

State of Oregon

Department of Environmental Quality

Memorandum

Date: Jan. 28, 2011

To: Environmental Quality Commission

From: Joni Hammond, Deputy Director

Subject: Agenda item R, Action item: Director's transactions for commission review
February 16-18, 2011, EQC meeting

Why this is important Oregon Accounting Policy 10.90.00 and DEQ Policy A10.90.00 require that the Oregon Environmental Quality Commission review and approve certain financial transactions of the DEQ director on an annual basis.

DEQ recommendation 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, the EQC adopted a policy delegating review and approval of these transactions to the Management Services Division administrator, with annual EQC review of the approved transactions. The annual review is documented in EQC meeting minutes as directed by State of Oregon 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 for the period 1/1/2010 to 12/31/2010

Approved:

Division: _____

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 10.09.00.PO

Applicability

DEQ director, MSD administrator, Environmental Quality Commission members

POLICY

MSD administrator review

As delegated by the Environmental Quality Commission, the Management Services Division administrator will review and approve the director's:

- Monthly time reports
- Requests for vacation payoff
- Use of exceptional performance leaves
- Travel expense reimbursement claims
- Small Purchase Order Transaction System (SPOTS) card purchases

This review will be performed in accordance with OAM 10.90.00.PO.

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
1/1/10 - 12/31/10
DICK PEDERSEN**

TIME REPORTING

Summary of leave taken:

Exceptional Performance Leave	0 hours
Governor's Leave	8 hours
Holiday	80 hours
Personal Business	24 hours
Sick Leave	50 hours
Vacation	184 hours
Furlough	64 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</u>	<u>Net Cost to DEQ</u>
1/14 - 1/15/10	Eugene	Legislative Tour of Black Butte Mine	\$140.54	\$0.00	\$140.54
2/4 - 2/5/10	Bend	South Deschutes/North Klamath Counties Groundwater Meeting	\$155.44	\$0.00	\$155.44
3/2 - 3/3/10	Toppenish, WA	Met with Yakima tribes	\$134.43	\$0.00	\$134.43
3/22 - 3/24/10	Sausalito, CA	Environmental Council of the States Spring Meeting	\$946.15	\$78.00	\$868.15
4/7 - 4/8/10	Medford	Economic Revitalization Team Director's Field Trip to Southern Oregon	\$194.75	\$0.00	\$194.75
4/18 - 4/23/10	Bend	Worked from the Bend office. Went out in the field on tours; met with city commissioners and staff; met with local senators and representatives	\$770.75	\$0.00	\$770.75

**Summary of Director's Financial Transactions
as defined by OAM 10.90.00.PO
1/1/10 - 12/31/10
DICK PEDERSEN**

TRAVEL EXPENSE REIMBURSEMENTS

<u>Date</u>	<u>Destination</u>	<u>Reason for Travel</u>	<u>Total Cost</u>	<u>Amount Reimbursed</u>	<u>Net Cost to DEQ</u>
4/28 - 5/1/10	Coos Bay	EQC Meeting and a town hall meeting	\$295.80	\$0.00	\$295.80
5/4 - 5/6/10	LaGrande & Joseph	Economic Revitalization Team Director's Field Trip to Eastern Oregon	\$267.60	\$0.00	\$267.60
5/11 - 5/14/10	Netarts & Corvallis	Netarts - Visited the North Coast DEQ offices; Corvallis - OSU School of Chemical, Biological and Environmental Engineering's Board Meeting	\$367.90	\$0.00	\$367.90
5/17 - 5/21/10	Ontario, Burns, Hines, & Bend	Ontario - Willow Creek tour; Burns/Hines - met with the Burns Paiute Tribe; Bend - worked out of the Bend office	\$496.84	\$0.00	\$496.84
6/3 - 6/4/10	Seattle, WA	Pacific Northwest Directors' Mtg.	\$388.30	\$0.00	\$388.30
6/10/10	Boise, ID	Department of Ag Forum Meeting	\$327.90	\$0.00	\$327.90
6/15 - 6/18/10	Lakeview & Bend	EQC Meeting and a town hall meeting	\$370.60	\$0.00	\$370.60
6/28 - 6/30/10	Lakeview & Klamath Falls	Economic Revitalization Team Director's Field Trip to South Central Oregon	\$289.32	\$0.00	\$289.32
7/12 - 7/16/10	Eugene	Worked out of the Eugene office; went out in the field on tours; met with local senators and representatives	\$653.74	\$0.00	\$653.74
7/20 - 7/23/10	Bend	Attended and spoke at the Oregon Association of Clean Water Agencies Conference	\$503.50	\$0.00	\$503.50
8/28 - 8/31/10	Whitefield, NH	Environmental Council of the States Annual Meeting	\$1,332.71	\$0.00	\$1,332.71
9/3 - 9/4/10	Coos Bay	Attended a Media Opportunity with Sen. Merkley	\$133.10	\$0.00	\$133.10

Summary of Director's Financial Transactions
as defined by OAM 10.90.00.PO
1/1/10 - 12/31/10
DICK PEDERSEN

TRAVEL EXPENSE REIMBURSEMENTS

<u>Date</u>	<u>Destination</u>	<u>Reason for Travel</u>	<u>Total Cost</u>	<u>Amount Reimbursed</u>	<u>Net Cost to DEQ</u>
9/7 - 9/8/10	Seattle, WA	EPA Meeting	\$525.20	\$0.00	\$525.20
9/9 - 9/10/10	Astoria	Department of Ag Board Meeting	\$126.70	\$0.00	\$126.70
9/22 - 9/24/10	Pendleton & Eugene	Pendleton - Meetings with the EPA and the Umatilla tribe; Eugene - League of Oregon Cities Conference	\$524.37	\$0.00	\$524.37
10/10 - 10/11/10	Bend	Spoke at the Oregon Forest Industries Council Conference	\$165.34	\$0.00	\$165.34
11/17 - 11/19/10	Eugene	Spoke at the Association of Oregon Counties Fall Conference; attended EQC EMT Retreat	\$290.88	\$0.00	\$290.88
11/29 - 12/3/10	The Dalles & Bend	The Dalles - worked out of the DEQ office; went on site tours; Bend - Spoke at the Cattlemen's Conference	\$508.22	\$0.00	\$508.22
TOTAL:			\$9,910.08	\$78.00	\$9,832.08



**STATE OF OREGON
TRAVEL EXPENSE DETAIL SHEET**

312/VPT 30098

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) January-10	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift 8:00 am - 5:00 pm <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
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 10/3/10	9. Time of Departure 4:30pm	10. Time of Arrival 4:30pm	11. Destination Leave for Eugene Return to Portland	12. Per Diem/ Hourly Allowance 25.50	13. Individual Meal Reimbursement			14. Total Meals and Lodging			
					Breakfast	Lunch	Dinner				
01/14/10	4:30pm		Leave for Eugene	25.50			25.50	75.60			
01/15/10		4:30pm	Return to Portland	25.50	prov	12.75	12.75	25.50			
15. Totals				51.00		12.75	38.25	75.60			
16. Accounting Codes 14010 - 1004				17. Date 1/20/10		18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses Personal Vehicle Mileage		19. Training Related? 0.550	20. Rate Per Mile 0.550	21. Private Car Miles	22. Amount 6.00
401				51.00		Parking 1/15					6.00
4106				83.54		Room Tax 1/14					7.94
4108				6.00							
Totals				140.54		23. Section Total		\$13.94			

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 Legislative Tour of Black Butte Mine

26. Grand Total Amount		\$140.54
27. Travel Advance Amount		
28. Amount Due Employee/State		\$140.54
29. Received Training		Conducted Training
30. Signature of Employee		31. Title Director
32. Approved By		33. Title for K. Nelson MSD Administrator
		Date 01/21/10
		Date 1/22/10

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.

319/VPT30Z20

Travel Expense Claim.xlt (3/08) ileber



318/VPT30365

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) March 2010 - Toppenish				
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift 8:00 am - 5:00 pm <input checked="" type="checkbox"/> Other <input type="checkbox"/>				
7. Unrepresented <input type="checkbox"/> Management Servid <input type="checkbox"/> Executive Se <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 70 4/10	9. Time of Departure 5:00pm	10. Time of Arrival 11:30pm	11. Destination Leave for Toppenish Return to Portland	12. Per Diem/ Hourly Allowance 23.00 34.50	13. Individual Meal Reimbursement Breakfast Lunch Dinner prov 11.50 23.00	14. Total Meals and Lodging 70.00 34.50		
15. Totals				57.50	11.50 46.00 70.00	\$127.50		
16. Accounting Codes 14010-4100+		17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses Personal Vehicle Mileage Room Tax 3/2		19. Training Related?	20. Rate Per Mile 0.550	21. Private Car Miles 6.93 → 8.58	22. Amount
Totals		13443			23. Section Total		6.93 \$8.58	
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 meet with Yakama tribes.								
26. Grand Total Amount \$136.08								
27. Travel Advance Amount								
28. Amount Due Employee/State \$136.08								
29. Received Training Conducted Training								
30. Signature of Employee [Signature]								
31. Title Director								
32. Approved By [Signature]								
33. Title MSD Administrator								

OS rec.

