15-18, 2011		
4. Official Station HQ / Portland			5. Division/ Work Unit OD			6. Regular Schedule Work Shift <input checked="" type="checkbox"/> ## 8 am - 5 pm <input type="checkbox"/> # Other to		
7. Unrepresented <input type="checkbox"/> Management Service <input type="checkbox"/> Executive Service <input type="checkbox"/> Board/Commission <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/>			Bargaining Unit Name <input type="checkbox"/> AFSCME					

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	12. Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging	
					Breakfast	Lunch	Dinner			
11/15/11	5:30am		Travel to Newport	28.00	56.00	prov	prov	28.00	70105.00	
11/16/11				56.00	14.00	14.00	28.00	70105.00	161.00 126.00	
11/17/11				56.00	14.00	14.00	28.00	70.00	56.00 126.00	
11/18/11		6:00pm	Return to Portland	28.00	14.00	prov	14.00		28.00	
				168.00						
				15. Totals	196.00	42.00	28.00	98.00	210.00	\$406.00 378.00

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-41004		Personal Vehicle Mileage		0.500		
4101	168.00	Hotel Tax				22.05
4106	232.05					
Totals						400.05
23. Section Total						\$22.05

24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
Travel was to attend The Annual Tribal Summit in Lincoln City (11/15), a Coastal Tour with DEQ Staff (11/16), visits with the Siletz and Grand Ronde Tribes (11/17) and a visit with the Coquille Tribe (11/18). Room rate of \$105/nt is higher than the per diem rate of \$84, however hotel had special of "stay 2 nights, get 3rd free", making cost less expensive than per diem.

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.

30. Signature of Employee
[Signature]

31. Title
Director

Date
12/05/11

I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.

32. Approved By
[Signature]

33. Title
MSD Administrator

Date
12/6/11

26. Grand Total Amount 400.05 \$428.05

27. Travel Advance Amount

28. Amount Due Employee/State 400.05 \$428.05

29. Received Training Conducted Training



31171 VPT 33683

STATE OF OREGON
TRAVEL EXPENSE DETAIL SHEET

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) 11/26 - 12/3 Medford	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift <input checked="" type="checkbox"/> ## 8 am - 5 pm <input type="checkbox"/> # Other to	
7. Unrepresented <input type="checkbox"/> Management Service <input type="checkbox"/> Executive Service <input type="checkbox"/> Board/Commissioner <input type="checkbox"/> Volunteer <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME Other <input type="checkbox"/>			

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	12. Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
4/26/11	4pm		Travel to Medford	28.00			28.00	25.00	53.00
11/27/11	1pm		Travel to medford	56.00	14.00	14.00	28.00	25.00	81.00
11/28/11				56.00	14.00	14.00	28.00	25.00	81.00
11/29/11				56.00	14.00	14.00	28.00	25.00	81.00
11/30/11				56.00	14.00	14.00	28.00	25.00	81.00
12/01/11				56.00	14.00	14.00	28.00	25.00	81.00
12/02/11			Bend	61.00	15.25	15.25	30.50	88.00	149.00
12/03/11	4pm		Return to Portland	30.50	prov	15.25	15.25		30.50
				343.50				215.00	
15. Totals				399.50	85.25	100.50	213.75	238.00	\$637.50

16. Accounting Codes		17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-41004			Personal Vehicle Mileage		0.500		
4101		34350	Hotel Tax				9.90
4106		22180					
Totals		565.30					8.80
23. Section Total							\$0.00

24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

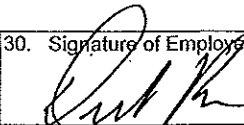
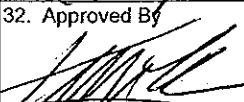
25. REASON FOR TRAVEL: (Be specific.)
Travel was to work from the DEQ Medford office the week of Nov 28-Dec 2. Dick met with office staff, Commissioner Uherbelau, Legislators and went on community tours. Dick left Medford Friday and went to Bend to speak at the Cattlemen Conference 12/3

26. Grand Total Amount		565.30	\$637.50
27. Travel Advance Amount			
28. Amount Due Employee/State		565.30	\$637.50
29. Received Training		Conducted Training	
30. Signature of Employee		31. Title	Date
		Director	12/05/11
32. Approved By		33. Title	Date
		MSD Administrator	

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.

