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 to12/31/2010

Approved:			
	Division:		

Report prepared by: Kathy Murphy

Phone: 503-229-5455

OREGO	N ACCOUNTING	Number 10.90.00.PO	
Oregon Department of Administrative Services State Controller's Division		Policy	Effective Date July 16, 2001
Chapter	Internal Control		.1 OF .3
Part	Approval of Agency Head Tr	ansactions	
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 approvals 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.
- Exceptional Performance Leave: This leave shall be granted to agency heads using the (c) 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.

Attachment A February 16-18, 2011, EQC meeting Page 3 of 3

Fiscal Officer Responsibility

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

Approval of Director's Transactions



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

Attachment C
February 16-18, 2011 EQC meeting Director's Financial Transactions
Page 1 of 50

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

Date	Destination	Reason for Travel	Total Cost	Amount Reimbursed	Net Cost to DEQ
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

Attachment C
February 16-18, 2011, EQC meeting Page 2 of 50

as defined by OAM 10.90.00.PO

1/1/10 - 12/31/10

DICK PEDERSEN

TRAVEL EXPENSE REIMBURSEMENTS

Date Destination		Reason for Travel	Total Cost	Amount Reimbursed	Net Cost to DEQ	
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	
3/28 - 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	
		Page 2				

Attachment C
February 16-18, 2011, EQC meeting Page 3 of 50

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

Date	Destination	Reason for Travel	Total Cost	Amount Reimbursed	Net Cost to DEQ
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

Attachment C
February 16 48, 2011, EQC meeting
Page 4 of 50RA 10R0127253

STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET

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Attachment C February 16-18, 20117EQC meeting Page 5 of 50

STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



319/VPT30Z20

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Attachment C February 16-18, 2011, EQC meeting Page (70) 10 R0127253
STATE OF OREGON



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OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

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1. NAME OF EMPLOYEE: 2. AGE Dick Pedersen DEQ/HG	NCY/OFFICIAL STATION: O	3. REQUEST #: 138-10
4. AGENCY ACCOUNTING INFORMATION:	5. TRAVEL JUSTIFICAT	
99 140/10 41004	J. TRAVEL JUSTIFICAT	□ No
6. PURPOSE OF TRIP: (Be specific, include dates/ti	imes of meeting or conference)	
Dick is meeting with the Yakama Nation tribal Council to discus	ss AQ projects in the Gorge. The meeting wi	ll be held early Friday, so
travel Thursday is necessary.	,	,,,,,
7. ITINERARY: Yakima Counting	8. TRANSPORTATION: (Airfare, t	rain fare or state motor
Destination city/state: Toppenish, Washington	pool vehicle (circle one). For re	
	for misc. ground transportation,	
(Lee emails.) Tues, Feb. 2 mar, 2 Departure date/time: Feb. January 7, 2010 1:00pm		
Wed. عند من من المعلقة المعلق	301 07000 20 40.00	TOTAL: #165.50
9. LODGING: Lodging per diem rate: \$70.00	10. MEALS: Daily meal per diem i	rate: 46,00' \$49.00
	Rate	# Meals Total
Amount per night: 70.00	Breakfast: (25%) //.50 42.25	1 12.25
7000	Sicalitate (25%) [11.30]	11,50
Poom tax por sight: 7.00	1t. (25%)	
Room tax per night: 7.00	Lunch: (25%) 11, 50 12.25	1 42.25
, , , , , , , , , , , , , , , , , , , ,		11.30
# of nights: 1 *	Dinner: (50%) 23.00 24.50	1 -24.50
		23.00
TOTAL: \$77.00 °		TOTAL: \$49.00
		46.00
11. CAR RENTAL: (See OAM 40.10.00.PO,	12. MISCELLANEOUS COSTS:	(Identify specific
Section .115. The State has a price agreement with		
		, venicle finteage, etc.)
Enterprise Rent-A-Car. Optional insurance will not	l l	
reimbursed).	a. Private vehicle mileage	0.00
Days @ \$31 plus tax, gas TOTAL: \$0.0	0 b. Shuttle	(# of miles)
	c. Other (specify below)	
13. TRAINING RELATED? (if yes, attach agenda)		
	·	TOTAL: \$0.00
☐ Yes ☐ No		
14. STATUS:		
Executive/Mgmt Svc:	16. ESTIMATED COST OF TRIP:	
AFSCME:	Transportation:	\$0.00-165,50
		\$77.00
Other: Explain:	Lodging:	
4.5	Meals:	\$49:00 46.00
15. TRAVEL AWARDS: Agencies are mandated to	Car Rental:	\$0.00
maintain records on employee accumulation of trav	/el Misc:	\$0.00
awards as reported on their travel expense detail		288.50
sheets. Travel awards include, but may not be limi	ited TOTAL:	288.50 \$126.00 Km
to airline frequent flyer miles and hotel or car renta	al 🔣	
frequent customer awards or miles.		
I certify that this trip is necessary and essential to the	normal discharge of DEQ responsibilites; th	nat required monies are
 budgeted and alloted for expenditure; that the trip me 	eets all the requirements mandated by ORS	292,230, OAM Policy
40.10.00, and DEQ policy.		
18. EMPLOYEE SIGNATURE	DITE	
in the late of the late	DATE: /2	22-09
19. SUPERVISOR SIGNATURE	DATE:	
20. DA/EMT SIGNATURE	DATE:	
21. MSD DA SIGNATURE	DATE: /2	1/22/09
111111111111111111111111111111111111111		z. / (

Attachment C February 16-18, 2011, EQC meeting Page 8 A) 50 R 0 127253

STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET

|--|

1. Name of Er	nployee			2. Agency				3. Period (Mo	nth and Year	r)			
	Dick F	edersen			DEQ			03.2010 ECOS					
4. Official Stat				5. Division/ Wor	k Unit			6. Regular Schedule Work Shift					
HQ - Portla				<u> </u>	OD			##8am-5		# Other	#	to _	
7. Unrepre	esented L	Managei	ment Servid	_	ve Sezice ##		Commissid	ll	Voluntel				
Bargair	ning Unit Name		AF	SCME		Other							
		10.	34			12.	individu	al Meal Reimb	ursement	13.	1.	4. Total	
8. Date	9. Time of	Time of	11.	Destination		Per Diem/	Breakfast	Lunch	Dinner	Loaging		and Lodging	
106	Departure	Amival				Hourly Allowance							
03/22/10	1:30pm		Sausalito, C	alifornia		35.50			35.50	205.00	2	240.50	
03/23/10					·	35.50 /	prov	prov	35.50	. 205.00		240.50	
03/24/10		9:00pm	Return to Po	rtland		53.25	Dr.DV.	17.75	35.50			53.25	
					· · · · · · · · · · · · · · · · · · ·								
						-							
1				,	15. Totals	124.25		17.75	106.50	410.00		534.25	
16.			17.	8.			• "		19.	20	21. Private Car	22.	
; Δ ,	ccounting Cod	les	Date	Fares Private	Miscellane Mileage, Room	eous Expenso n Tax, Teleph		xpenses	Training Related?	Rate Per Mile	Miles	Amount	
	-			Personal Ve						0.500			
			03/22/10	Marin Airpor	ter to Hote	·						20.00	
			03/24/10	Marin Airpor	ter from He	otel to Ai	rport					20.00	
									<u> </u>			<u> </u>	
			<u> </u>						ļ		<u> </u>		
												+	
09-US NEWS	8	-	4.3.23.23.22.22			co care and							
	Totals									23. Section T		\$40.00	
24. I did/	willdi	id not/will i	not acc	ept travel awa	rds as a resu	it of, or as	sociated w	ith this stat	e business	trip. Comp	letion of this	block is	
mandatory	. Travel exp	ense reimb	oursement cla	ims will not be	processed if	this block	is left blar	ik. Travel a	wards incl	luded, but ma	ay not be lir	nited to , airline	
25. REAS	yer miles and ON FOR TR	a notel or ca AVEL: (Be	ar rental frequ specific.)	ent customer	awarus or mi	ies. Revie	WITISHUCH	Una un reve	73C ULUIC	ioin,			
				mental Cou	incil of the	States	26. G	rand Total A	Amount		\$5	74.25	
				March 22-24						•		·	
	nts the stat						27. Tr	avel Advan	ce Amoun	<u>t</u>			
,									E1	(0)	(I) ¢ı	574.25 N	
					_			mount Due leceived Tra				774.23	
				30 Signati	ire of Employ	re#	31. Ti		ining	Conduc	ted Training	Date	
			d reflect actual entitled; that no	Job. Olginati		7							
part thereof	has been he	retofore clain	ned or will be		will				irector		0	4/05/10	
claimed from	any other sour	ce.		32. Approve	ad By		33. Ti	tle				Date	
			are authorized	152. Approvi	-			.00				11 /	
			ent of this claim for the period	1111	1///	/ 、		MSD A	dministrat	or		1/8/10	
	have been allo			X//////	4/1/							. , ,	
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509	~~,					[] \$\fs							
					1	3) # 3	371.9	0 (de	e med	t mmon)	1.86		
	•				<i>Q</i>			~ /-	. ,	porge	الأراسون		
					(3	3) < \$\mathbf{F}\$	18.0	Often	mour	sed by	ound	- mound	
	Formal Evanges C	aim vit (12/00)	ilehar		•			se	s this	d ypage))	party-	

Itinerary Detail - Combined

Azumano Travel

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: Lowest:

Service Fees:

Exception: GOVERNMENT FARE USED

\$343,40 \$343.40 \$28.50

Savings: Lost Amt:

\$261.00 \$0.00

Val Carrier: UNITED (UA)

Ticket #: 7839641929 Rec Locator: LG8536

Invoice #: 107515643

Inv Date: 3/11/2010

Account: OR State Dept. of Environmental

Auth 1: 34000 Auth 2: KATIE

Auth 3: 5032295990

Airline

Avg Cost/RoomNight:

PORTLAND, OR

SAN FRANCISCO, CA

1

\$343,40

\$343.40

\$28.50

\$371.90

SAN FRANCISCO, CA PORTLAND, OR

Itinerary

Avg # of

Avg Cost per Day:

3/22/2010 3/24/2010

\$0.00

13:32-15:20 14:24-16:08

UNITED (UA) UNITED (UA) Flt# Class 0055

\$0.00

Y 6074 Y

Total Cost of Trip:

of Air Trips:

Avg Cost per Trip:

Total All Charges:

Total Svc Fees:

Air Charges:

Air Totals

\$371.90

Report To	tals			_
Car Rental Total	s	Hotel Booking Tot	als	
# of Rentals:	. 0	# of Stays:	0	
# of Days Rented:	0 .	# of Room Nights:	0	
Car Rental Charges:	\$0.00	Hotel Booking Charges:	\$0.00	ĺ
Avg # of Days Rented:	0.00	Avg # of Nights:	0.00	
Avg Booked Rate:	0.00	Avg Booked Rate:	\$0.00	