OUT-OF-STATE TRAVEL AUTHORIZATION

1. NAME OF EMPLOYEE: Dick Pedersen		2. AGENCY/OFFICIAL STATION: DEQ/HQ		3. REQUEST #: <u>138-10</u>																													
4. AGENCY ACCOUNTING INFORMATION: <u>0914010 41004</u>				5. TRAVEL JUSTIFICATION ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No																													
6. PURPOSE OF TRIP: (Be specific, include dates/times of meeting or conference) Dick is meeting with the Yakama Nation tribal Council to discuss AQ projects in the Gorge. The meeting will be held early Friday, so travel Thursday is necessary.																																	
7. ITINERARY: Destination city/state: <u>Yakima County</u> <u>Toppenish, Washington</u> (See emails.) <u>Tues., Feb. 2, Mar. 2</u> Departure date/time: <u>Jan. 7, 2010 1:00pm</u> <u>Wed., Feb. 3, Mar. 3</u> Return date/time: <u>Jan. 8, 2010 4:00pm</u>			8. TRANSPORTATION: (Airfare, train fare or state motor pool vehicle (circle one). For rental cars, see #11, for misc. ground transportation, see #12) <u>331 miles @ \$.50</u> TOTAL: <u>\$165.50</u>																														
9. LODGING: Lodging per diem rate: <u>\$70.00</u> Amount per night: <u>70.00</u> Room tax per night: <u>7.00</u> # of nights: <u>1</u> TOTAL: <u>\$77.00</u>			10. MEALS: Daily meal per diem rate: <u>\$46.00</u> <u>\$49.00</u> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Rate</th> <th># Meals</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Breakfast: (25%) <u>11.50</u></td> <td><u>42.25</u></td> <td><u>1</u></td> <td><u>42.25</u></td> </tr> <tr> <td>Lunch: (25%) <u>11.50</u></td> <td><u>42.25</u></td> <td><u>1</u></td> <td><u>42.25</u></td> </tr> <tr> <td>Dinner: (50%) <u>23.00</u></td> <td><u>24.50</u></td> <td><u>1</u></td> <td><u>24.50</u></td> </tr> <tr> <td colspan="3"></td> <td><u>23.00</u></td> </tr> <tr> <td colspan="3">TOTAL:</td> <td><u>\$49.00</u></td> </tr> <tr> <td colspan="3"></td> <td><u>\$46.00</u></td> </tr> </tbody> </table>				Rate	# Meals	Total	Breakfast: (25%) <u>11.50</u>	<u>42.25</u>	<u>1</u>	<u>42.25</u>	Lunch: (25%) <u>11.50</u>	<u>42.25</u>	<u>1</u>	<u>42.25</u>	Dinner: (50%) <u>23.00</u>	<u>24.50</u>	<u>1</u>	<u>24.50</u>				<u>23.00</u>	TOTAL:			<u>\$49.00</u>				<u>\$46.00</u>
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			<u>23.00</u>																														
TOTAL:			<u>\$49.00</u>																														
			<u>\$46.00</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) c. Other (specify below) _____ TOTAL: <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%;"> <tr><td>Transportation:</td><td style="text-align: right;"><u>\$0.00</u> <u>\$165.50</u></td></tr> <tr><td>Lodging:</td><td style="text-align: right;"><u>\$77.00</u></td></tr> <tr><td>Meals:</td><td style="text-align: right;"><u>\$49.00</u> <u>\$46.00</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></td></tr> <tr><td>TOTAL:</td><td style="text-align: right;"><u>288.50</u> <u>\$426.00</u> <u>km</u></td></tr> </table>			Transportation:	<u>\$0.00</u> <u>\$165.50</u>	Lodging:	<u>\$77.00</u>	Meals:	<u>\$49.00</u> <u>\$46.00</u>	Car Rental:	<u>\$0.00</u>	Misc:	<u>\$0.00</u>	TOTAL:	<u>288.50</u> <u>\$426.00</u> <u>km</u>																
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TOTAL:	<u>288.50</u> <u>\$426.00</u> <u>km</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>12-22-09</u>																													
19. SUPERVISOR SIGNATURE _____				DATE: _____																													
20. DA/EMT SIGNATURE _____				DATE: _____																													
21. MSD DA SIGNATURE <u>[Signature]</u>				DATE: <u>12/22/09</u>																													



STATE OF OREGON
TRAVEL EXPENSE DETAIL SHEET

309/VPT 30505

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) 03.2010 ECOS	
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 Se/ice ## <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 166 71	9. Time of Departure 1:30pm	10. Time of Arrival 9:00pm	11. Destination Sausalito, California	12. Per Diem/ Hourly Allowance 35.50	Individual Meal Reimbursement			13. Lodging 205.00	14. Total Meals and Lodging 240.50
					Breakfast	Lunch	Dinner		
03/22/10	1:30pm		Sausalito, California	35.50			35.50	205.00	240.50
03/23/10				35.50	prov	prov	35.50	205.00	240.50
03/24/10		9:00pm	Return to Portland	53.25	prov	17.75	35.50		53.25
15. Totals				124.25		17.75	106.50	410.00	\$534.25

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
		Personal Vehicle Mileage		0.500		
	03/22/10	Marin Airporter to Hotel				20.00
	03/24/10	Marin Airporter from Hotel to Airport				20.00
Totals						23. Section Total \$40.00

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 attend the Environmental Council of the States spring meeting in Sausalito, California March 22-24, 2010. Dick represents the state of Oregon.

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	\$574.25
	27. Travel Advance Amount	
	28. Amount Due Employee/State	① \$574.25
	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>Dick Pedersen</i>	31. Title Director
	32. Approved By <i>[Signature]</i>	33. Title MSD Administrator
		Date 04/05/10
		Date 4/8/10

05 rec.

- ① \$574.25
② \$371.90 (see next page)
③ <\$78.00> (Reimbursed by outside party - see third page)

Itinerary Detail - Combined

Azumano
Travel
Est. 1949

Back Office Data

STATE OF OREGON

Trip Departures from 03/22/2010 to 03/24/2010
Report Parameters: Last Name = PEDERSEN

PEDERSEN/RICHARD JOH

Actual: \$343.40	Savings: \$261.00	Val Carrier: UNITED (UA)	Account: OR State Dept. of Enviromental
Lowest: \$343.40	Lost Amt: \$0.00	Ticket #: 7839641929	Auth 1: 34000
Service Fees: \$28.50		Rec Locator: LG8536	Auth 2: KATIE
Exception: GOVERNMENT FARE USED		Invoice #: 107515643	Auth 3: 5032295990
		Inv Date: 3/11/2010	

Itinerary				Airline	Flt #	Class
PORTLAND, OR	SAN FRANCISCO, CA	3/22/2010	13:32-15:20	UNITED (UA)	0055	Y
SAN FRANCISCO, CA	PORTLAND, OR	3/24/2010	14:24-16:08	UNITED (UA)	6074	Y

Total Cost of Trip: \$371.90

Report Totals

Air Totals		Car Rental Totals		Hotel Booking Totals	
# of Air Trips:	1	# of Rentals:	0	# of Stays:	0
Air Charges:	\$343.40	# of Days Rented:	0	# of Room Nights:	0
Avg Cost per Trip:	\$343.40	Car Rental Charges:	\$0.00	Hotel Booking Charges:	\$0.00
		Avg # of Days Rented:	0.00	Avg # of Nights:	0.00
Total Svc Fees:	\$28.50	Avg Booked Rate:	0.00	Avg Booked Rate:	\$0.00
Total All Charges:	② \$371.90	Avg Cost per Day:	\$0.00	Avg Cost/RoomNight:	\$0.00

ECOS TRAVEL REIMBURSEMENT FORM

ADDRESS

Name: Dick Pedersen
Organization: Oregon Dept of Environmental Quality
Address: 811 SW Sixth Ave
City/State/Zip: Portland, Oregon 97204
Phone: 503-229-5300
Fax: 503-229-6762
Email: pedersen.dick@deq.state.or.us

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.
Mail to:
ECOS
444 North Capitol Street, NW
Suite 445
Washington, DC 20001 Phone: (202) 624-3660


Meeting Name: 2010 ECOS Spring Meeting
Meeting Location: Sausalito, California
Travel-Start and End Dates and Times: Start: Monday, 3/22/10 @ 1:30pm End: Wednesday, 3/24/10 @ 9pm