I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.

317/VPT 33713

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) December 8-9, 2011	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift <input checked="" type="checkbox"/> ## 8 am - 5 pm <input type="checkbox"/> # Other _____ to _____	
7. Unrepresented <input type="checkbox"/> Management Service <input type="checkbox"/> Executive Service <input checked="" type="checkbox"/> Board/Commission <input type="checkbox"/> Volunteering <input type="checkbox"/>		Bargaining Unit Name AFSCME Other _____			
8. Date	9. Time of Departure	10. Time of Arrival	11. Destination 130/71	12. Per Diem/ Hourly Allowance	13. Lodging
12/08/11	6am		Travel to Chicago	53.25	99.00
12/09/11		8pm	Return to Portland	53.25	99.00
			15. Totals	106.50	99.00
			14. Total Meals and Lodging \$205.50		
16. Accounting Codes		17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile
14010-41004			Personal Vehicle Mileage		0.500
4151		106.50	Hotel Tax for 12/8		12.87
4150		111.87			
Totals		218.37	23. Section Total \$12.87		
24. I did/will <input type="checkbox"/> did not/will not <input checked="" type="checkbox"/> accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.					
25. REASON FOR TRAVEL: (Be specific.) Travel was to attend a Strategic Retreat for ECOS December 8-9, 2011.					
I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.			26. Grand Total Amount \$218.37		
23. Signature of Employee 			27. Travel Advance Amount		
32. Approved By 			28. Amount Due Employee/State ① \$218.37		
			29. Received Training Conducted Training		
			31. Title Director Date 12/13/11		
			33. Title MSD Administrator Date 12/14/11		

① \$218.37

② \$536.90 (see next page)

\$ 755.27

Azumano Travel






**** Duplicate Electronic Invoice ****

For: PEDERSEN/RICHARD JOHN
OR State Dept. of Enviromental

Ticket #: 7995808975
Cred Card #: VXXXXXXXXXX10165
Agent ID: EX

Invoice Number: 117531426
Invoice Date: 10/17/2011
Record Locator: N35LG2
Booked Date: 10/17/2011

 AIRLINES	12/8/2011	Depart: PORTLAND, OR Arrive: CHICAGO-OHARE, IL	6:05 am 12:00 n	UNITED AIRLINES	Flight #: 0646	Class: H
	12/9/2011	Depart: CHICAGO-OHARE, IL Arrive: PORTLAND, OR	5:10 pm 7:49 pm	ALASKA AIRLINES	Flight #: 0683	Class: G
 CARS	No Car Rentals					
 HOTELS	No Hotel Bookings					

Summary of Charges

UNITED AIRLINES -- Ticket #: 7995808975 :	\$508.40
Service Fee: 0553410002 :	\$28.50
	<u>2</u> \$536.90