Travel Reimbursement Form Oct.-07.xls

Attachment C OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY February 16-18, 2011, EQC meeting of state travel althorization

1. NAME OF EMPLOYEE:50		OFFICIAL STATI	ON:		3. REQUEST	
Dick Pedersen	DEQ/HQ				182-1	
4. AGENCY ACCOUNTING INFORMATION:			J5. IRAVEL		ION ATTACHED);
11 14010 41004 + 11-10001-42004	-M20000	2	<u> </u>			· · · · · · · · · · · · · · · · · · ·
6. PURPOSE OF TRIP: (Be specific, include				-		
Environmental Council of the States (ECOS) Spring M	leeting in Sausal	lito, California N	March 23-25,	2010. Dick	represents the	state of Oregon
at this meeting		8. TRANSPORT	TATION:	(Airforo	rain fare or st	ato motor
7. ITINERARY: Per Natic Ogrodnike, the rece	ntiesin				ntal cars, see	
Destination city/state: Sausalito	, CA dan	•	•	isportation,	•	π11,
Departure date/time: mon, March 22, 12	Francisco Acousta	TOLINISC. 8	ground crai	isportation,	SCC #12)	•
Departure date/time. From. March 22, 12	Z.OOPIII SEE			•	TOTAL:	\$300.00
					TOTAL.	\$300.00
Return date/time: Wad. March 24, 3		10 115110	D-41	I		674.00.4
9. LODGING: Lodging per diem rate: \$166.0	<u> </u>	10. MEALS:	Daily mea	l per diem i		\$71.00
* Over per dien room rate				Rate	# Meals	Total
Amount per night: 205.0	<u>00</u> *	Breakfast: (2	:5%)	17.75	2	35.50
approved						· · · · · · · · · · · · · · · · · · ·
Room tax per night: 28.7	<u>70</u>	Lunch: (25%)		17.75	3	53.25
# of nights: " ammond.	<u>2</u>	Dinner: (50%))	35.50	2	71.00
	_	· ·		•		
TOTAL: \$467.4	10	·			TOTAL:	\$159.75
11. CAR RENTAL: (See OAM 40.10.00.	PO,	12. MISCELLA	NEOUS COS	TS:	(Identify spe	cific
Section .115. The State has a price agree	ement with	expenses -	taxis, shu	ttles, phone	e, vehicle mile	eage, etc.)
Enterprise Rent-A-Car. Optional insuranc	e will not be					
reimbursed).		a. Priva	te vehicle	mileage		0.00
Days @ \$31 plus tax, gas TOTAL:	\$0.00	b. Shutt	tle		(# of miles)	<i>50.</i> 00
		. c. Othe	r (specify l	oelow)		
13. TRAINING RELATED? (if yes, attach agen	da)		\	,		50.00
(,,	,		•		TOTAL:	50,00° \$0.00
☐ Yes ☐ No	•					
14. STATUS:						
Executive/Mgmt Svc:		16. ESTIM	ATED COST	OF TRIP:		
☐ AFSCME:		Transp	ortation:		\$300.00	o′ .
Other: Explain:		Lodgin	g:		\$467.40	o ′
, <u></u>		Meals:			\$159.7	5′
15. TRAVEL AWARDS: Agencies are manda	ated to	Car Re	ntal:		\$0.00	o
maintain records on employee accumulat		Misc:			\$0.00	350.00'
awards as reported on their travel expens						- [
sheets. Travel awards include, but may r		TOTAL			\$927.1	5 2020
to airline frequent flyer miles and hotel of			-•			
frequent customer awards or miles.	or car remai	L				
I certify that this trip is necessary and esser	tial to the ner	mal disabasso o	f DEO roco	oncibilitar: t	hat required n	onios aro
		_	-			
17. budgeted and alloted for expenditure; that 40.10.00, and DEQ policy.	the dip meets	all the require	nents man	aced by Oik) 272.230, OM	it I only
					- j	·
18. EMPLOYEE SIGNATURE				DATE: 7	260	
10 SUPERVISOR SIGNATURE				DATE:		
19. SUPERVISOR SIGNATURE				DAIL.		
20. DA/EMT SIGNATURE				DATE:		
	·	· <u></u>			1 /	
21. MSD DA SIGNATURE		-		DATE: Z	2/12	
					7 Item R 00	00016
P			_			

Email sent 2/3/10, Out-of-State Travel Authorization Form.xlt

946.15

jleber 9/2008

Attachment C February 16-18, 2011, EQC meeting Page 12 of 50

AUTHORIZATIO

OGRODNIK Katie

From:

MURPHY Kathy M

Sent:

Wednesday, February 03, 2010 1:13 PM

To:

PEDERSEN Dick OGRODNIK Katie

Cc: 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

'NWW , CCOS. OYQ

-reimbursement form & directions

- \$39/nt for up to 3 nights -posted after Utg.

Attachment C February 16-18, 2011, EQC meeting Page 13 of 50

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

Attachment C February 16-18, 2011, EQC meeting Page 14750 0 RO127253



TRAVEL EXPENSE DETAIL SHEET 2. Agency 1. Name of Employee 04/2010 - ERT Trip Dick Pedersen DEQ 5. Regular Schedule Work Shift 4. Official Station 5. Division/ Work Unit HQ / Portland ☐ # Other OD 回## 8 am - 5 pm Management Servid Executive Service ## Board/Commissid_ Volunte... Unrepresented **AFSCME** Other Bargaining Unit Name 12. Individual Meal Reimbursement 14. Total Meals and Lodging Lodging Dinner Time of Destination Per Diem/ Lunch Date Departure Arrival Hourly 14.00 28.00 87.95 129.95 42.00 04/07/10 6:30am Travel to Medford 56.00 56.00 14.00 28.00 14.00 04/08/10 7:00pm Return to Portland 87.95 \$185.95 98.00 14.00 28.00 56.00 Totals Private Car Training Miscellaneous Expenses Related? Rate Per Mile Miles Amount Fares, Private Mileage, Room Tax, Telephone, Other Expenses Accounting Codes 0.500 Personal Vehicle Mileage 14010-41004 8.80 Room Tax for 4/7 4101 98.00 96.75 4106 23. Section Total \$8.80 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.) \$194.75[~] 26. Grand Total Amount Travel was for the ERT Director Field trip to Southern Oregon. 27. Travel Advance Amount \$194.75 パンク 28. Amount Due Employee/State 29. Received Training Conducted Training 31. Title Date of Employee 30. certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no 04/09/10 Director part thereof has been heretofore claimed or will be claimed from any other source. 33. Title Approved By 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.

MSD Administrator

Attachment C February 16-18, 2011, EQC meeting Page 15 010 R 0127253

STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



2. Agency 1. Name of Employee DEQ 4/18 - 4/23 - Bend Dick Pedersen 6. Regular Schedule Work Shift 5. Division/ Work Unit 4 Official Station HQ / Portland OD ☑##8am-5pm # Other to Volunte_ Executive Se lice ## Board/Commission Unrepresented Management Servic **AFSCME** Other Bargaining Unit Name 13. 14. Total 11. 12. Individual Meal Reimbursement Per Diem/ Breakfast Lunch Dinner Lodging Meals and Lodging Time of Destination Time of Date Hourly 93 Departure Arrival 6 93.00 4 138.75 15.25 30.50 04/18/10 12:00pm Leave for Bend 45.75 30.50 93.00 / 138.75 45.75 15.25 04/19/10 prov 138.75 45.75 prov 15.25 30.50 93.00 / 04/20/10 45.75 prov 15.25 30.50 93.00 / 138.75 04/21/10 93.00 / 138.75 45.75 15.25 30.50 04/22/10 prov 30.50 15.25 04/23/10 Return to Portland 30.50 prov 15.25 4pm \$724.25['] 465.001 91.50 167.75 15. Totals 259.25 17. Training Private Car Miscellaneous Expenses Related? Rate Per Mile Miles Amount Fares, Private Mileage, Room Tax, Telephone, Other Expenses Date Accounting Codes 0.500 Personal Vehicle Mileage 14010-41004 259,25 46.50 Hotel tax for 5 days (4/18 - 4/23) 4106 511.50 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.) \$770.75[^] Dick spent the week working from the Bend office. He went out in the Grand Total Amount field on tours, met with City Commnissioners and staff and met with 27. Travel Advance Amount local Senators and Representatives. \$770.75 °\ 28. Amount Due Employee/State 29. Received Training Conducted Training 31. Title Date Signature of Employee certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no 04/26/10 Director part thereof has been heretofore claimed or will be claimed from any other source. 33. Title Date 32. Approve I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim MSD Administrator 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 1604501070127253

STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



							<i>505</i>	/VPT	3062	5	
1. Name of Er	nployee			2. Agency			3. Period (Mo	nın ano real)		
	Dick F	Pedersen		DEC	<u></u>				2010 - EQC	Meeting	· · · · · · · · · · · · · · · · · · ·
 Official Stat 				5. Division/ Work Unit			6. Regular Sc	hedule Work	: Shift		
HQ / Portla	nd			OD		7	##8am-5	pm 🔲	# Other	1	to _
7. Оптерго	esented 🗆	Manager	ment Servid	Executive Service ##	Board/0	Commissid		Volunte			Ì
Bargair	ing Unit Name	П	AF	SCMÈ	Other						
			1		1						
8.	9.	10.	11.		12.		ıal Meal Reimb		13.		Total
Date	Time of	Time of		Destination	Per Diem/ Hourly	Breakfast	Lunch	Dinner	Lodging	· Meals a	and Lodging
796	Departure	Arrival	1		Allowance	,					
04/28/10	6:30am		Travel to Cod	os Bay	34.50		11.50	23.00	70.00 🖊	10	04.50
04/29/10					0	prov	prov	prov	70.00	7	0.00
04/30/10				-	23.00	prov	prov	23.00	70.00	9	3.00
05/01/10		12:00	Return to Po	rtland	11.50	ргоу	11.50			1	1.50
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43942 JOSEP	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.			15. Totals	69.00		23.00	46.00	210.00	\$2	79.00
			47		09.00		25.00	19.	20		22.
16.		· · · · · · · · · · · · · · · · · · ·	17.	8. Miscellan	eous Expense	es		Training	20	Private Car	22.
Ac	counting Cod	les .	Date	Fares, Private Mileage, Rooi			xpenses	Related?	Rate Per Mile	Miles	Amount
14010	41004		F	Personal Vehicle Milea	age				0.500		
	4101	1,9,00	F	Room Tax for 4/28 - 5	/1						16.80
		226.80	x	•		•			ł		
				· · · · · · · · · · · · · · · · · · ·							
					•						
									23, Section Te	ntal	/
	Totals	295.80									\$16.80´
24. I did/	will di	d not/will r	ot 🔼 acc	ept travel awards as a resi	ult of, or ass	sociated w	ith this state	e business	trip. Compl	etion of this	block is
mandatory	. Travel exp	ense reimb	ursement clai	ms will not be processed i	f this block	is left blan	ik. Travel a	wards incl	uded, but ma	ay not be lim	ited to , airline
Trequent fly	er miles and ON FOR TR	inotel or ca Δ\/FI · /Ro	ar rental frequi	ent customer awards or m	iles. Reviel	W INSTRUCT	ons on reve	rse or me	тогт.		
				oeing held in Coos Ba	W	26 G	rand Total A	mount		\$2	95.80′
				ilso a town hall meetir		20. 0.	Tana Totarr	***************************************			
-	•	1, 2010. 1	nele was a	iso a town hair ineetii	iñ ucin	27 Tr	avel Advan	ce Amous	· 		
on April 2	zoin.					27. 11	dvc17 ldvd1)	00 / 4110417	<u> </u>		-4
					•	28 Ar	nount Due	Employee	State	\$2	95.80 າ ^{ປາ^ໄ້}
		-					eceived Tra			ed Training	
	» · ı			30. Signature of Emplo	VPP	31. Ti		ming	Conduc		Date
			reflect actual nittled; that no	Job. Olgradulg of Emplo	,		uc			•	Julo
			ed or will be	1 1/1//-			D	irector		05	/03/10
claimed from	any other sour	ce.		XWIV	, , , , , ,						
L certify that t	he ahove claim	ned expenses	are authorized	32. Approved By	/ /.	33. Ti	tie			İ	Date 1
		•	ent of this claim	I HAAA SI	1/1/ /	1	MCD A	dministrat	or	,	1//
	in the appro		for the period	SAHH IH	411/		MOD A	dministrat	U1	51	15 IN