Dates of Trip (m/d/y):	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7		Day 8		Day 9		TOTALS
	Enter Date:	3/22/2010	Enter Date:	3/23/2010	Enter Date:		Enter Date:		Enter Date:		Enter Date:		Enter Date:		Enter Date:		Enter Date:		
TRANSPORTATION																			
Air/Train Fare																			
Personal Car Mileage																			
Mileage Charges*																			
Taxi/Van/Metro																			
Airport Parking																			
Transportation Subtotal																			\$
MEALS & INCIDENTALS (M&IE): See GSA page for per diem rates: http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentType=GSA_BASIC&																			
Breakfast																			
Lunch																			
Dinner																			
Incidentals																			
M&IE Subtotal																			\$
HOTEL AND OTHER (Please specify "other" charges)																			
Hotel																			
Other (tip)																			
Other - overage of per diem rate		39.00		39.00															78.00
Hotel and Other Subtotal		39.00		39.00															78.00
GRAND TOTAL AMOUNT OWED																			\$ 78.00

* current rate is \$ 0.585 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 Department of Environmental Quality

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

OFFICE USE ONLY
APPROVED
CODE
CHECK #

 ECOS

February 16-18, 2011, EQC meeting

OUT-OF-STATE TRAVEL AUTHORIZATION

Page 11 of 50

1. NAME OF EMPLOYEE: Dick Pedersen		2. AGENCY/OFFICIAL STATION: DEQ/HQ		3. REQUEST #: 182-10																	
4. AGENCY ACCOUNTING INFORMATION: 11 14010 41004 + 11-10001-42004-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) Spring Meeting in Sausalito, California March 23-25, 2010. Dick represents the state of Oregon at this meeting																					
7. ITINERARY: Per Katie Ogradnik, the resort is in Destination city/state: Sausalito, CA San Francisco Departure date/time: Mon, March 22, 12:00pm County Return date/time: Wed, March 24, 3:00pm			8. TRANSPORTATION: (Airfare, train fare or state motor pool vehicle (circle one). For rental cars, see #11, for misc. ground transportation, see #12) TOTAL: \$300.00																		
9. LODGING: Lodging per diem rate: \$166.00 * Over per diem room rate Amount per night: was 205.00* Room tax per night: approved by Joni 28.70 # of nights: 4 approved. 2 TOTAL: \$467.40			10. MEALS: Daily meal per diem rate: \$71.00 <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>2</td> <td>35.50</td> </tr> <tr> <td>Lunch: (25%)</td> <td>17.75</td> <td>3</td> <td>53.25</td> </tr> <tr> <td>Dinner: (50%)</td> <td>35.50</td> <td>2</td> <td>71.00</td> </tr> </tbody> </table> TOTAL: \$159.75				Rate	# Meals	Total	Breakfast: (25%)	17.75	2	35.50	Lunch: (25%)	17.75	3	53.25	Dinner: (50%)	35.50	2	71.00
	Rate	# Meals	Total																		
Breakfast: (25%)	17.75	2	35.50																		
Lunch: (25%)	17.75	3	53.25																		
Dinner: (50%)	35.50	2	71.00																		
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: \$0.00			12. MISCELLANEOUS COSTS: (Identify specific expenses - taxis, shuttles, phone, vehicle mileage, etc.) a. Private vehicle mileage 0.00 b. Shuttle (# of miles) 50.00 c. Other (specify below) TOTAL: 50.00 50.00 \$0.00																		
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: \$300.00 Lodging: \$467.40 Meals: \$159.75 Car Rental: \$0.00 Misc: \$0.00 50.00 TOTAL: 977.15 \$927.15 20m																		
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: 2/3/10																		
19. SUPERVISOR SIGNATURE			DATE:																		
20. DA/EMT SIGNATURE			DATE:																		
21. MSD DA SIGNATURE			DATE: 2/2/10																		

OGRODNIK Katie

From: MURPHY Kathy M
Sent: Wednesday, February 03, 2010 1:13 PM
To: PEDERSEN Dick
Cc: OGRODNIK Katie
Subject: Pedersen - OSA - Sausalito, CA

Your out-of-state travel authorization has been approved. Feel free to make any necessary travel arrangements.

Joni Hammond approved the over per diem room rate of \$205.

Thanks,
Kathy

WWW.ECOS.ORG
- reimbursement form & directions
- \$39/nt for up to 3 nights
- posted after Mtg.

MURPHY Kathy M

From: HAMMOND Joni
Sent: Wednesday, February 03, 2010 12:40 PM
To: PASSARELLE Dolores; MURPHY Kathy M
Subject: RE: Pedersen - OSA - Sausalito, CA - Over Per Diem Room Rate Approval Needed

I approve the over per diem cost for the room rate March 22 and 23.

Thanks Kathy and Dolores.

From: PASSARELLE Dolores
Sent: Wednesday, February 03, 2010 12:22 PM
To: MURPHY Kathy M; HAMMOND Joni
Subject: RE: Pedersen - OSA - Sausalito, CA - Over Per Diem Room Rate Approval Needed

Joni,
I recommend approving Dick's over per diem room rate of \$205 since ECOS will reimburse us for the difference between the per diem rate of \$166 and lodging cost of \$205 per night.
Thanks,
Dolores

From: MURPHY Kathy M
Sent: Wednesday, February 03, 2010 10:59 AM
To: PASSARELLE Dolores
Subject: Pedersen - OSA - Sausalito, CA - Over Per Diem Room Rate Approval Needed

Dolores,

We will need to obtain Joni Hammond's approval of the over per diem room rate of \$205/night while Dick Pedersen attends the Environmental Council of the States Spring Meeting which will be held at Cavallo Point resort near San Francisco. Although Cavallo Point is split between San Francisco and Marin Counties, it actually falls under the San Francisco federal per diem rate of \$166 due to a footnote in the federal guidelines.

Mary Kay, the revenue manager at Cavallo Point, explained that because Cavallo Point is in the Golden Gate National Parks, and the parks are in both San Francisco and Marin County, the San Francisco per diem rate applies.

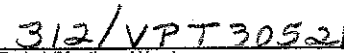
In the hotel information provided by ECOS, it says that "One attendee from each state environmental agency that has paid its 2010 ECOS dues will be eligible for reimbursement of \$39 per night for up to three nights. This is to cover the difference between the \$205 room rate and the federal per diem rate of \$166." Dick will be staying two nights, March 22 and 23.

If you recommend the over per diem room rate, please forward this email to Joni.

Let me know if you have any questions.

Thanks,
Kathy

STATE OF OREGON

[illegible]

STATE OF OREGON
TRAVEL EXPENSE DETAIL SHEET



305/VPT 30625

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) 4/18 - 4/23 - 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 Secretary <input type="checkbox"/> Board/Commissioner <input type="checkbox"/> Voluntary <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME Other <input type="checkbox"/>			

8. Date 93 01	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		
04/18/10	12:00pm		Leave for Bend	45.75		15.25	30.50	93.00	138.75
04/19/10				45.75	prov	15.25	30.50	93.00	138.75
04/20/10				45.75	prov	15.25	30.50	93.00	138.75
04/21/10				45.75	prov	15.25	30.50	93.00	138.75
04/22/10				45.75	prov	15.25	30.50	93.00	138.75
04/23/10		4pm	Return to Portland	30.50	prov	15.25	15.25		30.50
15. Totals				259.25		91.50	167.75	465.00	\$724.25

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
17010-41004		Personal Vehicle Mileage		0.500		
-4101	259.25					
-4106	511.50	Hotel tax for 5 days (4/18 - 4/23)				46.50
Totals						770.75
23. Section Total						\$46.50

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.)
Dick spent the week working from the Bend office. He went out in the field on tours, met with City Commissioners and staff and met with local Senators and Representatives.

26. Grand Total Amount		\$770.75
27. Travel Advance Amount		
28. Amount Due Employee/State		\$770.75
29. Received Training	Conducted Training	
30. Signature of Employee	31. Title	Date
	Director	04/26/10
32. Approved By	33. Title	Date
	MSD Administrator	5/5/10

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.

RA 1070127253

STATE OF OREGON
TRAVEL EXPENSE DETAIL SHEET



305/VPT 30625

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) 4/2010 - EQC Meeting			
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"/> Voluntary <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	Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
04/28/10	6:30am		Travel to Coos Bay	34.50		11.50	23.00	70.00	104.50
04/29/10				0	prov	prov	prov	70.00	70.00
04/30/10				23.00	prov	prov	23.00	70.00	93.00
05/01/10		12:00	Return to Portland	11.50	prov	11.50			11.50
15. Totals				69.00		23.00	46.00	210.00	\$279.00

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	169.00	Room Tax for 4/28 - 5/1				16.80
4106	226.80					
Totals				295.80	23. Section Total	
					\$16.80	

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 EQC Meeting being held in Coos Bay, Oregon April 29-30, 2010. There was also a town hall meeting held on April 28th.