April 25-27, 2012; EQC meeting

OUT-OF-STATE TRAVEL AUTHORIZATION

1. NAME OF EMPLOYEE: Dick Pedersen		2. AGENCY/OFFICIAL STATION: DEQ / HQ		3. REQUEST #: 88-12																	
4. AGENCY ACCOUNTING INFORMATION (fund code or Q-Time number): 13 14010 41004			5. TRAVEL JUSTIFICATION ATTACHED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																		
6. PURPOSE OF TRIP: (Be specific, include dates/times of meeting or conference) Environmental Council of the States (ECOS) Executive Committee Retreat in Chicago, Illinois December 8-9, 2011. Dick is Secretary-Treasurer.																					
7. ITINERARY:		8. TRANSPORTATION: (Airfare, train fare or state motor pool vehicle (circle one). For rental cars, see #11, for misc. ground transportation, see #12)																			
Destination city/state: Chicago, Illinois		TOTAL: \$508.00																			
Departure date/time: <i>Thurs.</i> December 8, 2011, 5:30am																					
Return date/time: <i>Fri.</i> December 9, 2011, 8:00pm																					
9. LODGING: Lodging per diem rate: \$130.00		10. MEALS: Daily meal per diem rate: \$71.00																			
Amount per night: 99.00		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Rate</th> <th># Meals</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Breakfast: (25%)</td> <td>17.75</td> <td>2</td> <td>35.50</td> </tr> <tr> <td>Lunch: (25%)</td> <td>17.75</td> <td>2</td> <td>35.50</td> </tr> <tr> <td>Dinner: (50%)</td> <td>35.50</td> <td>2</td> <td>71.00</td> </tr> </tbody> </table>					Rate	# Meals	Total	Breakfast: (25%)	17.75	2	35.50	Lunch: (25%)	17.75	2	35.50	Dinner: (50%)	35.50	2	71.00
	Rate	# Meals	Total																		
Breakfast: (25%)	17.75	2	35.50																		
Lunch: (25%)	17.75	2	35.50																		
Dinner: (50%)	35.50	2	71.00																		
Room tax per night: 12.87		TOTAL: \$142.00																			
# of nights: 1																					
TOTAL: \$111.87																					
11. CAR RENTAL: (See OAM 40.10.00.P0, Section 115. The State has a price agreement with Enterprise Rent-A-Car. Optional insurance will not be reimbursed). Days @ \$31 plus tax, gas TOTAL: \$0.00		12. MISCELLANEOUS COSTS: (Identify specific expenses - taxis, shuttles, phone, vehicle mileage, etc.)																			
		a. Private vehicle mileage 0.00 b. Shuttle (# of miles) c. Other (specify below) 10.00 <i>Airport parking</i> TOTAL: \$10.00																			
13. TRAINING RELATED? (if yes, attach agenda) <input type="checkbox"/> Yes <input type="checkbox"/> No																					
14. STATUS: <input checked="" type="checkbox"/> Executive/Mgmt Svc: <input type="checkbox"/> AFSCME: <input type="checkbox"/> Other: Explain: _____		16. ESTIMATED COST OF TRIP: Transportation: \$508.00 Lodging: \$111.87 Meals: \$142.00 Car Rental: \$0.00 Misc: \$10.00 TOTAL: \$771.87 <i>767</i>																			
15. TRAVEL AWARDS: Agencies are mandated to maintain records on employee accumulation of travel awards as reported on their travel expense detail sheets. Travel awards include, but may not be limited to airline frequent flyer miles and hotel or car rental frequent customer awards or miles.																					
17. I certify that this trip is necessary and essential to the normal discharge of DEQ responsibilities; that required monies are budgeted and allotted for expenditure; that the trip meets all the requirements mandated by ORS 292.230, OAM Policy 40.10.00, and DEQ policy.																					
18. EMPLOYEE SIGNATURE		DATE: 10-27-11																			
19. SUPERVISOR SIGNATURE		DATE:																			
20. DA/EMT SIGNATURE		DATE:																			
21. MSD DA SIGNATURE		DATE: 10/28/11 Item E000038																			

STATE OF OREGON
 TRAVEL EXPENSE DETAIL SHEET



302/VPT 33798
 RA

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) 12/18 - 12/23 Coos Bay	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift <input checked="" type="checkbox"/> ## 8 am - 5 pm <input type="checkbox"/> # Other to	
7. Unrepresented <input type="checkbox"/> Management Servid <input type="checkbox"/> Executive Service <input type="checkbox"/> Board/Commission <input type="checkbox"/> Volunte <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME		Other <input type="checkbox"/>	