Attachment C February 16-18, 2011, EQC meeting Page (RA) 10R0127253

STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



								c	<u>/ V F</u>	1000	9 /	
1. Name of Er	nployee			2. Agency				3. Period (Mo	nin and Year)		
	Dick P	edersen			DEQ	! <u></u>				05/2010 - ER	T Trip	
4. Official Stat	ion			5. Division/ Work Unit				6. Regular Sc	nedule Work	Shift		
HQ / Portla	nd		•		OD			## 8 am - 5		# Other		to _
7. Unrepre	sented	Manager	nent Servic	Executive Se	∠lice[##	Board/C	commissid		Volunte_			
Bargain	ing Unit Name	П	AF	SCME		Other						
y =	<u> </u>		<u> </u>							1		
Date	9. Time of Departure	10. Time of Aπival	11.	Destination		12. Per Diem/ Hourly	Individu Breakfast	al Meal Reimb Lunch	Dinner	13. Lodging		. Total and Lodging
05/04/10	8:30am		Travel to LaC	Brande, Oregon		Аllowance 34.50 °		11.50	23.00	70.00	10	04.50
05/05/10	O.OOdini,		Joseph, Oreg			46.00	11.50	11.50	23.00	70.00	. 1	16.00 ′
05/06/10		4:00pm	Return to Po		34.50	46-00	11.50	11.50	11.50		-4	6.00 34.50
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						115.00					a	55.00'
5.4.8.6				15.	Totals	4	23.00	34.50	57.50	140.00		66.50
16.			17. 1	8.		1		1	19.	20	21.	22.
10.			! '''			eous Expense			Training		Private Car	
	counting Cod	les	Date	Fares, Private Miles			one, Other E	xpenses	Related?	Rate Per Mile 0.500	Miles	Amount
14010-	41004			Personal Vehicle	e Miles	ige			 	0.500		
			<u> </u>					· · · · · · · · · · · · · · · · · · ·				12.60
		115.00		Room Tax for 5/	4 & 5/s	<u> </u>						12.00
	-4106	152.60	ļ		.							
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		-			W. 100 V.S.							-
	Totals	267.60							41.5	23. Section Te	otal	\$12.60
24. I did/ mandatory	will di	id not/will r	notacc	ept travel awards a ims will not be proc	essed it	f this block i	is left blan	k. Travel a	wards incl	luded, but ma	etion of this ay not be lim	block is lited to , airline
frequent fi	ver miles and	hotel or ca	ar rental frequ	ent customer awar	ds or m	tes. Reviev	<u>w instructi</u>	ons on reve	erse of the	тогт.	<u>ئ</u>	67.60'
	ON FOR TR as for the			ip to Eastern O	regon		26. G	rand Total A	Amount		**	79.10
÷						-	27. Tr	avel Advan	ce Amoun	t		
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		,		. /3			-	mount Due			372	13.16'
				120 0: //	· · ·	<u> </u>		eceived Tra	uning	Conduc	ted Training	Data
			reflect actual	30. Signature o	r Emplo	gee/	31. Ti	ue				Date
part thereof		retofore claim	entitled; that no ned or will be	Dunk	//				irector		05	5/07/10
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duty required	Lexpenses. Fu	inds for payme	are authorized ent of this claim for the period	TIM	7//	//_		MSD A	.dministrat	tor	Š,	/1/10
	have been allo	_		XAHHHU V	<i>-////</i>		<u>-</u>				/	1100

Attachment C February 16-18, 2011, EQC meeting Page 18 of 50R 0 127253 000 (RA

STATE OF OREGON



TRAVEL EXPENSE DETAIL SHEET 1. Name of Employee 2. Agency DEQ 05/2010 - North Coast - Corvallis Dick Pedersen 6. Regular Schedule Work Shift 5. Division/ Work Unit 4. Official Station HQ / Portland OD 델##_8am-5pm # Other Volunte__ Executive Se lice ## Board/Commissid Unrepresented Management Servic **AFSCME** Other Bargaining Unit Name Individual Meal Reimbursement 13. 14, Total 11. 12. Meals and Lodging Per Diem/ Breakfast Lunch Dinner Lodging Destination Time of Time of Date Departure Ноипу Arrival +10 23.00 70.00 104.50 11.50 05/11/10 -6:30am Travel to Netarts, Oregon 34.50 116.00 ′ 23.00 70.00 46.00 11.50 11.50 05/12/10 116.00 7 Corvallis, Oregon 46.00 11.50 11.50 23.00 70.00 05/13/10 23.00 💆 23.00 11.50 11.50 05/14/10 6:00pm Return to Portland prov \$359.50 210.001 34,50 34.50 80.50 15. Totals 149.50 Private Car Training Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses Rate Per Mik Miles Amount Date Accounting Codes 0.500 Personal Vehicle Mileage 14010-41004 1.40 / Tax for 5/11 & 5/12 4101 149.50 7.00 ~ Tax for 5/13 41010 218,40 23. Section Total \$8.40 24. I did/will did not/will not 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.) \$367.90² Grand Total Amount 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. 27. Travel Advance Amount 05 U School of Chemical, Biological, + \$367.90 火グ Environmental Engineering Board meeting 28. Amount Due Employee/State 29. Received Training Conducted Training 30. Signature of Employee 31. Title Date certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no 05/17/10 Director part thereof has been heretofore claimed or will be claimed from any other source. 33. Title

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

MSD Administrator

Attachment C February 16-18, 2011, EQC meeting Page 10R0127253

STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET

Name of Employee



DICK Pegersen 4. Official Station				5. Division/ Wo	DEQ.			6. Regular Schedule Work Shift				
HQ / Portla				5. DIVISION/ WO			r-:	1				
	esented []	Manage	ment Servic	Execut	OD tve Se∐ice[##]	Board/	Commissid.	##8am-5	pm L Volunte	# Other		to _
			•	FSCME		Other	·			-		
Bargar	ning Unit Name			I OCIVIE.		OBIE	<u> </u>					
8.	9.	10.	11.			12.	Individu	ıal Meal Reiml	oursement	13.	1 14	4. Total
Date	Time of	Time of		Destination		Per Diem/	Breakfast	Lunch	Dinner	Lodging	Meals :	and Lodging
	Departure	Arrival				Hourty Allowance			-			
05/17/10	10:30	·	Travel to O	ntario 70146		34.50 <		11.50	23.00	70.00	1	04.50
05/18/10			Travel to B	ıms/Hines		23.00 🔨	prov	prov	23.00	70.00		33.00 1
05/19/10						34.50	prov	11.50	23.00	70.00	. 	04.50
05/20/10				end 93/61		45.75	prov	15.25	30.50	89.99 1	 	35.74
05/21/10		5:30pm	Return to P	ortland		30.50	prov	15.25	15.25		3	30.50
	<u> </u>											
												
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					15. Totals	168.25		53.50	114.75	299.99	\$4	68.24
16.	Appearance Control to Members of the Section of the		17.	18.			•	1	19.	20	21.	22.
	ccounting Cod	lec	Date	Fares Drivat	Miscellane e Mileage, Room	ous Expense Tax Telenh		-ynenses	Training Related?	Rate Per Mile	Private Car Miles	Amount
	-41004		Caro	Personal Ve			0,,0,,0,,,0,,	хропово	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.500		7 511-4-11
11011				-								
	4101	11.8.25	05/17/10	Room Tax								7.00
	4106	328.59		Room Tax								6.30~
	,			Room Tax								6.30
			05/20/10	Room Tax						."		9.00 ′
	·										1	
96669468887027 <i>0</i> 466.07			valada Englesi (nolus)		(544-529) (584-54) (451-	vervoje vojekom povoje v	-49000000000000000000000000000000000000		A SANDONA A			
	Totals '	196.81								23. Section To	otal	\$28.60
24. I did/	will di	d not/will r	not ac	cept travel awa	rds as a resu	It of, or ass	sociated w	ith this stat	e business	trip. Compl	etion of this	block is
mandatory	. Travel exp	ense reimb	ursement cl	aims will not be							ay not be lim	nited to , airline
frequent fly	yer miles and ON FOR TR	d hotel or ca	ar rental freq	uent customer	awards or mil	es. Revie	w instructi	ons on reve	erse of the	form.		
				tarion, Orego	n Dick als	so met	26. Gr	rand Total A	Amount		\$4	96.84
				. Dick then v						;		
l .	ice on 5/20		.,,	,			27. Tr	avel Advan	ce Amoun	t		•
							:					المهمد
							28. Ar	nount Due	Employee/	'State	\$4	96.84ายา
					٦			eceived Tra	ining	Conduct	ted Training	
, ,			reflect actual	30. Signati	use of Employ	ee) /	31. Ti	tle				Date
			ntitled; that no led or will be	1 8/	11/			D	irector		05	5/25/10
1.	any other sour			1 Xu	MI		_					
I certify that t	the above claim	ned expenses	are authorized	32. Approve	ed By	_	33. Tit	tle			_	Date 1
duty required	expenses. Fu	nds for payme	ent of this claim	1/11	79/1			MSD A	dministrat	or	(1	12/11
	in the appro have been allot		for the period	X 1/1/1			-	MUUM	annioue.	У І	٧/	0/10
JOYULGE BIN	23511 4110	VAP4116		4///////								

Attachment C February 16-18, 2011, EQC meeting Page 20 (FA) 10R0127253

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STATE OF OREGON	
RAVEL EXPENSE DETAIL SHEET	3:

1. Name of E	mpioyee			2. Agency			S. PEROS (MC	anu rea	13	-			
, at		Pedersen	1	DEC)		June 2010- Seattle 6. Regular Schedule Work Shift						
 Official State HQ / Portla 				5. Division/ Work Unit			6. Regular So	chedule Worl	k Shift				
				OD 5	1 5		## 8 am - 5		# Other		to		
7. Unrepr	esented [_]	Manager	ment Servid			Commissid	إ	Voluntel_	1				
Bargair	ing Unit Name		Ai	FSCME	Other								
	_		l			1 - 25 - 5 -	-11415-5-1		40		-		
8. Date	9. Time of	10. Time of	11.	, Destination	12. Per Diem/	Individu Breakfast	al Meal Reim Lunch	Dinner	13. Lodging		I. Total and Lodging		
159	Departure	Arrival		2001111111111	Hourly	,							
00/02/40	42:45===		Traval to Ca		Allowance 35.50			35.50	159.00		94.50 ′		
06/03/10 06/04/10	12:15pm	9:30pm	Travel to Se	····	71.00	17.75	17.75	35.50	133.00		71.00		
00/04/10		a.sopin	Ketuin to re	Utilatio	71.00	17.75	11.70	00.00		· · · · · · · · · · · · · · · · · · ·	1.00		
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15. Totals 106.50 1							17.75	71.00	159.00	\$2	65.50		
16,	COUNTY TO A STATE OF THE STATE	The state of the s	17.	18.			·	19.	20	1 1	22.		
			Date	Miscellan Fares, Private Mileage, Roor	eous Expense		vnanaaa	Training Related?	Rate Per Mile	Private Car Miles	Amount		
	counting Cod	es		Personal Vehicle Milea		une, Onter E	xpenses	Vergrens	0.500	IVHES	Anodat		
17010	41004			. Greenal Vernole Minee	.90			<u> </u>	0.000	 			
	41.51	101,50	06/03/10	Room Tax				·	,		24.80		
	4150	183.80		Amtrak Ticket			·				98.00		
	4140	98.00											
		7.030.5				a, N							
						1.5				-			
						1.70							
									23. Section T	otal	\$400 pg/		
24. l did/\	Totals	1 <i>388.30</i>	J.	cept travel awards as a resu	U -6		Market and		hair Carren	(-4:£4b:-	\$122.80		
				æpt travel awards as a rest ilms will not be processed if									
				uent customer awards or mi						ay 1101 50 iii 1	mod to , an in o		
25. REAS(ON FOR TR	AVEL: (Be s	specific.)								00.00		
		id the PN\	N Director	's Meeting being held i	n	26. Gr	and Total A	\mount	,	<u> </u>	88.30		
Seattle, \	NA.							_	•				
						27. Tr	avel Advan	ce Amoun	<u>t</u>				
			•		00. 4			(0)	¢2	88 30 127 ² ~			
							nount Due						
·				30. Signature of Employ	fba	29. Re 31. Tit	ceived Tra	ining	Conduc	ted Training	Date		
			reflect actual	Job. Cignature of Employ	r.c.	J. 110				,	Date		
			ed or will be	1 Seint 12			. D	irector		06	/14/10		
claimed from	any other soun	ce.		22 4			1_				D-4-		
l certify that t	he above claim	ed expenses	are authorized	32. Approved By		33. Tit	ie				Date //		
	expenses. Fu			14/1/1/	, ·		MSD A	dministrat	ог	6	116/10		
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Attachment C February 16-18, 2011, EQC meeting Page 21 A) 50 RO127253 STATE OF OREGON

TRAVEL EXPENSE DETAIL SHEET



1. Name of E	mployee	,		2. Agency			3. Period (Mo	nth and Year	r)		
** ;	Dick F	edersen		DI	EQ				June 2010-	Boise	
4. Official Sta				5, Division/ Work Unit			6. Regular Sc	hedule Work	Shift		
HQ / Portla	and .				DD <u>-</u>		##8am-5		# Other	_	to
7. Unrepr	esented 🗆	Manager	ment Servid	Executive Sellice	## Board	Commissid_		Volunte	!		1
Bargair	ning Unit Name		AF	SCME	Other						
			1			Γ					
8.	9.	10.	†1.		12.		ual Meal Reimb		13.	1	f. Total and Lodging
Date 95	Time of Departure	Time of Arrival		Destination	Per Diem/ Hourly	Breakfast	Lunch	Dinner	Lodging		and codying
85	Departere	741114			Allowance				<u></u>	<u> </u>	
06/10/10	6:30am	8:30pm	Travel to/fron	n Boise, ID 米 <u>25</u> 5	⊘1 38.25	12.75		25.50		<u> </u>	8.25, 50
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	<u> </u>				·	1					
	<u> </u>									ļ	
		Secretary and Secretary			<u> 25.50</u>				<u> </u>		5.50
				15. Tot	als -38:25	12:75-		25.50		 	38-25
16.			17. 1		·			19.	20	21. Private Car	22.
Δ	ccounting Cod	ies	Date	міsce Fares, Private Mileage, R	llaneous Expens loom Tax. Teleph		Expenses	Training Related?	Rate Per Mile	1	. Amount
	4100+	i i	 	Personal Vehicle Mil		,			0.500		
17010	TIOUTE	<u> </u>									
	4/49	25,50	06/10/10 E	Parking at PDX						1	16.00
	7/140	1/4,00	1	andrig act by			•		· · · · ·		
- 1	7700	10.00									
			<u> </u> -							1	
	<u> </u>								23. Section T	fotal	242.22
	Totals	41.50							§		\$16.00
24. I did/	willd	id not/will r	notacc	ept travel awards as a re	esult of, or as	sociated v	vith this stat	e business	strip. Comp	letion of this	block is
mandatory	/. Travel exp	ense reimb	oursement clai	ms will not be processe	d if this block	is left blar	nk. Iravela	wards inc	luaea, but m	ay not be lin	nied to, airime
	yer miles an ON FOR TR			ent customer awards or	imies. Revie	Wilshoce	ions on teve	ise or the	tonii.		4.50'
				ting being held in Bo	nise Idaho	26. G	rand Total A	Amount		-\$	54.25
				night before, howev					,		
				6/9, travels plans cl		27. T	ravel Advan	ce Amoun	ıt		·
		ania mini	ine GO On	ora, travera piarra ci	nanged to					(<u>/)</u> -	41,50
be a day	ruip.			:	-	28. A	mount Due	Employee.	/State	\$	54.25 × 200
						~~~~	eceived Tra			ted Training	
i certify that	t all raimhuma	mente claimed	i reflect actual	30. Signature of Emp	ployee	31. T					Date
			ntitled; that no	1 7/1	· •						
			ned or will be	Sull			D	irector		U	6/14/10
claimed from	any other sour	ce.		22 Approved By		33. T	itle				Date .
I certify that	the above clair	ned expenses	are authorized	32. Approved By		33. 1	NIC .				/ /
			ent of this claim	1411111	/	_	MSD A	dministrat	or	6/	11.116
	e in the appr I have been allo		for the period	X/////////////////////////////////////						2//	6/10
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### Itinerary Detail - Combined

Azumano Travel

### Back Office Data STATE OF OREGON

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

PEDERSEN/R Actual: Lowest: Service Fees: Exception: GO	\$229.40 \$229.40 \$229.40 \$28.50 OVERNMENT FA	Savings: Lost Amt;	\$32.00 \$0.00	Ticket #: Rec Locator: Invoice #:	ALASKA AIR (AS) 7846996243 WCKMJM 107521893 5/26/2010		Account: OR State Dept. of E Auth 1: 34000 Auth 2: KATIE Auth 3: 5032295990		
			Itinerary				Airline	Fht#	Class
PORTLAN	D. 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

DERSEN/RICHA	ARD JOH				** This is	an "Exchange" re	cord. Original Ticket # was 7846	996243	•
Lowest:	\$0.00 \$0.00 328.50 NGE TICKET	Savings: Lost Amt:	\$0.00 \$0.00	Ticket #: Rec Locator:	107522448		Account: OR State Dept. of Auth 1: 34000 Auth 2: KATIE Auth 3: 5032295990	f Enviromental	
			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

Air Total	s	Car Rental Tot	als		Hotel Booking Tot	tals
# 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
<u> </u>		Avg # of Days Rented:		0.00	Avg # of Nights:	0.00
Total Svc Fees:	\$57.00	Avg Booked Rate:		0.00	Avg Booked Rate:	\$0.00
	2) \$286.40	Avg Cost per Day:		\$0.00	Avg Cost/RoomNight:	\$0.00

Attachment C
February 16-18, 2011, EQC meeting

### STATE OF OREGON AVEL EXPENSE DETAIL SHEET



TRAVEL EXPENSE DETAIL SHEET 1. Name of Employee 2. Agency DEQ June 2010 - EQC Dick Pedersen 3. Regular Schedule Work Shift 4. Official Station 5. Division/ Work Unit HQ / Portland 回## 8 am - 5 pm ☐ # Other OD Executive Se Lice ## ☐ Management Servid☐ Unrepresented **AFSCME** Bargaining Unit Name Other 14. Total Individual Meal Reimbursement 12. 8. Meals and Lodging Lodaina Destination Per Diem/ Breakfast Lunch Dinner Date Time of Time of Departure Arrival Hourly 23.00 70.00 104.50 11.50 06/15/10 7:30am Travel to Lakeview 70/40 34.50 23.00 70.00 93.00 06/16/10 23.00 1 prov prov 93.00 123.50 30.50 30.50 06/17/10 Travel to Bend 9.3/1.1 prov prov 15.25 15:25 30,50 06/18/10 15:25 ргоу 1:30pm Return to Portland 30.50 1.5.25 351.50 118.50 26.75 233.001 -\$336.25 76.50 15. Totals <del>103.25</del>-19 18. Private Car Miscellaneous Expenses Training Fares, Private Mileage, Room Tax, Telephone, Other Expenses Related? Rate Per Mile Miles Amount Date Accounting Codes 0.500 Personal Vehicle Mileage 14010-41004 9.80 Room tax for 6/15 & 6/16 118.50 4101 9.301 Room tax for 6/17 4106 252.10 23. Section Total \$19.10 370.60 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.) 37*0.60*° \$355.35 Travel was to attend the EQC meeting being held in Lakeview on 26. Grand Total Amount June 16-17, 2010. There was a town hal meeting being held on June 27. Travel Advance Amount 15th. Dick stayed in Bend the evening of June 17th to cut travel time 370.60 in half on his return to Portland for Friday, 6/18 \$355.35 7Cm 28. Amount Due Employee/State 29. Received Training Conducted Training Signature of Employee 31. Title Date certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no 06/22/10 Director part thereof has been heretofore claimed or will be . claimed from any other source. Title I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim MSD Administrator 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 24 0150
FAN 10R0127253
STATE OF OREGON

## STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET

7359

1. Name of En	прюуее			2. Agency			3. Period (Mo	nth and Yea	r)		
	Dick F	edersen		DEC	}			June 2	2010 - ERT D	Director's Tri	р
4. Official Stat	ion	,		5. Division/ Work Unit			6. Regular So	chedule Wor	k Shift		
HQ / Portla	nd			OD		E	##_8 am - 5	pm 🗀	# Other	7	to _
7. Unrepre	sented [	Manager	nent Servid	Executive Sedice ##	Board/	Commissid		Voluntel	-		
Bargain	ing Unit Name		AF	SCME	Other						
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8.	9, Time of	10. Time of	11.	Destination	12. Per Diem/	Individu Breakfast	ial Meal Reimi Lunch	Dinner Dinner	13. Lodging	i .	I. Total and Lodging
Date	Departure	Amival		, Desiriation	Houriy	Dicamast	Lunion ,	Dirition	2009119	l library.	and Loughig
00/00/40	7.00		T14-1-1		Allowance		11 50	23.00	70.00	1	04.50
06/28/10	7:30am			keview 70/46	34.50 ² 56.00 ²	14.00	11.50 14.00	28.00	88.00		44.00 /
06/29/10 06/30/10		E-20	Klamath Fal		28.00	14.00	14.00	14.00	66.00		8.00 /
00/30/10		5:30pm	Return to Po	nuang	20.00	prov	14.00	14.00			.0.00
			<u> </u>	· · · · · · · · · · · · · · · · · · ·	-					<del> </del>	
								i			<del>-</del>
· · · · · · · · · · · · · · · · · · ·										<u> </u>	
											*
			Wales Ale	15. Totals	118.50	14.00	39.50	65.00	158.00	\$2	76.50 [′]
16.	est of the temperature and and	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	17.	8.	· · · · · · · · · · · · · · · · · · ·	·		19.	20 .	21.	22.
					eous Expense			Training Related?	Data Dar Mila	Private Car Miles	Amount
	counting Cod	es	Date	Fares, Private Mileage, Room Personal Vehicle Milea		one, Other E	xpenses	Related?	Rate Per Mile 0.500	Miles	Amount
14010-	+100+			Craorial Verticie ivinee	igo				0.000	<del> </del>	
	4101	11000	06/29/10	Room Tay						<del>                                     </del>	4.90
			06/30/10			•		<del> </del>	1		7.92
	-71010	110000	00.007.10	TOOM YOU							
								· · · · ·			
	•										
						-				·	
									23. Section T	otal	640.00
	Totals	289.32	ot 🗹 acc								\$12.82
24. I did/v		d not/will n		ept travel awards as a resuims will not be processed it	ilt of, or ass	sociated w	nth this stat Ik Travel a	e pusines: wards inc	strip. Compi luded but m	etion of this av not be lim	DIOCK IS
				ent customer awards or mi						ay not be an	inted to , an inte
25. REASC	IN FOR TR	AVEL: (Be s	specific.)								/
Travel wa	as for the	ERT Direct	ctor's Field	trip to South Central C	Oregon 🕆	26. Gr	rand Total /	Amount		\$2	89.32
June 28-	30, 2010	The group	p went to L	akeview, OR and Klan	nath				•		
Falls, OR	₹.					27. Tr	avel Advan	ce Amoun	ıt		
										60	20 22 6 20
				. /			nount Due				89.32火 ^ル
•				100 0 // / / / / / / / / / / / / / / / /			eceived Tra	ining .	Conduc	ted Training	Data
•			reflect actual	30. Signature of Employ	yee	31. Ti	ae			ļ	Date
			ntitled; that no led or will be					irector		07	/01/10
	any other sour			nu	-						
) certify that #	he above claim	ned expenses	are authorized	32. Approved By		33. Ti	tle	-		İ	Date
			nt of this claim	Mist			MED A	dministrat	· ·	71	1/2
			for the period	JAAA.			IAIOD V	(G1181115032)	OI.	1/1	110
covered and i	have been allo	rea ioi expend	more.	A 777 11							1

Attachment C February 16-18, 2011, EQC meeting Page 250450/070127253

#### STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



1. Name of Employee Dick Pedersen DEQ 7/12 - 7/16 - Eugene 4. Official Station 5. Division/ Work Unit 6. Regular Schedule Work Shift HQ / Portland OD ## 8 am - 5 pm # Other Management Servic Executive Sedice ## Volunte___ Bargaining Unit Name **AFSCME** Other 12 Individual Meal Reimbursement 14. Total Date Time of Time of Destination Per Diem/ Breakfast Lunch Dinner Lodaina Meals and Lodging 103 Departure Aniva! Hourly llowan 07/12/10 11:30 am 12.75 25.50 103.00 Leave for Eugene 38.25 141.25 07/13/10 38.25 25.50 12.75 103.00 141.25 prov 07/14/10 38.25 12.75 25.50 103.00 141.25 ′ prov 07/15/10 38.25 25.50 103.001 141.25 12.75 prov 07/16/10 5:00 pm | Return to Portland 25.50 12.75 12.75 25.50 < prov 63.75 412.00 \$590.501 Totals 178.50 114.75 Miscellaneous Expenses **Accounting Codes** Fares, Private Mileage, Room Tax, Telephone, Other Expenses Related? Rate Per Mile Amount Personal Vehicle Mileage 0.500 14010-41004 Parking 7/12 5.00 4101 178.50 Parking 7/13 6.001 Parking 7/14 6.00 4106 455.24 Parking 7/16 3.001 4108 Hotel tax for 4 days (7/12 - 7/16) 43.24 \$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.) \$653.74[^] Dick spent the week working from the Eugene office. He went out in 26. Grand Total Amount the field on tours and met with local Senators and Representatives. 27. Travel Advance Amount \$653.74*1*0 28. Amount Due Employee/State 29. Received Training Conducted Training 31_Pitle Signature of Employee Date certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no 07/19/10 part thereof has been heretofore claimed or will be Director claimed from any other source, Approved By 33. Title I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim MSD Administrator 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 26 of 59 0 RO127253000

# STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



305/VPT31164

1. Name of E	mployee			2. Agency		•	3. Period (Mo	nth and Yea	г)		
	Dick P	edersen		DEC	,				7/20 - 7/	23	•
4. Official Stat		00010011		5, Division/ Work Unit			6. Regular Sc	hedule Worl	k Shift		
HQ / Portla	ind-			OD		~	##8am-5	pm [	# Other		to
7. Unrepre	esented L	Manager	ment Servic	1	Board/	Commissid		Volunte			
Baroair	ning Unit Name		Α	FSCME	Other						
	l						· ·		1	· ··· ·· ··	
8.	9.	10.	11.		12.	lndividu	ıal Meal Reimb	ursement	13.	14	. Total
Date	Time of	Time of		Destination .	Per Diem/	Breakfast	Lunch	Dinner	Lodging	Meals a	and Lodging
120	Departure	Amval			Hourly Allowance						
07/20/10	8:30am		Leave for B	end	45.75		15.25	30.50	115.00	1	60.75 ′
07/21/10					30.50	prov	prov	30.50	115.00	1	45.50 /
07/22/10					0	prov	prov	prov	115.00	1	15.00
07/23/10		4:00pm	Return to P	ortland	30.50	prov	15.25	15.25		3	30.50
			***								
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				••							
				,							
							· ·	· · · · · · · · · · · · · · · · · · ·			
				11 1 11							
	Y KANA YA			15. Totals	106.75		30.50	76.25	345.00	\$4	51.75
16.			17.	18.	75577 5	<u> </u>	L	19	20	21.	22.
70.					eous Expense	:S		Training		Private Car	
	counting Cod	es _.	Date	Fares, Private Mileage, Room		one, Other E	xpenses	Related?	Rate Per Mile	Miles	Amount
14010-	41004			Personal Vehicle Milea	ge				0.500		
				*1-4-14 f 0 d (7)	00 7/00						51.75
	4/101	26,19		Hotel tax for 3 days (7/	<u> 20 - 7123</u>	)					51.75
	4106	99.19									
		80.06		-							
	4433	297.56		-			· · · · · · · · · · · · · · · · · · ·				
					· · · · · · · · · · · · · · · · · · ·						
HARANGANTALISA				, Parantistas valdes entriksiksiksi			vaeneareare	155-\$400.ban/\$			
	Totals	503.50							23. Section To	otal	\$51.75
24. <b>i did</b> /\	vill di	d not/will r	ot ac	cept travel awards as a resu	It of, or ass	ociated w	ith this state	business	trip. Compl	etion of this	
				aims will not be processed if							
				uent customer awards or mi	les. Reviev	v instruction	ons on reve	rse of the	form.		
	ON FOR TRA			AIA Camfaman aa 7/04 7	100	26 0	and Total A	maunt		\$5	03.50
				WA Conference 7/21-7		20. GI	anu rotai P	inount		ΨΟ	00.00
DICK was	an invited	speaker	and prese	ented the morning of 7/2	23.	27 T-	oval Advan	- Amour			-
						21. 15	avel Advan	e Amoun	Į.		
		•		:		20 4-	nauni Dua I	Employees	Ctoto	\$5	03.50 $\mathcal{R}^{\gamma^{\mathcal{N}}}$
			,	_			nount Due I eceived Tra				33.00 70.
· · ·	-nh		mRnat ==t.	30. Signature of Empty	ree	31. Tit		ining	CONTRACT	ed Training	Date
	all reimbursen expenses or						',				
part thereof	has been her	etofore claim		11/2/19			D	rector		. 08	/02/10
claimed from	any other source	e.		150 Append D	2	20 .77					Doto
I certify that t	he above claim	ed expenses	are authorized	32. Approved By		33. Ti	и <del>с</del>				Date
	expenses. Fur			11/11/11/11/11		1	MSD A	dministrat	nr ·	81-	110
ſ	in the appro			X						. 0/2	-//

Attachment C February 16-18, 2011, EQC meeting Page 770 50 0R0 127253

# STATE OF OREGON



TRAVEL EXPENSE DETAIL SHEET 2. Agency 1. Name of Employee 08.2010 ECOS DEQ Dick Pedersen 6. Regular Schedule Work Shift 5. Division/ Work Unit 4. Official Station # Other 回##8am-5pm HQ - Portland OD Volunte.... Executive Sedice ## Unrepresented Management Servic Other **AFSCME** Bargaining Unit Name 14. Total Individual Meal Reimbursement Meals and Lodging Lodging Per Diem/ Breakfast Lunch Destination 70 Date Time of Hourly Departure Arrival 149.00 A 195.00 11.50 23.00 11.50 46.00 Whitefield, New Hampshire 5:50am 08/28/10 149.00 ^ 149.00 / A Ргоч Prov Prov 0 08/29/10 149.00 149.00 1 Prov Prov Prov 08/30/10 23.00 23.00 Prov Prov 23.00 11:10pm | Return to Portland 08/31/10 A governger diem poor note was approved By Joni Hammond \$516.00 46.00 447.00 11.50 11.50 15. Totals 69.00 Training Miscellaneous Excenses Rate Per Mile Amount Fares, Private Mileage, Room Tax, Telephone, Other Expenses Related? Accounting Codes 0.500 Personal Vehicle Mileage 14010-41004 81.78 4 Enterprise Rent a Car (50% of total bill) 4151 49.00 39.40 / Parking at PDX Airport 4150 48723 40.23 Hotel Tax 4160 121.18 \$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.) \$677.41⁻ 26. Grand Total Amount Travel was for Dick to attend the Environmental Council of the States annual meeting in Whitefield, New Hampshire August 29-31, 2010. 27. Travel Advance Amount Dick represents the state of Oregon. Dick also shared the rental with \$677.41 KT Sherri Wilson, Maryland's ECOS representative. 28. Amount Due Employee/State 29. Received Training Conducted Training Date 30. Signature of Employee 31. Title certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no 09/10/10 Director part thereof has been heretofore claimed or will be claimed from any other source. 33. Title certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim MSD Administrator

05 ne.