26. Grand Total Amount	\$295.80
27. Travel Advance Amount	
28. Amount Due Employee/State	\$295.80
29. Received Training	Conducted Training
30. Signature of Employee	31. Title Director
32. Approved By	33. Title MSD Administrator
	Date 05/03/10
	Date 5/5/10

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.

RA 10R0127253

STATE OF OREGON

TRAVEL EXPENSE DETAIL SHEET



313/VPT 301667

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) 05/2010 - ERT Trip	
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"/> Voluntary <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				
05/04/10	8:30am		Travel to LaGrande, Oregon	34.50		11.50	23.00	70.00			
05/05/10			Joseph, Oregon	46.00	11.50	11.50	23.00	70.00			
05/06/10		4:00pm	Return to Portland	46.00	11.50	11.50	11.50	44.50			
				115.00				255.00			
15. Totals				426.50	23.00	34.50	57.50	140.00			
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				115.00		Room Tax for 5/4 & 5/5					12.60
4106				152.60							
Totals				267.60							
								23. Section Total		\$12.60	

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 for the ERT Director Field trip to Eastern Oregon

26. Grand Total Amount		267.60
27. Travel Advance Amount		
28. Amount Due Employee/State		267.60
29. Received Training		Conducted Training
30. Signature of Employee	31. Title	Date
	Director	05/07/10
32. Approved By	33. Title	Date
	MSD Administrator	5/7/10

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

324/VPT.30723

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) 05/2010 - North Coast -Corvallis	
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 <input type="checkbox"/> Board/Commissid <input type="checkbox"/> Volunta <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			
05/11/10	8:30am		Travel to Netarts, Oregon	34.50		11.50	23.00	70.00	104.50	
05/12/10				46.00	11.50	11.50	23.00	70.00	116.00	
05/13/10			Corvallis, Oregon	46.00	11.50	11.50	23.00	70.00	116.00	
05/14/10		6:00pm	Return to Portland	23.00	11.50	prov	11.50		23.00	
				15. Totals	149.50	34.50	34.50	80.50	210.00	\$359.50

18. 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	149.50	Tax for 5/11 & 5/12				1.40	
4106	218.70	Tax for 5/13				7.00	
Totals				367.90	23. Section Total		\$8.40

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 5/11-5/13 Was for Dick to visit the North Coast DEQ Offices. Then Dick headed to Corvallis for a CBEE Board Meeting.
OSU School of Chemical, Biological, + Environmental Engineering Board meeting

26. Grand Total Amount		\$367.90
27. Travel Advance Amount		
28. Amount Due Employee/State		\$367.90 km
29. Received Training	Conducted Training	
30. Signature of Employee	31. Title	Date
<i>Dick Pedersen</i>	Director	05/17/10
32. Approved By	33. Title	Date
<i>[Signature]</i>	MSD Administrator	5/18/10

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



333/VP T 30767

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) 05/2010 - Burns Paiute visit	
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 type="checkbox"/> Board/Commission <input type="checkbox"/> Voluntary <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		
05/17/10	10:30		Travel to Ontario 70146	34.50		11.50	23.00	70.00	104.50
05/18/10			Travel to Burns/Hines	23.00	prov	prov	23.00	70.00	93.00
05/19/10				34.50	prov	11.50	23.00	70.00	104.50
05/20/10			Travel to Bend 9361	45.75	prov	15.25	30.50	89.99	135.74
05/21/10		5:30 pm	Return to Portland	30.50	prov	15.25	15.25		30.50
15. Totals				168.25		53.50	114.75	299.99	\$468.24

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	118.25	05/17/10 Room Tax				7.00
4106	328.59	05/18/10 Room Tax				6.30
		05/19/10 Room Tax				6.30
		05/20/10 Room Tax				9.00
Totals		496.84	23. Section Total		\$28.60	

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 tour Willow Creek in Ontario, Oregon. Dick also met with the Burns Paiute Tribe May 19-20. Dick then worked at the DEQ Bend office on 5/20/10.

26. Grand Total Amount		\$496.84
27. Travel Advance Amount		
28. Amount Due Employee/State		\$496.84
29. Received Training	Conducted Training	
30. Signature of Employee <i>Dick Pedersen</i>	31. Title Director	Date 05/25/10
32. Approved By <i>[Signature]</i>	33. Title MSD Administrator	Date 5/25/10

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.

10R0127253

STATE OF OREGON

TRAVEL EXPENSE DETAIL SHEET



323/VPT30900

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) June 2010- 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 checked="" 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	Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
06/03/10	12:15pm		Travel to Seattle	35.50			35.50	159.00	194.50
06/04/10		9:30pm	Return to Portland	71.00	17.75	17.75	35.50		71.00
15. Totals				106.50	17.75	17.75	71.00	159.00	\$265.50

16. Accounting Codes 17010-41004		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
			Personal Vehicle Mileage		0.500		
4151	106.50	06/03/10	Room Tax				24.80
4150	183.80		Amtrak Ticket				98.00
4140	98.00						
Totals							
23. Section Total						\$122.80	

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 PNW Director's Meeting being held in Seattle, WA.

26. Grand Total Amount		\$388.30
27. Travel Advance Amount		
28. Amount Due Employee/State		\$388.30
29. Received Training	Conducted Training	
30. Signature of Employee	31. Title	Date
<i>[Signature]</i>	Director	06/14/10
32. Approved By	33. Title	Date
<i>[Signature]</i>	MSD Administrator	6/16/10

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.

TRAVEL EXPENSE DETAIL SHEET



323/VPT 30900

OS rec.

① \$ 41.50

② \$286.40 (see next page)

\$327.90

Itinerary Detail - Combined

Azumano
Travel
Est. 1949

Back Office Data

STATE OF OREGON

Trip Departures from 06/02/2010 to 06/15/2010
Report Parameters: Last Name = PEDERSEN

PEDERSEN/RICHARD JOH

Actual:	\$229.40	Savings:	\$32.00	Val Carrier:	ALASKA AIR (AS)	Account:	OR State Dept. of Enviromental
Lowest:	\$229.40	Lost Amt:	\$0.00	Ticket #:	7846996243	Auth 1:	34000
Service Fees:	\$28.50			Rec Locator:	WCKMMJ	Auth 2:	KATIE
Exception:	GOVERNMENT FARE USED			Invoice #:	107521893	Auth 3:	5032295990
				Inv Date:	5/26/2010		

Itinerary				Airline	Flt #	Class
PORTLAND, OR	BOISE, ID	6/9/2010	15:25-17:40	ALASKA AIR (AS)	2223	L
BOISE, ID	PORTLAND, OR	6/10/2010	19:45-20:05	ALASKA AIR (AS)	2301	Y
Total Cost of Trip:				\$257.90		

PEDERSEN/RICHARD JOH

** This is an "Exchange" record. Original Ticket # was 7846996243

Actual:	\$0.00	Savings:	\$0.00	Val Carrier:	ALASKA AIR (AS)	Account:	OR State Dept. of Enviromental
Lowest:	\$0.00	Lost Amt:	\$0.00	Ticket #:	7847139031	Auth 1:	34000
Service Fees:	\$28.50			Rec Locator:	WCKMMJ	Auth 2:	KATIE
Exception:	EXCHANGE TICKET			Invoice #:	107522448	Auth 3:	5032295990
				Inv Date:	6/3/2010		

Itinerary				Airline	Flt #	Class
PORTLAND, OR	BOISE, ID	6/10/2010	06:35-08:50	ALASKA AIR (AS)	2311	L
BOISE, ID	PORTLAND, OR	6/10/2010	19:45-20:05	ALASKA AIR (AS)	2301	Y
Total Cost of Trip:				\$28.50		

Report Totals

Air Totals		Car Rental Totals		Hotel Booking Totals	
# of Air Trips:	2	# of Rentals:	0	# of Stays:	0
Air Charges:	\$229.40	# of Days Rented:	0	# of Room Nights:	0
Avg Cost per Trip:	\$114.70	Car Rental Charges:	\$0.00	Hotel Booking Charges:	\$0.00
Total Svc Fees:	\$57.00	Avg # of Days Rented:	0.00	Avg # of Nights:	0.00
		Avg Booked Rate:	0.00	Avg Booked Rate:	\$0.00
Total All Charges:	2 \$286.40	Avg Cost per Day:	\$0.00	Avg Cost/RoomNight:	\$0.00