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	13. Individual Meal Reimbursement			14. Total Meals and Lodging			
					Breakfast	Lunch	Dinner				
12/18/11	12:00pm		Travel to Coos Bay	34.50		11.50	23.00	77.00			
12/19/11				34.50	prov	11.50	23.00	77.00			
12/20/11				23.00	prov		23.00	77.00			
12/21/11				46.00	11.50	11.50	23.00	77.00			
12/22/11				46.00	11.50	11.50	23.00	77.00			
12/23/11		5pm	Return to Portland	34.50	11.50	11.50	11.50	34.50			
15. Totals				218.50	34.50	57.50	126.50	385.00			
16. Accounting Codes				17. Date		18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses		19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-41004						Personal Vehicle Mileage			0.500		
4101				218.50		Hotel Tax (7.20 day x 5 days)					30.80
4106				415.80		(77 x 8% = 6.16)					36.00
Totals				634.30				23. Section Total			30.80
											\$36.00

24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to , airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
 Travel was to work from the DEQ Coos Bay office the week of Dec 19-23. Dick met with office staff, went on community tours and spent a day with the Coquille tribe.

26. Grand Total Amount		634.30	\$639.50
27. Travel Advance Amount			
28. Amount Due Employee/State		634.30	\$639.50
29. Received Training		Conducted Training	
30. Signature of Employee		31. Title	Date
		Director	01/03/12
32. Approved By		33. Title	Date
		MSD Administrator	

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.

I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.

From: ROYS Jim
Sent: Wednesday, February 02, 2011 8:00 AM
To: NELSON Kerri
Subject: FW: Holiday Work Permission

Here's the email chain.

Jim Roys
Budget Manager
Oregon Department of Environmental Quality
503-229-6817

From: PEDERSEN Dick
Sent: Friday, January 14, 2011 4:30 PM
To: ROYS Jim
Subject: RE: Holiday Work Permission

Thanks Jim. I will take the CTHG route

Dick

From: ROYS Jim
Sent: Thursday, January 13, 2011 9:51 AM
To: PEDERSEN Dick
Cc: HAMMOND Joni
Subject: RE: Holiday Work Permission

Dick, current administrative restrictions state no paid overtime or comp time payouts, with MSD Administrator exception approval.

I can approve an exception for you for holiday pay, but the preferred approach would be for you to record CTH – comp time holiday and take time off later. Does that work for you?

I've included the instructions from the timesheet guidance below:

Line 17: **HP (Holiday Pay)**. If you worked on a holiday enter your hours here. Enter actual overtime hours worked. Payroll will make appropriate calculation). If you prefer to be compensated with comp time change the "HP" to "CTH" (Comp. Time-Holiday).

NOTE: Any permanent or limited duration employee who works on a holiday is entitled to overtime pay or comp. time at the rate of one and one-half hours for every hour worked in addition to the regular paid holiday.

Jim Roys
Budget Manager
Oregon Department of Environmental Quality
503-229-6817

From: PEDERSEN Dick
Sent: Thursday, January 13, 2011 8:34 AM
To: ROYS Jim

April 25-27, 2012, EQC meeting

Subject: Holiday Work Permission

Jim,

I will be giving a talk to NW Food Processors on Monday. As you know, Monday is a Holiday. I may work either part or all of Monday. I don't recall if I am required to get permission to do so.

Thanks,

Dick

OREGON STATE PAYROLL SYSTEM

EMPLOYEE MONTHLY TIMESHEET

FINAL COPY

PAYROLL AGENCY #	PERSONNEL AGENCY #	SHIFT	CHECK DISTRIBUTION	EMPLOYEE ID #	CLASS	PAY BASIS	APPT TYPE	WORK SCHED	TIME SHEET #
34000	34000	1	11000	OR0127253	MEAH Z7014	S	P	AAT	1-0
START TIME	O/T	BEN PKG	COST CENTER DISTRIBUTION	CONC JOB	POSITION #				
0800 NE XX			114100414010 100.00 %	1	0000001				
								PERIOD ENDING 02/28/11	

DATE - DAY	PAY TYPE	REG HRS	LWOP	MISC HRS
01	RG			
02	RG			
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PRELIMINARY AND FINAL TOTALS

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NUMBER OF INCIDENTS:

WORKED: _____
SUPERVISOR: _____

E 000045

[illegible]

OTHER ADJUSTMENTS, BASED ON NUMBER OF INCIDENTS:

YEAR-BALANCES AS OF:		# OF DAYS WORKED:		FORECAST 21		PRELIM		FINAL	
TIME SHEET		START DATE 04/01/11		END DATE 04/30/11		FULL TIME HOURS 168.0		EMPLOYEE:	
		SIGNED, CERTIFYING TRUE AND ACCURATE		SUPERVISOR					

OREGON STATE PAYROLL SYSTEM

EMPLOYEE MONTHLY TIMESHEET

FINAL COPY

PAYROLL AGENCY #	PERSONNEL AGENCY #	SHIFT	CHECK DISTRIBUTN	EMPLOYEE ID #	CONC JOB	POSITION #	CLASS MEAN	PAY BASIS	APPT TYPE	WORK SCHED	TIME SHEET #
34000	34000	1	11000	OR0127253	1	0000001	Z7014	S	P	AA77	2-C
START TIME	OT	BEN PKG	COST CENTER DISTRIBUTION					%			
0800	NE	XX	114100414010	100.00	%						
											PERIOD ENDING 05/31/11

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	DATE - DAY	PAY REG HRS	DATE - DAY	PAY REG HRS
1	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU				
2																																			
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PRELIMINARY AND FINAL TOTALS

Attachment C
 April 25-27, 2012 EQC meeting
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LEAVE BALANCES AS OF:	START DATE	END DATE	FULL TIME HOURS	EMPLOYEE	SIGNATURE CERTIFYING TRUE AND ACCURATE	SUPERVISOR	# OF DAYS WORKED	FORECAST	PRELIM	FINAL
	05/01/11	05/31/11	176.0				20			

Item E 000046

0047

Item

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Abstract

[illegible]

0048

PRELIMINARY AND FINAL TOTALS

DATE - DAY				MEM
PLAY TYPE	REG HRS	LWOP	MISS HRS	
RG				
HO	9			
GTS				
RG				
HO				
GTS				
VA	48			
SL	1			
CTL				
PB				
LA				
LO				
OT				
HP				
SDE				
CTA				

FINAL.

Supervisor

OREGON STATE PAYROLL SYSTEM

EMPLOYEE MONTHLY TIMESHEET

FINAL COPY

PERSONNEL	SHIFT	CHECK	EMPLOYEE	CONC	POSITION	CLASS	PAY	APPT	WORK	TIME					
AGENCY #		DISTRIB	ID #	JOB	#		BASE	TYPE	SCHED	SHEET #					
34000	34000	1	11000		PEDERSEN, RICHARD J		0R0127253	1	00000001	Z7014	MEAH	5	P	AA7	1-00
START	Q/T	BEN	COST CENTER DISTRIBUTION								PERIOD				
TIME		PWG									ENDING				
1800	INF	XX	134100414010			100.00	%				08/31/8				000049

Attachment C

April 25-27, 2012, EQC meeting
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[illegible]

PRELIMINARY AND FINAL TOTALS

LEAVE BALANCES			AS OF:		FORECAST		PRELIM		FINAL	
					# OF DAYS WORKED: 23					
TIME SHEET			START DATE		END DATE		FULL TIME HOURS		EMPLOYEE	
			08/01/11		08/31/11		184.0		EMPLOYEE	
									SUPERVISOR	
									SIGNED CERTIFYING TRUE AND ACCURATE	

Item E 000049

OREGON STATE PAYROLL SYSTEM

EMBI OVER MONTHLY TIMEPERIOD

FINAL SCORE

EMPLOYEE MONTHLY TIMESHEET					
PERSONNEL INFORMATION		EMPLOYEE INFORMATION		TIMESHEET INFORMATION	
ROLL #	AGENCY #	SHIFT	CHECK DISTRIBUTION	EMPLOYEE ID #	CONC. JOB
34000	34000	1	11000	PEDERSEN, RICHARD J	OR0127253
				POSITION #	0000001
				CLASS	Z7014
				PAY BASIS	S
				APPT TYPE	P
				WORK SCHED	AA7
				TIME SHEET #	1-
				PERIOD ENDING	12/31/1

ent		DATE-DAY																															
5-27, 2012, EQC meeting		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
8 of 48		TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	

Item E 000053