(1) \$ 677.41 (2) \$ 655.30 (See next spage) \$ 1,332.71

are available in the approved budget for the period covered and have been allotted for expenditure.

### Itinerary Detail - Combined

Azumano Travel

#### Back Office Data STATE OF OREGON

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

PEDERSEN/RICHARD JOH Account: OR State Dept. of Environmental Val Carrier: UNITED AIRLINES (UA) \$626.80 Savings: \$0.00 Actual: Auth 1: 34000 \$626.80 Lost Amt: \$0.00 Ticket #: 7847139074 Lowest: Auth 2: KATIE \$28,50 Rec Locator: XXQFT0 Service Fees: Auth 3: 5032295990 Invoice #: 107522489 Exception: GOVERNMENT FARE USED Inv Date: 6/3/2010 Flt# Class Airline Itinerary UNITED AIRLINES (UA) 0132 ٧ CHI-OHARE, IL 8/28/2010 06:00-11:49 PORTLAND, OR 7326 V MANCHESTER, NH 8/28/2010 13:50-16:56 UNITED AIRLINES (UA) CHI-OHARE, IL 7326 ν 17:32-19:10 - UNITED AIRLINES (UA) CHI-OHARE, IL 8/31/2010 MANCHESTER, NH 0483 V UNITED AIRLINES (UA) PORTLAND, OR 8/31/2010 20:15-22:38 CHI-OHARE, IL \$655.30 Total Cost of Trip:

		Report To	tals		·
Air Tetal	s	Car Rental Total	s	Hotel Booking To	tals
# 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
		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 \$655.30	Avg Cost per Day:	\$0.00	Avg Cost/RoomNight:	\$0.00

Attachment C Attachment C OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY February 16-18, 2011, EQC meeting OUT-OF-STATE TRAVEL AUTHORIZATION 2. AGENCY/OFFICIAL STATION: REQUEST #: Dick Pedersen DEQ/HQ 5. TRAVEL JUSTIFICATION ATTACHED? 4. AGENCY ACCOUNTING INFORMATION:

11 14040 41004		M 165	□ NO	
6. PURPOSE OF TRIP: (Be specific, include dates/time	s of meeting or o	conference)		•
Environmental Council of the States (ECOS) Annual Meeting being	held in Whitefield	, New Hampshire A	ugust 29-31, 2010.	Dick represents
the state of Oregon at this meeting.				-
7. ITINERARY: Coos Country	8. TRANSPORT	ATION: (Airfa	re, train fare or s	tate motor
Destination city/state: Whitefield, NH	pool vehicle	e (circle one). Fo	or rental cars, sec	e #11,
	for misc. gi	round transportat	tion, see #12)	
Departure date/time: Jat. 28-Aug-10		•	•	
	- Hyung u	n tout of in Boston air	TOTAL:	\$627.00 ⁷
Return date/time: Zues. 31-Aug-10	mancheste	r Boston air	post	
	40 HEALC	Daily moal por di	om rato:	\$46.00
<u> </u>	10. MEALS:	Daily meal per di		
Over per diem room sate		Rat		Total
Amount per night: approved 149.00	Breakfast: (25	(%) 11.	50   4	46.00
by Jone				· · · · · · · · · · · · · · · · · · ·
Room tax per night: 13.41	Lunch: (25%)	11.	50 4	46.00
Lee attached smail.	-			
# of nights: 3 7	Dinner: (50%)	23.0	00 4	92.00
TOTAL: \$487.23			TOTAL:	\$184.001
11. CAR RENTAL: (See OAM 40.10.00.PO,	12. MISCELLAN	EOUS COSTS:	(Identify spe	cific
Section .115. The State has a price agreement with		•	hone, vehicle mil	
Enterprise Rent-A-Car. Optional insurance will not be	· ·	taxis, silucties, p	none, venicle nin	cusc, ccc.,
		a vahiela milaas	•	. 0.00
reimbursed). /23,00		e vehicle mileag	(# of miles)	0.00
3 Days @ \$31 plus tax, gas TOTAL: \$93.60	=		(# or nines)	
plus \$15tapes + \$15 gas	c. Other	(specify below)		30.00
13. TRAINING RELATED? (if yes, attach agenda)	waqqaq	e feed		30,00
☑Yes □No			TOTAL:	<del>50.00</del>
14. STATUS:		And the second		
Executive/Mgmt Svc:	16. ESTIMA	TED COST OF TRIF		
AFSCME:	Transpo	ortation:	\$627.0	0′
☐ Other: Explain:	Lodging	<b>;</b> :	\$487.2	3
· · · · · · · · · · · · · · · · · · ·	Meals:		\$184.0	0′
15. TRAVEL AWARDS: Agencies are mandated to	Car Ren	ntal:	-\$93.0	0123.00'
maintain records on employee accumulation of travel	B-15-6-6			o 30.00'
awards as reported on their travel expense detail		*		23 167~
sheets. Travel awards include, but may not be limited	d TOTAL:		\$1.391.2	シルグ
to airline frequent flyer miles/and hotel or car rental			***************************************	_
frequent customer awards or miles.				
		DEO 11.111		
I certify that this trip is necessary and essential to the no	_		•	
17. budgeted and alloted for expenditure; that the trip meet	s all the requirem	ients mandated by	/ URS 292.230, UA	M Policy
40.10.00, and DEQ policy.				
18. EMPLOYEE SIGNATURE		DATE:	5/14/16	
WILL SUPERIOR STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STAT			V/ 17/16	<u></u>
19. SUPERVISOR SIGNATURE THE		DATE:	5-18-10	
20. DA/EMT SIGNATURE		DATE:	1	

Email sent 5/25/10. Out-of-State Travel Authorization Form.xlt

21. MSD DA SIGNATURE

1,332.71

jleber 9/2008

Attachment C February 16-18, 2011, EQC meeting Page 30 10 10 70127 253

# STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



317/VPT31390 3. Period (Month and Year)

1. Name of E	mployee			2. Agency.			3, Регюа (мо	ntn and Yea	r)		
		Pedersen		DEC	<b>)</b>				9/2010 - Co	os Bay	
<ol> <li>Official State</li> <li>HQ / Portia</li> </ol>				5, Division/ Work Unit			6. Regular So	^			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		OD  Executive Sedice ##			## 8 am - 5	pm Volunte	# Other		to _
7. Unrepre	esented L	Manager	nent Servid_		-	Commissid 		VOIUTIE_	<b>L</b>		
Bargair	ing Unit Name		A	FSCME	Other -						
^		40		-	40	to attack	al Maral Dains		40		W
8. Date	9. Time of	10. Time of	11.	Destination	12. Per Diem/	Breakfast	al Meal Reimi	Dinner	13. Lodging	1	I. Total and Lodging
4	Departure	Arrival		•	Hourty						
09/03/10	12:00pm		Travel to C	inns Rav	Allowance 34.50		11.50	23.00	70.00	1	04.50
09/04/10	72.000111	-5:00pm	Return to P		23.00	prov	11.50	11.50	10.50		23.00
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SERVICE VIEW VIEW IS					57.50						
				15. Totals	34.50		23.00	34.50	70.00 1		27.50
16.	· · · · · · · · · · · · · · · · · · ·		17.	18.	eous Expense			19. Training	20	21. Private Car	<b>2</b> 2.
Ac	counting Cod	es	Date	Fares, Private Mileage, Roor			xpenses	Related?	Rate Per Mile	Miles	Amount
14010-	41004			Personal Vehicle Milea	age				0.500		
		1							_		
	4101	57.50		Room Tax							5.60
	4106	75.60									
		·									
anti della sessione son	г										
	Totals	133,10							23, Section To	otal	\$5.60
24. I did/v	vill di	d not/will n	ot 🗹 ac	cept travel awards as a resu	ult of, or ass	ociated w	ith this state	e business	trip. Compl	etion of this	block is
mandatory.	Travel exp	ense reimb	ursement cl	aims will not be processed it	f this block i	s left blan	k. Travel a	wards incl	uded, but ma	ay not be lim	ited to , airline
frequent fly	er miles and	hotel or ca	r rental freq	uent customer awards or mi	iles. Reviev	v instructio	ons on reve	rse of the	form.		
	ON FOR TR			nity with Senator Merkle		26 Gr	and Total A	mount		\$1	33.10
Haverwa	וט מננכוו	u a Medic	1 Opportu	inty with ochator wich it	=y	20. 01	and rotain	uncont		<u> </u>	-
				:		27. Tr	avel Advan	ce Amount			
					•				•		نامه .
						28. An	nount Due I	Employee/	State	\$1	33.10 7 ^{L 7^N}
							ceived Tra			ed Training	
I certify that	all reimbursen	nents claimed	reflect actual	30. Signature of Employ	yee	31. Tit		×			Date
	expenses or						_			00	14040
	has been her any other source		ed or will be	1 Wu/4			ט	irector		. 08	)/10/10
				32. Approved By	7	33. Tit	le			<del></del>	Date
	ne above claim expenses. Fui				•			-			/ /
are available	in the appro	ved budget f	or the period				MSD A	dministrate	or	91	hullo 1
covered and )	nave been allot	ted for expend	iture.	NHHH V							4/10

I for dup.