STATE OF OREGON

TRAVEL EXPENSE DETAIL SHEET



334/VPT 30954

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) June 2010 - 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 Secretary <input type="checkbox"/> Board/Commission <input type="checkbox"/> Volunteering <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		
06/15/10	7:30am		Travel to Lakeview 70/46	34.50		11.50	23.00	70.00	104.50
06/16/10				23.00	prov	prov	23.00	70.00	93.00
06/17/10			Travel to Bend 93/41	30.50	prov	prov	30.50	93.00	123.50
06/18/10		1:30pm	Return to Portland 30.50	15.25	prov	15.25	15.25		15.25 30.50
				118.50					351.50
15. Totals				403.25		26.75	76.50	233.00	336.25

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	118.50	Room tax for 6/15 & 6/16				9.80
4106	252.10	Room tax for 6/17				9.30
Totals		370.60	23. Section Total		\$19.10	

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 EQC meeting being held in Lakeview on June 16-17, 2010. There was a town hall meeting being held on June 15th. Dick stayed in Bend the evening of June 17th to cut travel time in half on his return to Portland for Friday, 6/18

26. Grand Total Amount		370.60 \$355.35
27. Travel Advance Amount		
28. Amount Due Employee/State		370.60 \$355.35
29. Received Training	Conducted Training	
30. Signature of Employee	31. Title	Date
	Director	06/22/10
32. Approved By	33. Title	Date
	MSD Administrator	6/23/10

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



349/VPT.31028

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) June 2010 - ERT Director's Trip	
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 checked="" 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		
06/28/10	7:30am		Travel to Lakeview 701/46	34.50		11.50	23.00	70.00	104.50
06/29/10			Klamath Falls 88/56	56.00	14.00	14.00	28.00	88.00	144.00
06/30/10		5:30pm	Return to Portland	28.00	prov	14.00	14.00		28.00
15. Totals				118.50	14.00	39.50	65.00	158.00	\$276.50

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		
+101	118.50	06/29/10 Room Tax				4.90
+1016	170.82	06/30/10 Room Tax				7.92
Totals				289.32	23. Section Total	
					\$12.82	

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 for the ERT Director's Field trip to South Central Oregon June 28-30, 2010. The group went to Lakeview, OR and Klamath Falls, OR.

26. Grand Total Amount		\$289.32
27. Travel Advance Amount		
28. Amount Due Employee/State		\$289.32 <i>km</i>
29. Received Training	Conducted Training	
30. Signature of Employee	31. Title	Date
<i>[Signature]</i>	Director	07/01/10
32. Approved By	33. Title	Date
<i>[Signature]</i>	MSD Administrator	7/2/10

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**

305/VPT 31117

1. Name of Employee Dick Pedersen			2. Agency DEQ			3. Period (Month and Year) 7/12 - 7/16 - Eugene		
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"/> Volunteer <input type="checkbox"/>			Bargaining Unit Name: AFSCME Other <input type="checkbox"/>					

8. Date 103/51	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		
07/12/10	11:30 am		Leave for Eugene	38.25		12.75	25.50	103.00	141.25
07/13/10				38.25	prov	12.75	25.50	103.00	141.25
07/14/10				38.25	prov	12.75	25.50	103.00	141.25
07/15/10				38.25	prov	12.75	25.50	103.00	141.25
07/16/10		5:00 pm	Return to Portland	25.50	prov	12.75	12.75		25.50
				15. Totals	178.50	63.75	114.75	412.00	\$590.50

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
41010-41004		Personal Vehicle Mileage		0.500		
		Parking 7/12				5.00
		Parking 7/13				6.00
		Parking 7/14				6.00
		Parking 7/16				3.00
		Hotel tax for 4 days (7/12 - 7/16)				43.24
Totals		653.74	23. Section Total		\$63.24	

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.)
Dick spent the week working from the Eugene office. He went out in the field on tours and met with local Senators and Representatives.

26. Grand Total Amount \$653.74	
27. Travel Advance Amount	
28. Amount Due Employee/State \$653.74	
29. Received Training	Conducted Training
30. Signature of Employee 	31. Title Director Date 07/19/10
32. Approved By 	33. Title MSD Administrator Date 7/20/10

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**

305/VPT31164

1. Name of Employee Dick Pedersen			2. Agency DEQ			3. Period (Month and Year) 7/20 - 7/23		
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"/> Voluntary <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	Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
07/20/10	8:30am		Leave for Bend	45.75		15.25	30.50	115.00	160.75
07/21/10				30.50	prov	prov	30.50	115.00	145.50
07/22/10				0	prov	prov	prov	115.00	115.00
07/23/10		4:00pm	Return to Portland	30.50	prov	15.25	15.25		30.50
15. Totals				106.75		30.50	76.25	345.00	\$451.75

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	26.19	Hotel tax for 3 days (7/20 - 7/23)				51.75
4106	99.19					
4431	80.06					
4433	297.56					
Totals						\$51.75

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.)
Dick headed to Bend to attend the ACWA Conference 7/21-7/23.
Dick was an invited speaker and presented the morning of 7/23.

26. Grand Total Amount \$503.50	
27. Travel Advance Amount	
28. Amount Due Employee/State \$503.50	
29. Received Training	Conducted Training
30. Signature of Employee 	
31. Title Director	Date 08/02/10
32. Approved By 	
33. Title MSD Administrator	Date 8/2/10

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



317/VPT31390

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) 08.2010 ECOS	
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 type="checkbox"/> Board/Commission <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	Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
08/28/10	5:50am		Whitefield, New Hampshire	46.00	11.50	11.50	23.00	149.00	A 195.00
08/29/10				0	Prov	Prov	Prov	149.00	A 149.00
08/30/10				0	Prov	Prov	Prov	149.00	A 149.00
08/31/10		11:10pm	Return to Portland	23.00	Prov	Prov	23.00		23.00
<p>A Over per diem amount was approved by Joni Hammond</p>									
15. Totals				69.00	11.50	11.50	46.00	447.00	\$516.00

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	69.00	Enterprise Rent a Car (50% of total bill)				81.78
-4150	487.23	Parking at PDX Airport				39.40
-4160	121.18	Hotel Tax				40.23
Totals						677.41
23. Section Total						\$161.41

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 attend the Environmental Council of the States annual meeting in Whitefield, New Hampshire August 29-31, 2010. Dick represents the state of Oregon. Dick also shared the rental with Sherri Wilson, Maryland's ECOS representative.

26. Grand Total Amount		\$677.41
27. Travel Advance Amount		
28. Amount Due Employee/State		① \$677.41
29. Received Training	Conducted Training	
30. Signature of Employee	31. Title Director	
32. Approved By		33. Title MSD Administrator
		Date 09/10/10
		Date 9/14/10

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 no.

① \$677.41

② \$655.30 (See next page)

\$1,332.71

Itinerary Detail - Combined

**Azumano
Travel**
Est. 1949

Back Office Data

STATE OF OREGON

Trip Departures from 08/20/2010 to 09/02/2010
Report Parameters: Last Name = PEDERSEN

PEDERSEN/RICHARD JOH

Actual: \$626.80	Savings: \$0.00	Val Carrier: UNITED AIRLINES (UA)	Account: OR State Dept. of Enviromental
Lowest: \$626.80	Lost Amt: \$0.00	Ticket #: 7847139074	Auth 1: 34000
Service Fees: \$28.50		Rec Locator: XXQFT0	Auth 2: KATIE
Exception: GOVERNMENT FARE USED		Invoice #: 107522489	Auth 3: 5032295990
		Inv Date: 6/3/2010	

Itinerary				Airline	Flt #	Class
PORTLAND, OR	CHI-OHARE, IL	8/28/2010	06:00-11:49	UNITED AIRLINES (UA)	0132	V
CHI-OHARE, IL	MANCHESTER, NH	8/28/2010	13:50-16:56	UNITED AIRLINES (UA)	7326	V
MANCHESTER, NH	CHI-OHARE, IL	8/31/2010	17:32-19:10	UNITED AIRLINES (UA)	7326	V
CHI-OHARE, IL	PORTLAND, OR	8/31/2010	20:15-22:38	UNITED AIRLINES (UA)	0483	V

Total Cost of Trip: \$655.30

Report Totals

Air Totals		Car Rental Totals		Hotel Booking Totals	
# of Air Trips:	1	# of Rentals:	0	# of Stays:	0
Air Charges:	\$626.80	# of Days Rented:	0	# of Room Nights:	0
Avg Cost per Trip:	\$626.80	Car Rental Charges:	\$0.00	Hotel Booking Charges:	\$0.00
Total Svc Fees:	\$28.50	Avg # of Days Rented:	0.00	Avg # of Nights:	0.00
Total All Charges:	2 \$655.30	Avg Booked Rate:	0.00	Avg Booked Rate:	\$0.00
		Avg Cost per Day:	\$0.00	Avg Cost/RoomNight:	\$0.00

OUT-OF-STATE TRAVEL AUTHORIZATION

1. NAME OF EMPLOYEE: Dick Pedersen		2. AGENCY/OFFICIAL STATION: DEQ/HQ		3. REQUEST #: 1-11																					
4. AGENCY ACCOUNTING INFORMATION: 11 14040 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 being held in Whitefield, New Hampshire August 29-31, 2010. Dick represents the state of Oregon at this meeting.																									
7. ITINERARY: Destination city/state: <u>Coos County Whitefield, NH</u> Departure date/time: <u>Sat. 28-Aug-10</u> Return date/time: <u>Tues. 31-Aug-10</u>		8. TRANSPORTATION: (Airfare, train fare or state motor pool vehicle (circle one). For rental cars, see #11, for misc. ground transportation, see #12) <u>Flying in + out of Manchester Boston airport</u> <div style="float: right; text-align: right;"> TOTAL: <u>\$627.00</u> </div>																							
9. LODGING: Lodging per diem rate: <u>\$70.00</u> <u>Over per diem room rate</u> Amount per night: <u>approved 149.00</u> <u>by Joni</u> Room tax per night: <u>Hammonds 13.41</u> <u>See attached email.</u> # of nights: <u>3</u> <div style="text-align: right;"> TOTAL: <u>\$487.23</u> </div>		10. MEALS: Daily meal per diem rate: <u>\$46.00</u> <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>11.50</td> <td>4</td> <td>46.00</td> </tr> <tr> <td>Lunch: (25%)</td> <td>11.50</td> <td>4</td> <td>46.00</td> </tr> <tr> <td>Dinner: (50%)</td> <td>23.00</td> <td>4</td> <td>92.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL:</td> <td><u>\$184.00</u></td> </tr> </tbody> </table>					Rate	# Meals	Total	Breakfast: (25%)	11.50	4	46.00	Lunch: (25%)	11.50	4	46.00	Dinner: (50%)	23.00	4	92.00	TOTAL:			<u>\$184.00</u>
	Rate	# Meals	Total																						
Breakfast: (25%)	11.50	4	46.00																						
Lunch: (25%)	11.50	4	46.00																						
Dinner: (50%)	23.00	4	92.00																						
TOTAL:			<u>\$184.00</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). 3 Days @ \$31 plus tax, gas TOTAL: <u>123.00</u> <u>plus \$15 taxes + \$15 gas</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>30.00</u> <u>baggage fees</u> <div style="text-align: right;"> TOTAL: <u>30.00</u> <u>50.00</u> </div>																							
13. TRAINING RELATED? (if yes, attach agenda) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		16. ESTIMATED COST OF TRIP: <table style="width:100%;"> <tr> <td>Transportation:</td> <td style="text-align: right;">\$627.00</td> </tr> <tr> <td>Lodging:</td> <td style="text-align: right;">\$487.23</td> </tr> <tr> <td>Meals:</td> <td style="text-align: right;">\$184.00</td> </tr> <tr> <td>Car Rental:</td> <td style="text-align: right;">\$93.00 123.00</td> </tr> <tr> <td>Misc:</td> <td style="text-align: right;">\$0.00 30.00</td> </tr> <tr> <td>TOTAL:</td> <td style="text-align: right;"><u>1,451.23</u> <u>\$1,391.23</u> <i>per</i></td> </tr> </table>				Transportation:	\$627.00	Lodging:	\$487.23	Meals:	\$184.00	Car Rental:	\$93.00 123.00	Misc:	\$0.00 30.00	TOTAL:	<u>1,451.23</u> <u>\$1,391.23</u> <i>per</i>								
Transportation:	\$627.00																								
Lodging:	\$487.23																								
Meals:	\$184.00																								
Car Rental:	\$93.00 123.00																								
Misc:	\$0.00 30.00																								
TOTAL:	<u>1,451.23</u> <u>\$1,391.23</u> <i>per</i>																								
14. STATUS: <input checked="" type="checkbox"/> Executive/Mgmt Svc: <input type="checkbox"/> AFSCME: <input type="checkbox"/> Other: <u>Explain:</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>5/14/10</u>																						
19. SUPERVISOR SIGNATURE <u>Joni</u>			DATE: <u>3-18-10</u>																						
20. DA/EMT SIGNATURE			DATE:																						
21. MSD DA SIGNATURE <u>[Signature]</u>			DATE: <u>5/25/10</u>																						

Item R 000034

Email sent 5/25/10.

1,332.71



317/VPT31390

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.

30. Signature of Employee

32. ~~Approved By~~

26. Grand Total Amount	\$133.10
------------------------	----------

27. Travel Advance Amount

28. Amount Due Employee/State	\$133.10
-------------------------------	----------

29. Received Training	Conducted Training
-----------------------	--------------------

31. Title	Date
Director	09/10/10

33. Title	Date
MSD Administrator	9/14/10

✓ for dup.



317/VPT 31390
Period (Month and Year)

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.

05 rec.

① \$277.30
② \$247.90 (see next page)
\$525.20

Itinerary Detail - Combined

Azumano
Travel
Est. 1949

Back Office Data

STATE OF OREGON

Trip Departures from 09/02/2010 to 09/12/2010

Report Parameters: Last Name = PEDERSEN

PEDERSEN/RICHARD JOH

Actual: \$219.40	Savings: \$0.00	Val Carrier: ALASKA AIR (AS)	Account: OR State Dept. of Enviromental
Lowest: \$219.40	Lost Amt: \$0.00	Ticket #: 7848472130	Auth 1: 34000
Service Fees: \$28.50		Rec Locator: X4VNZK	Auth 2: KATIE
Exception: GOVERNMENT FARE USED		Invoice #: 107527863	Auth 3: 5032295990
		Inv Date: 8/30/2010	

Itinerary				Airline	Flt #	Class
PORTLAND, OR	SEATTLE TACOMA, WA	9/7/2010	20:30-21:20	ALASKA AIR (AS)	2478	L
SEATTLE TACOMA, WA	PORTLAND, OR	9/8/2010	14:00-14:48	ALASKA AIR (AS)	2181	L
Total Cost of Trip:		\$247.90				

Report Totals

Air Totals		Car Rental Totals		Hotel Booking Totals	
# of Air Trips:	1	# of Rentals:	0	# of Stays:	0
Air Charges:	\$219.40	# of Days Rented:	0	# of Room Nights:	0
Avg Cost per Trip:	\$219.40	Car Rental Charges:	\$0.00	Hotel Booking Charges:	\$0.00
Total Svc Fees:	\$28.50	Avg # of Days Rented:	0.00	Avg # of Nights:	0.00
Total All Charges:	② \$247.90	Avg Booked Rate:	0.00	Avg Booked Rate:	\$0.00
		Avg Cost per Day:	\$0.00	Avg Cost/RoomNight:	\$0.00

STATE OF OREGON

[illegible]

RA 10R0127253

STATE OF OREGON

TRAVEL EXPENSE DETAIL SHEET



305/VPT 31481

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) 9/2010 - Pendleton Eugene	
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 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	Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
09/22/10	8:00pm		Travel to Pendleton 7/04/46	11.50			11.50	70.00	81.50
09/23/10			Travel to Eugene 103/51	25.50	prov	prov	25.50	103.00	128.50
09/24/10		11:00am	Return To Portland	12.75	prov	12.75			12.75
15. Totals				49.75		12.75	37.00	173.00	\$222.75

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	49.75	Room Tax 9/22				7.80
4106	191.62	Room Tax 9/24				10.82
4108	6.00	9/24/10 Parking for Public Health Presentation				6.00
Totals						247.37

23. Section Total \$24.62

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.)
Dick went to Pendleton for a meeting with the EPA and Umatilla tribe. The meeting was all day 9/23, he then flew home and drove to Eugene to represent DEQ at the League of Oregon Cities Conference. He then drove to Portland to present at the Public Health Advisory Board Meeting

26. Grand Total Amount		\$247.37
27. Travel Advance Amount		
28. Amount Due Employee/State		① \$247.37
29. Received Training	Conducted Training	
30. Signature of Employee	31. Title	Date
	Director	10/04/10
32. Approved By	33. Title	Date
	MSD Administrator	10/5/10

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.