Attachment C February 16-18, 2011, EQC meeting Page 3 PO 0 0 0 2 2 2 5 3

# STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET

1	

2. Agency 1. Name of Employee 9/2010 - EPA Seattle DEQ Dick Pedersen 5. Division/ Work Unit Regular Schedule Work Shift 4. Official Station HQ / Portland OD ☑##8am-5pm # Other Executive Service ## Board/Commissid Unrepresented Management Servic Other Bargaining Unit Name 14. Total 12. Individual Meal Reimbursement 13. 10. Meals and Lodging Destination Per Diem/ Breakfast Lunch Dinner Lodging Time of Time of Date Houriv Departure Amval 17.75 159.00 4 176.75 09/07/10 8:30pm Travel to Seattle 17.75 Return to Portland 17.75 17.75 53.25 53.25 17.75 09/08/10 3:30pm \$230,00 1 159.00 71.00 17.75 17.75 35.50 15. Totals Training Private Car Miscellaneous Expenses Related? Rate Per Mile Miles Amount Date Fares, Private Mileage, Room Tax, Telephone, Other Expenses Accounting Codes 0.500 Personal Vehicle Mileage 14010-41004 24.80 Room Tax 4151 71.00 20.001 Taxi to downtown (Dick shared fare with others) 183-80 4150 2.50 2 Train to Airport 4140 22,50 23. Section Total \$47.30 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.) \$277.30 Travel was to attend a meeting at the EPA headquarters in Seattle. 26. Grand Total Amount 27. Travel Advance Amount (U\$277.30 °k 28. Amount Due Employee/State Conducted Training 29. Received Training Date 31. Title certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no 09/10/10 Director part thereof has been heretofore claimed or will be claimed from any other source. 33. Title I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim MSD Administrator are available in the approved budget for the period

05 ruc.

covered and have been allotted for expenditure.

(1) \$277.30

(3) \$ 247.90 (See nest page)

1

## Itinerary Detail - Combined

Azumano Travel

#### Back Office Data STATE OF OREGON

Trip Departures from 09/02/2010 to 09/12/2010 Report Parameters: Last Name = PEDERSEN

PEDERSEN/RICHARD JOH

Lowest:

PORTLAND, OR

Service Fees:

\$219.40 \$219.40 \$28.50

Exception: GOVERNMENT FARE USED

Savings: Lost Amt: \$0.00 \$0.00 Val Carrier: ALASKA AIR (AS)

Ticket#; 7848472130

Rec Locator: X4VNZK

Invoice #: 107527863

Account: OR State Dept. of Environmental

Auth 1: 34000 Auth 2: KATIE

Auth 3: 5032295990

Airline

Inv Date: 8/30/2010

Itinerary SEATTLE TACOMA, WA PORTLAND, OR

9/7/2010 9/8/2010 20:30-21:20 14:00-14:48

ALASKA AIR (AS) ALASKA AIR (AS)

Flt# Class 2478 L 2181 L

SEATTLE TACOMA, WA Total Cost of Trip:

\$247.90

		Report To	tals		<u> </u>			
Air Totals	s	Car Rental Total	s	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			
		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) \$247.90	Avg Cost per Day:	\$0.00	Avg Cost/RoomNight:	\$0.00			

Attachment C February 16-18, 2011, EQC meeting

## Page 33 PA 10R0127253 STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET

1. Name of Employee



DEO

9/2010 - Astoria

4. Official Stat		Cuersen		5. Division/ Work Unit		6. Regular Schedule Work Shift								
HQ / Portla	nd			OD		5	##8am-5	to						
7. Unrepre	sented	Manager	nent Servid		·Board/0	Commissid		Volunte	#. Other					
Bargain	ing Unit Name	П	AF:	SCME	Other	1								
		i												
8,	9.	10.	11.		12.	Individu	ral Meal Reimb	ursement	13.	14	. Total			
Date	Time of	Time of		Destination	Per Diem/	Breakfast	Lunch	Dinner	Lodging	Meals a	and Lodging			
92	Departure	Arrival			Hourly Allowance					ĺ				
09/09/10	8:00am		Travel to Asto	oria	^		prov	prov	92.00	9	2.00			
#09/ <b>08/</b> 10		4:00pm	Return to Por	tland	25.50	prov	12.75	12.75		2	5.50			
10														
									م					
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				•		•								
				15. Totals	25.50		12.75	12.75	92.00	\$1	17.50			
16.			17. 18		•		•	19.	20	1	22.			
			Date	Miscelland Fares, Private Mileage, Room	eous Expense		VROBEOG	Training Related?	Rate Per Mile	Private Car Miles	Amount			
	- 41004	1		Personal Vehicle Milea		nic, Onici L	жронаса	TODAGO.	0.500		, usedin			
1-4010	- F100-F		'	Orderica Vernore militar	90									
	4101	25.50	l F	Room Tax							9.20			
	4106	101.20	·	· ·										
	FILL	101.21												
									L					
			İ											
<b>\$</b> \$ (3) (5) (\$)	Ì .					8-31-51-6	(多)选进(8)		23, Section Te	otal	22.22			
	Totals	126.70									\$9.20			
24. I did/v				ept travel awards as a resu										
				ms will not be processed if ent customer awards or mi						ay not be nin	neu to , annie			
25. REASC	N FOR TR	AVEL: (Be	specific.)	SIT COSTOTICS EWELOS OF ISE	ics. Iterici	* illibit dog	0110 011 1010							
Travel wa	as to atten	d the Der	partment of	Aġ Board meeting in /	Astoria	26. Gi	rand Total A	mount		<u>\$1</u>	26.70			
				nd Commissioner O'k										
-	nded this i			A ₁ ¹		27. Tr	avel Advan	ce Amoun	t	•				
		•				1					26.70 1 ^L 1			
		*				28. Ar	nount Due I	Employee/	State	\$1	26.70 °			
							eceived Tra	ining	Conduct	ted Training				
			reflect actual	30. Signature of Employ	ree	31. Ti	tie .				Date			
			ntitled; that no ed or will be	M/h			n	irector		10	)/04/10			
3'	any other sour		CG OI 1835 DC	Wuln										
				32. Approved By		33. Ti	tle				Date ,			
_		•	are authorized ont of this claim	11111						,	//			
			for the period	VAAAX HI			MSD A	dministrate	or	k	15/10			

Attachment C
February 16-18, 2011, EQC meeting
Page 34.3758
| 10 Ro 127253
STATE OF OREGON



TRAVEL EXPENSE DETAIL SHEET Name of Employee 2. Agency DEQ 9/2010 - Pendleton Eugene Dick Pedersen 5. Division/ Work Unit 6. Regular Schedule Work Shift 4. Official Station HQ / Portland OD 口###8am-5pm # Other Executive Sd lice ## Volunte Unrepresented Management Servic Board/Commissid_ **AFSCME** Other Bargaining Unit Name 12. Individual Meal Reimbursement 11. 14. Total Destination Per Diem/ Breakfast Lunch Dinner Lodging Meals and Lodging Date Time of Time of Hourly Departure Arrival 11.50 81.50 70.00 < 09/22/10 8:00pm Travel to Pendieton 7 6 11.50 Travel to Eugene 10.3/51 25.50 103.00 128.50 09/23/10 25.50 prov prov Return To Portland 12.75 12.75 09/24/10 11:00am prov 12.75 173.00 \$222.75 12.75 37.00 15. Totals 49.75 Training Private Car Miscellaneous Expenses Rate Per Mile Date Fares, Private Mileage, Room Tax, Telephone, Other Expenses Amount Accounting Codes 0.500 Personal Vehicle Mileage 14010-41004 7.80 Room Tax 9/22 4101 49.75 10.82 Room Tax 9/24 4106 191.62 6.00 1 Parking for Public Health Presentation 1000 9/24/10 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.) \$247.37 [^] Dick went to Pendleton for a meeting with the EPA and Umatilla tribe. 26. Grand Total Amount The meeting was all day 9/23, he then flew home and drove to 27. Travel Advance Amount Eugene to represent DEQ at the League of Oregon Cities Conference. He then drove to Portland to present at the Public Health \$247.37 1 28. Amount Due Employee/State Advisory Board Meeting Conducted Training 29. Received Training 30. Signakaje of Employee 31. Title Date certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no 10/04/10 part thereof has been heretofore claimed or will be Director claimed from any other source. 33. Title pproved B I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim MSD Administrator are available in the approved budget for the period covered and have been allotted for expendite

(1) \$247.37

(2) \$ 277.00 ( Su nept page)

# 524.37

Itinerary Detail - Combined





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 Environmental

 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

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

Total Cost of Trip: \$277.00

		Report To	tals				
Air Total	5	Car Rental Total	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		
		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		
Fotal All Charges:	<b>3</b> \$277.00	Avg Cost per Day:	\$0,00	Avg Cost/RoomNight:	\$0.00		

Attachment C February 16-18, 2011, EQC meeting Page 36 (R56) 10 R 0127253

# STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



1. Name of Employee Dick Pedersen DEQ 4. Official Station 5. Division/ Work Unit 6. Regular Schedule Work Shift HQ / Portland OD ☑##8am-5pm ☐ # Other Unrepresented Management Servic Executive Sellice ## Board/Commissid **AFSCME** Bargaining Unit Name Other 11. 12. Individual Meal Reimbursement 14. Total Date Time of Time of Destination Per Diem/ Breakfast Dinner Lodging Lunch Meals and Ledging Departure Arrival Hourty Allowance 10/10/10 12:30pm 30.50 88.00 Leave for Bend 30.50 88/41 118.50 10/11/10 8:00pm Return to Portland 30.50 30.50 30.50 prov ргоч \$149.00 15. Totals 61.00 61.00 88.00 Miscellaneous Expenses Training Private Car Accounting Codes Date Fares, Private Mileage, Room Tax, Telephone, Other Expenses Related? Rate Per Mile Miles Amount 14010-41004 Personal Vehicle Mileage 0.500 4101 Hotel Tax 61.00 10.187 <del>16.34</del> 98.18 4106 Resmt Fee 4104 23. Section Total 165.34 \$16.34 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.) \$165.34 Dick headed to Bend to speak at the OFIC Conference being held 26. Grand Total Amount October 10-12, 2010. 27. Travel Advance Amount \$165.34 7LM 28. Amount Due Employee/State 29. Received Training Conducted Training I certify that all reimbursements claimed reflect actual Signature of Employee 31. Title Date duty required expenses or allowances entitled; that no Director 10/15/10 part thereof has been heretofore claimed or will be claimed from any other source. 33. Title 32. Approved By I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim MSD Administrator are available in the approved budget for the period covered and have been allotted for expenditure



### STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



1. Name of Employee 11.2010 EQC EMT Retreat DEQ Dick Pedersen 5. Division/ Work Unit 4. Official Station HQ / Portland ☐ # Other OD ##8am-5pm Volunte__ Unrepresented ☐ Management Servid☐ Executive Se_lice ## Board/Commissid AFSCME Bargaining Unit Name Individual Meal Reimbursement 14, Total 11. Meals and Lodging Per Diem/ Breakfast Lunch Lodging Destination Date Time of Time of 97 Hourly Departure Arrival llowanc 12.75 25.50 97.00 135.251 11/17/10 8:30am 38.25 Eugene 25.50 97.001 25.50 122.50 11/18/10 prov prov 12.75 12.75 12.75 11/19/10 4:30pm Return to Portland prov prov \$270.501 12.75 63.75 194.00 Totals 76.50 Private Car Miscellaneous Expenses Training Miles Related? Rate Per Mile Accounting Codes Date Fares, Private Mileage, Room Tax, Telephone, Other Expenses Amount Personal Vehicle Mileage 0.500 14010-41004 20.38 Hotel Tax 76,50 4101 4106 214.38 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.) \$290.88 26. Grand Total Amount Travel was to speak at the Association of Oregon Counties Fall Conference on November 17, then attend the EQC EMT Retreat 27. Travel Advance Amount November 18 and 19, 2010. Both meetings were held in Eugene. \$290.88 28. Amount Due Employee/State 29. Received Training Conducted Training 31. Title Date Signature of Employee certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no 11/23/10 Director part thereof has been heretofore claimed or will be claimed from any other source. 33. Title certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim MSD Administrator 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 3 (1971) 17253

## STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



3. Period (Month and Year)

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778871162		Pedersen_		DEC	}		11/29 - 12/3 The Dailes  6. Regular Schedule Work Shift										
<ol> <li>Official State</li> <li>HQ / Portla</li> </ol>				5. Division/ Work Unit		_	_										
				OD			## 8 am - 8			to _							
7. Unrepre	esented 🔟	Managei	ment Servid[	Executive Service ##	Board/	Commissid	Volunte										
Bargair	ning Unit Name		Al	FSCME	Other	Ш											
8.	9,	10.	11.	, D-##	12. Per Diem/	Individu Breakfast	al Meal Reim	*	13.	1	. Total						
Date Tig	Time of Departure	Time of Arrival	:	Destination .	Hourly	DIESKISSI	Lunch	Dinner	Lodging	ivieals	and Lodging						
71-13	·			<del> </del>	Allowance												
11/29/10	9:00am	<u> </u>	The Dalles		34.50		11.50	23.00	77.00		11.50						
11/30/10					34.50	prov	11.50	23.00	77.00	<del></del>	11.50						
12/01/10					34.50	prov	11.50	23.00	77.00	<del>•                                      </del>	11.50						
12/02/10		<u> </u>		·	34.50	prov	11.50	23.00	77.00	1	11.50						
12/03/10	<u> </u>	9:00pm	Return to Po	ortland	34.50	prov	11.50	23.00			34.50.						
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				15. Totals	172.50		57.50	115.00	308.00		80.50						
16.			17.	18.	eous Expense			19. Training	20	21, Private Car	22.						
Ad	counting Cod	es	Date	Fares, Private Mileage, Room			xpenses	Related?	Rate Per Mile	Miles	Amount						
14010-				Personal Vehicle Milea		•		-	0.500								
, , , , , ,	,,,,,,				<del></del>												
	4101	172.50		Hotel Tax							27.72						
	A106	335.72								1							
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								0.00	23. Section T	otal	A						
	Totals	508.22							1		\$27.72						
24. <b>I did/</b> v	vill <u>''</u> di	d not/will n	otacc	cept travel awards as a resu	it of, or ass	ociated w	ith this stat	e business	trip. Compl	letion of this	block is						
				ims will not be processed if lent customer awards or mi						ay not be iin	ited to , ainine						
25. REASC	N FOR TRA	AVEL: (Be s	specific.)	ient castomer awards or mi	ics. Iteviev	V Iriou ucu	JII3 011 10 VC	SIGO OF BIC									
Travel wa	as to work	out of Th	e Dalles fo	or a week. There were	site	26. Gr	and Total A	Amount		\$5	08.22						
				it in Bend on Friday, 12													
				,		27. Tr	avel Advan	ce Amoun	t		-						
spoke	et the	, Cathley	renda la	inference in Bend						•	7,40						
						28. An	nount Due	Employee/	State	\$5	08.22 小パ ^{イン}						
				_			ceived Tra			ted Training	3						
I certify that	all reimbursen	nents claimed	reflect actual	30. Signature of Employ	/ee	31. Tit	le				Date						
	expenses or						_										
l'	has been her any other source		ed or will be	1/Vil		1	Ð	irector		12	/07/10						
GRANITOU HOTH	any outer south			32. Approved By	,	33. Tit	le				Date ,						
	ne above claim	•				J	• •	•			7 /						
	expenses. Fur in the appro			MAMAIL			MSD A	dministrate	ог	17	17//						
	ave been allot			X///////	د					10	111601						

Attachment C Ç February 16-18, 2011 EQC meeting Page 39 of 50 € € FINAL FINAL COPY DATE - DAY LWOP HRS HRS PRELIM WORK SCHED a CTS CTS 오 딩 SDE CTA ВĞ 皇 ä ₹ S В 윺 PAY TYPE 9 0 4 1 <u>ე</u> સ PAY BASIS Q V ဓ 23 CLASS MEAH Z7014 F 28 EMPLOYEE MONTHLY TIMESHEET # OF DAYS WORKED: 빌 27 2 8 1000000 # NOILISOA 9 33 % SIGNED, CEPATEANG TRUE AND ACCURATE <u></u> 24 SONG JOB 33 04. Lt. S OR0127253 2 Ш З 8 6 p 8 Õ W % 7 9 PHELIMINARY AND FINAL TOTALS RICHARD **EMPLOYEE:** ₫ (n 면 íZ. 168.0 80 Ξ PEDERSEN, **OREGON STATE PAYROLL SYSTEM** 13 12 ₽ FULL TIME HOURS Ξ Σ 114100414010 100.00 END DATE 01/31/10 9 11000 O. Ξ 2011 CONTRIBUTES, BASED ON NUMBER OF INCIDENTS: OTHER PAINCES START DATE 01/01/10 34000 COST CENTER DISTRIBUTION 벌 ıo ე დ FORM # AD1743 2 34000 PAYROLL AGENCY # Ø 00 5 4 5 9 7 8 6 හි සි 9 80 2 03

Attachment C February 16-18, 2011, EQC meeting Page 40 of 50 FINAL COPY TIME SHEET# DATE - DAY LWOP AA7 E SE PRELIM V WORK SCHED CTS SDE CTA L L Ä 오 4 Б 숖 PAY TYPE 5 유 8 S 1 1 3 PAY BASIS 30 59 MEAH Z7014 3 EMPLOYEE MONTHLY TIMESHEET 8 SA SA 2 ΙĽ 000000 28 Ξ 8 BY IFYING TRUE AND ACCURATE % 벌 24 2 ន <u>Q</u> 22 OR0127253 <u>ာ</u> 2 **⊄** ເກ 20 F % つ 프 프 RICHARD **EMPLOYEE:** Ω  $\propto$ 160.0 <u>න</u> PEDERSEN, OREGON STATE PAYROLL SYSTEM Ω Δ 5 72 œ FULL TIME HOURS <u>-</u>-114100414010 100.00 END DATE 02/28/10 10 11000 2 <u>ල</u> START DATE 02/01/10 34000 COST CENTER DISTRIBUTION Ø Ø 2

Attachment C February 16-18, 2011, EQC meeting Page 41 of 50 € 2 PERIOD ENDING FINAL COPY DATE - DAY LWOP WORK SCHED 55 E D ers. SDE CTA ᇊ ВG \$ ä 오 웊 ᇁ PAY TYPE 띰 4 6 2 궁 | | APPT (T ill S 3 PASIS M ဗ္ဂ Š 53 MEAH Z7014 <u>ت</u> 28 **EMPLOYEE MONTHLY TIMESHEET ₫** 27 Œ 000000 56 ľ 25 MANED, CERTIFYING TRUE AND ACCURATE % 3 24 2 23 <u>Q</u> 22 OR0127253 3 2 ব গ 20 ír li 1 % 7 Ш З RICHARD 2 9 184.0 ញ PEDERGEN; **OREGON STATE PAYROLL SYSTEM** đ (r) 렃 (K % I 114100414010 100.00 03/31/10 9 <u>Щ</u> З 11000 <u>Q</u> <u></u> OTE BALANCES
SOF: START DATE 03/01/10 **₫** 00077  $\infty$ 芷 START O/T TIME )BOO NE FORM # AD1743 PAYROLL AGENCY # 2 34000 2 <u>ω</u> ν <u>ω</u> ο ο ο ο σ ο σ ο σ

Attachment C February 16-18, 2011, EQC meeting Page 42 of 50 FINAL COPY TIME SHEET # DATE - DAY LWOP AA7 HEG HEG HEG 00 PRELIM WORK GTS CTS SDE CTA ä 오 8 오 디 ₹ 슢 PAŸ В 었 6 | | APPT TYPE 3 PAY BASIS 39 Ξ 29 MEAH Z7014 벌 28 **EMPLOYEE MONTHLY TIMESHEET** 2 27 <u>Q</u> 000000 S S 25 GERTIFYING TRUE AND ACCURATE % ∢ G 24 ŭ. 33 22 **ORO127253** <u>Ш</u> З 20 Ω Σ <u>∽</u> **∢** (i) RICHARD EMPLOYEE: 2 g/a O. 工 90 5 176.0 4 PHDERSEN, **OREGON STATE PAYROLL SYSTEM** ₩, E Do 57 S S FULL TIME HOURS % Ξ _ ທ 114100414010 100.00 END DATE 04/30/10 **₫** 9 11000 CHECK DISTRIBTN U. I Definition of incidents:

100 About 18 Absent of incidents:

200 Absent of incidents:

30 E BALANCES
30 F S S OF S START DATE 04/01/10  $\supseteq$ 34000 <u>ο</u> වි PKG FORM # AD1743 PAYROLL AGENCY # 34000 BOO NE 프 i

FINAL COPY **EMPLOYEE MONTHLY TIMESHEET** 

**OREGON STATE PAYROLL SYSTEM** 

Attachment C February 16-18, 2011, EQC meeting Page 43 of 50 gg gg FINAL 05/31 DATE - DAY TIME SHEET# AA7 PRELIM Ç Ţ B WORK SCHED CTSS CISS SDE CTA CT 0 PAY E B 오 RG 오 ۲ 랖 Š В 9 S APPT TYPE O.  $\infty$ <u>Σ</u> 3 FORECAST ე დ PAY BASIS 30 **√** 59 MEAH 27014 M FR 28 # OF DAYS WORKED: Ŧ 5 27 E E 000000 56 P 2 # NOSTEGN # 얈 SIGNED, CERTIFYING TRUE AND ACCURATE % <u>0</u> 0 S 24 SONO S 23 ₹ S 8 OR0127253 Œ. 2 工 2 EMPLOYEE ID # 3 河 9 % ر") 2 17 PRELIMINARY AND FINAL TOTALS RICHARD EMPLOYEE <u></u> 16 5 ₫ S 168,0 E L PEDERSEN, 5 王 끸 걸 FULL TIME HOURS % 114100414010 100.00 END DATE 05/31/10 유 11000 <u>ග</u> ξ 0: |L Departments, assed on number of incidents:

We balances STARTDATE O5/01/10 34000 COST CENTER DISTRIBUTION цЭ N Š FORM # AD1743
PAYROLL
AGENCY # ⊃ (n Ø 34000 BOO NE 4 2 9 2 

February 16-18, 2011 FOC feeting
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