① \$247.37

② \$277.00 (See next page)

\$524.37

Itinerary Detail - Combined

Azumano Travel
Est. 1949



Travel
Services
Representative

Back Office Data

STATE OF OREGON

Trip Departures from 09/13/2010 to 09/30/2010
Report Parameters: Last Name = PEDERSEN

PEDERSEN/RICHARD

Actual: \$248.50	Savings: \$0.00	Val Carrier: WINGS OF ALASKA (K5)	Account: OR State Dept. of Enviromental
Lowest: \$248.50	Lost Amt: \$0.00	Ticket #: 4500030157	Auth 1: 34000
Service Fees: \$28.50		Rec Locator: PCDN9O	Auth 2: KATIE
Exception: LOWER FARE AVAILABLE		Invoice #: 107529033	Auth 3: 5032295990
		Inv Date: 9/14/2010	

Itinerary				Airline	Flt #	Class
PORTLAND, OR	PENDLETON, OR	9/22/2010	20:00-21:00	WINGS OF ALASKA (K5)	3313	N
PENDLETON, OR	PORTLAND, OR	9/23/2010	16:35-17:35	WINGS OF ALASKA (K5)	3323	N

Total Cost of Trip: \$277.00

Report Totals

Air Totals		Car Rental Totals		Hotel Booking Totals	
# of Air Trips:	1	# of Rentals:	0	# of Stays:	0
Air Charges:	\$248.50	# of Days Rented:	0	# of Room Nights:	0
Avg Cost per Trip:	\$248.50	Car Rental Charges:	\$0.00	Hotel Booking Charges:	\$0.00
Total Svc Fees: \$28.50		Avg # of Days Rented:	0.00	Avg # of Nights:	0.00
Total All Charges: ② \$277.00		Avg Booked Rate:	0.00	Avg Booked Rate:	\$0.00
		Avg Cost per Day:	\$0.00	Avg Cost/RoomNight:	\$0.00

TRAVEL EXPENSE DETAIL SHEET



323/VPT31573

Item R 000041



**STATE OF OREGON
TRAVEL EXPENSE DETAIL SHEET**

314/VPT.31852

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) 11.2010 EQC EMT Retreat	
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 type="checkbox"/> Board/Commission <input type="checkbox"/> Volunteered <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	Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
11/17/10	8:30am		Eugene	38.25		12.75	25.50	97.00	135.25
11/18/10				25.50	prov	prov	25.50	97.00	122.50
11/19/10		4:30pm	Return to Portland	12.75	prov	prov	12.75		12.75
15. Totals				76.50		12.75	63.75	194.00	\$270.50

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		76.50	Hotel Tax				20.38
4106		214.38					
Totals		290.88	23. Section Total		\$20.38		

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 at the Association of Oregon Counties Fall Conference on November 17, then attend the EQC EMT Retreat November 18 and 19, 2010. Both meetings were held in Eugene.

26. Grand Total Amount		\$290.88
27. Travel Advance Amount		
28. Amount Due Employee/State		\$290.88 <i>km</i>
29. Received Training	Conducted Training	
30. Signature of Employee		31. Title Director
32. Approved By		33. Title 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.		Date 11/23/10
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.		Date 11/30/10



**STATE OF OREGON
TRAVEL EXPENSE DETAIL SHEET**

323/VPT 31890

1. Name of Employee Dick Pedersen			2. Agency DEQ			3. Period (Month and Year) 11/29 - 12/3 The Dalles		
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 <input type="checkbox"/> <input checked="" type="checkbox"/> ## Board/Commissid <input type="checkbox"/> Volunte <input type="checkbox"/>			Bargaining Unit Name <input type="checkbox"/> AFSCME Other <input type="checkbox"/>					

8. Date 77 46	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		
11/29/10	9:00am		The Dalles	34.50 ✓		11.50	23.00	77.00 ✓	111.50 ✓
11/30/10				34.50 ✓	prov	11.50	23.00	77.00 ✓	111.50 ✓
12/01/10				34.50 ✓	prov	11.50	23.00	77.00 ✓	111.50 ✓
12/02/10				34.50 ✓	prov	11.50	23.00	77.00 ✓	111.50 ✓
12/03/10		9:00pm	Return to Portland	34.50 ✓	prov	11.50	23.00		34.50 ✓
15. Totals				172.50 ✓		57.50	115.00	308.00 ✓	\$480.50 ✓

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	172.50	Hotel Tax				27.72 ✓
4106	335.72					
Totals						508.22

23. Section Total		\$27.72 ✓
-------------------	--	------------------

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 out of The Dalles for a week. There were site tours, and also a speaking engagement in Bend on Friday, 12/3.
Spoke at the Cattlemen's Conference in Bend

26. Grand Total Amount		\$508.22 ✓
27. Travel Advance Amount		
28. Amount Due Employee/State		\$508.22 ✓
29. Received Training	Conducted Training *	
30. Signature of Employee <i>[Signature]</i>	31. Title Director	Date 12/07/10
32. Approved By <i>[Signature]</i>	33. Title MSD Administrator	Date 12/7/10

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.

Attachment C

February 16-18, 2011, EQC meeting

Page 39 of 50

[illegible]

LINE	DATE	DAY	DATE - DAY		PAY TYPE	REG HRS	LWOP	MISC HRS
			DATE	DAY				
1	1	FR	SA	SU				
2	2	SA	SU					
3	3	SU						
4	4	MO	TU					
5	5	TU	WE					
6	6	WE	TH					
7	7	TH	FR					
8	8	FR	SA					
9	9	SA	SU					
10	10	SU	MO					
11	11	MO	TU					
12	12	TU	WE					
13	13	WE	TH					
14	14	TH	FR					
15	15	FR	SA					
16	16	SA	SU					
17	17	SU	MO					
18	18	MO	TU					
19	19	TU	WE					
20	20	WE	TH					
21	21	TH	FR					
22	22	FR	SA					
23	23	SA	SU					
24	24	SU	MO					
25	25	MO	TU					
26	26	TU	WE					
27	27	WE	TH					
28	28	TH	FR					
29	29	FR	SA					
30	30	SA	SU					
31	31	SU						
01					RG			
02					HO			
03					GTS			
04					RG			
05					HO			
06					GTS			
07								
08					VA			
09					SL			
10					CTL			
11					PB			
12								
13					LA			
14					LO			
15								
16					OT			
17					HP			
18					SDE			
19					CTA			
20								
					PRELIMINARY AND FINAL TOTALS			

OTHER ADJUSTMENTS, BASED ON NUMBER OF INCIDENTS:

Item R 000044

LEAVE BALANCES

FINAL

FORECAST

OF DAYS

SIGNED, CERTIFYING TRUE AND ACCURATE

TIME SHEET

START DATE

END DATE

FULL TIME

100

DESIGNED, CERTIFYING TRUE AND ACCURATE

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. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

10.1111/j.1365-3113.2011.04511.x

| OREGON STATE PAYROLL SYSTEM | | | | | | | | | | EMPLOYEE MONTHLY TIMESHEET | | | | | | | | | | | | | | | | | |
|-----------------------------|--|------------------|--|--------------------------|--|-------|--|---------------------|--|----------------------------|--|-----------|--|------------|--|------------|--|-----------|--|-----------|--|------------|--|---------------|--|----------|--|
| FORM # AD1700 | | PAYROLL AGENCY # | | PERSONNEL AGENCY # | | SHIFT | | CHECK- DISTRICT | | EMPLOYEE ID # | | CONG. JOB | | POSITION # | | CLASS | | PAY BASIS | | APPT TYPE | | WORK SCHED | | TIME SHEET # | | | |
| 800 NE XX | | 1141000414010 | | 100.00 | | % | | PEDERSEN, RICHARD J | | DR0127253 | | 1 | | 0000001 | | MEAH Z7014 | | S | | P | | AA7 | | 1-0 | | | |
| START TIME | | BEN PKG | | COST CENTER DISTRIBUTION | | | | | | | | | | | | | | | | | | | | PERIOD ENDING | | 02/28/80 | |

| | | DATE - DAY | | | | | | | REG HRS | | LWOP | | MISC HRS | |
|------------------------------|---------|------------|-----|-----|-----|-----|-----|-----|---------|------|----------|---------|----------|----------|
| RAY TYPE | REG HRS | MON | TUE | WED | THU | FRI | SAT | SUN | REG HRS | LWOP | MISC HRS | REG HRS | LWOP | MISC HRS |
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| CTSS | | | | | | | | | | | | | | |
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| PRELIMINARY AND FINAL TOTALS | | | | | | | | | | | | | | |
| Item R | | | | | | | | | | | | | | |

Item R 000045

OTHER ADJUSTMENTS, BASED ON NUMBER OF INCIDENTS:

PAVE BALANCES

SIGNED, CERTIFYING TRUE AND ACCURATE

| TIME SHEET | START DATE | END DATE | FULL TIME HOURS | EMPLOYEE: |
|------------|------------|----------|-----------------|-----------|
| | 02/01/10 | 02/28/10 | 160.0 | |

150.0

EMPLOYEE:

FORECAST

FINAL

SUPERVISOR _____

OREGON STATE PAYROLL SYSTEM

EMPLOYEE MONTHLY TIMESHEET

Attachment C

February 16-18, 2011, EQC meeting

Page

| PAYROLL AGENCY # | PERSONNEL AGENCY # | SHIFT | CHECK DISTRIB | EMPLOYEE ID # | CONC JOB | POSITION # | CLASS MEAH | PAY BASIS | WORK TYPE | SCHED | TIME SHEET # |
|--------------------------|--------------------|-------|---------------|-----------------------|----------|------------|------------|-----------|-----------|-------|--------------|
| 34000 | 34000 | 1 | 11000 | OR0127253 | 1 | 0000001 | Z7014 | S | P | AA7 | 1-0 |
| PEDERSEN, RICHARD J | | | | | | | | | | | |
| COST CENTER DISTRIBUTION | | | | | | | | | | | |
| Q/T | BEN | PKG | TIME | 114100414010 100.00 % | | | | | | | |
| 1800 | NE | XX | XX | % | | | | | | | |
| PERIOD ENDING 03/31/01 | | | | | | | | | | | |
| Page 1 of 1 | | | | | | | | | | | |

| DATE - DAY | REG HRS | | LWOP | | MISC HRS | RAY TYPE | DATE - DAY | REG HRS | | LWOP | | MISC HRS | RAY TYPE |
|------------|---------|------|---------|------|----------|----------|------------|---------|------|---------|------|----------|----------|
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| 25 TH | | | | | | | 25 TH | | | | | | |
| 26 FR | | | | | | | 26 FR | | | | | | |
| 27 SA | | | | | | | 27 SA | | | | | | |
| 28 SU | | | | | | | 28 SU | | | | | | |
| 29 MO | | | | | | | 29 MO | | | | | | |
| 30 TU | | | | | | | 30 TU | | | | | | |
| 31 WE | | | | | | | 31 WE | | | | | | |

OTHER ADJUSTMENTS, BASED ON NUMBER OF INCIDENTS:

Item R 000046

3 OF 3

TIME SHEET

START DATE

FULL TIME

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SIGNED, CERTIFYING TRUE AND ACCURATE

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OREGON STATE PAYROLL SYSTEM

EMPLOYEE MONTHLY TIMESHEET

FORM # AD743

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| PAYROLL AGENCY # | 34000 | PERSONNEL AGENCY # | 34000 | SHIFT | 1 | CHECK DISTRIBTN | 11000 | EMPLOYEE ID # | OR0127253 | COINC JOB | 1 | POSITION # | 0000001 | CLASS | MEAH | Z7014 | PAY BASIS | S | APPT TYPE | P | WORK SCHED | AA7 | TIME SHEET # | 1-0 |
| START TIME | 0800 | BEN PKG | NE XX | COST CENTER DISTRIBUTION | 114100414010 | 100.00 | % | % | % | % | % | % | % | % | % | % | % | % | % | % | % | % | PERIOD ENDING | 05/31/10 |

Attachment C
February 16-18, 2011, EQC meeting
Page 43 of 50

| | | DATE - DAY | | REG HRS | | LWOP | | MISC HRS | | | | | | | | | | | | | | | | |
|----|----|------------------------------|----|---------|------|------|----|----------|----|----|-----|----|----|----|----|----|-----|-----|----|----|----|----|----|----|
| | | PAY TYPE | RG | HO | CTSS | RG | HO | CTSS | VA | SL | CTL | PB | LA | LO | OT | HP | SDE | CTA | | | | | | |
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| | | PRELIMINARY AND FINAL TOTALS | | | | | | | | | | | | | | | | | | | | | | |
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PRELIMINARY AND FINAL TOTALS

ADJUSTMENTS, BASED ON NUMBER OF INCIDENTS:

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|---------------|----------|----------|----------|-----------------|-------|----------|--|--------------------------------------|------------------|----|----------|----|--------|-------|
| DATE BALANCES | 05/01/10 | END DATE | 05/31/10 | FULL TIME HOURS | 168.0 | EMPLOYEE | | SIGNED, CERTIFYING TRUE AND ACCURATE | # OF DAYS WORKED | 20 | FORECAST | 20 | PRELIM | FINAL |
| TIME SHEET | | | | | | | | | | | | | | |

Item R-000048

OREGON STATE PAYROLL SYSTEM

EMPLOYEE MONTHLY TIMESHEET

FINAL COPY

| | | | | | | | | | | | | |
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| FORM # AD1743 | PAYROLL AGENCY # | PERSONNEL AGENCY # | CHECK DISTRICT | SHIFTS | EMPLOYEE ID # | CONC JOB | POSITION # | CLASS | PAY BASIS | APPT TYPE | WORK SCHED | TIME SHEET # |
| 34000 | 34000 | 34000 | 1 | 1 | OR0127253 | 1 | 0000001 | MEAH | S | P | AAZ | |
| START TIME | BEN OT | BEN PKG | COST CENTER DISTRIBUTION | | | | | | | | | PERIOD ENDING |
| 0800 NE | XX | | 114100414010 | | | | | | | | | 06/30/10 |

Attachment C
February 16-18, 2011, EOC meeting
Page 44 of 50

| | DATE - DAY | | REG HRS | | LWOP | | MISC HRS | |
|----|------------|---------|----------|---------|----------|---------|----------|---------|
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PRELIMINARY AND FINAL TOTALS

fixed furlough was shifted within month

ADJUSTMENTS BASED ON NUMBER OF INCIDENTS:

AVE BALANCES

OF:

ME SHEET

START DATE

END DATE

FULL TIME HOURS

176.0

EMPLOYEE:

SIGNED, CERTIFYING TRUE AND ACCURATE

SUPERVISOR

FORECAST

21

OF DAYS WORKED

PRELIM

FINAL

Item R-000049

OREGON STATE PAYROLL SYSTEM

EMPLOYEE MONTHLY TIMESHEET

Attachment C

February 16-18, 2011, EQC meeting

| PERIOD
ENDING | 08/31 |
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[illegible]

| | | DATE - DAY | | | | | | | REG HRS | LWOP | MISC HRS | 18, 2011, FOC meeting | | | | | | | | | | | | |
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| PRELIMINARY AND FINAL TOTALS | | | | | | | | | | | | | | | | | | | | | | | | |
| Item R | | | | | | | | | | | | | | | | | | | | | | | | |

PER ADJUSTMENTS, BASED ON NUMBER OF INCIDENTS:

Item R 000051

SAVE BALANCES
\$ OF:

SIGNED, CERTIFYING TRUE AND ACCURATE

EMPLOYEE:

| START DATE | END DATE | FULL TIME
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| 08/01/10 | 08/31/10 | 176.0 |

FORECAST

OF DAYS
WORKED:

FINAL

SUPERVISOR

FORM # AD748
OREGON STATE PAYROLL SYSTEM

EMPLOYEE MONTHLY TIMESHEET

FINAL COPY

| | | | | | | | | | | | |
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| PAYROLL AGENCY # | PERSONNEL AGENCY # | SHIFT | CHECK DISTRIBUTN | EMPLOYEE ID # | CONC JOB | POSITION # | CLASS | PAY BASIS | APPT TYPE | WORK SCHED | TIME SHEET # |
| 34000 | 34000 | 1 | 11000 | OR0127253 | 1 | 00000001 | MEAH | S | P | AA7 | 1-0 |
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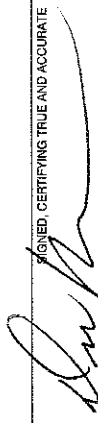
Attachment C
February 16-18, 2011, EOC meeting
Page 47 of 50

| DATE - DAY | | REG HRS | | LWOP | MISC HRS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------|---|----------|---|------|----------|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|
| | | PAY TYPE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | |
| 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 | | | | |
| 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 | | | | |
| 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 | | | | |
| 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 | | | | |
| 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 | | | | |
| 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 | | | | |
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| 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 | | | | |
| 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 | | | | |
| 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 | | | | |
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| 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 | | | | |
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| 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 | | | | |
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| 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 | | | | |
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| 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 | | | | |
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| 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 | | | | |
| 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 | | | | |
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| 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 | | | | |
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| 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 | | | | |
| 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 | | | | |
| 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 | | | | |
| 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 | | | | |
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NET ADJUSTMENTS, BASED ON NUMBER OF INCIDENTS:

LEAVE BALANCES

\$ OF:

TIME SHEET START DATE 09/01/10 END DATE 09/30/10 FULL TIME HOURS 176.0 EMPLOYEE: 

OF DAYS WORKED: 30

SUPERVISOR: 

PRELIM

FINAL

OREGON STATE PAYROLL SYSTEM

EMPLOYEE MONTHLY TIMESHEET

FINAL COPY

FORM # AD1743

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| PAYROLL AGENCY # | PERSONNEL AGENCY # | CHECK DISTRIBUTION | SHIFT | EMPLOYEE ID # | CONC JOB | POSITION # | CLASS | PAY BASIS | APPT TYPE | WORK SCHED | TIME SHEET # |
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Attachment C
February 16-18, 2011, EOC meeting
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