State of Oregon

Department of Environmental Quality

Memorandum

_		21 = 21	
Date:	Febr	ruary 1, 2010	
To:	Env	ironmental Quality Commission	
From:	Joni	Hammond, Deputy Director	
Subject:	Agenda item B, Action item: Director's transactions for commission rev February 18-19, 2010 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 recommenda	tion	DEQ recommends that the Oregon Environmental Quality Commission review and approve the DEQ director's transactions seen in attachment C.	
Background		In 2001, the Department of Administrative Services adopted a policy requiring EQC review and approval of certain transactions of the DEQ director, including monthly time reports, vacation pay, travel expense and the small purchase order transaction system credit card use. In September 2001, EQC adopted a policy delegating review and approval of these transactions to the Management 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 1/1/2009 to 12/31/2009	
		Approved:	
		Section:	
		Accounting Manage	

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

Division: _____

MSD Administrator

OREG	ON ACCOUN	Number 10.90.00.PO	
Oregon Dep Administrati State Contro		Policy	Effective Date July 16, 2001
Chapter	Internal Control		.1 OF .3
Part	Approval of Agency	Head Transactions	
Section			Approval
			Signature on file at SCD

Accountability and Control Standards

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

Establishing Review and Approval Authority

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

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

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

Requirement for Internal Procedure and Review

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

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

- (b) Travel expense reimbursements: Review and approve all travel claims submitted by the agency head, whether for in-state or out-of-state travel. Ensure compliance with DAS Travel Rules OAM 40 10 00 PO as well as OAM 10 40 00 PO, Expenditures. The review and approval of travel transactions must be documented to provide an audit trail and evidence that the review complies with and was conducted in accordance with the prevailing state policies as listed.
- 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 18-19, 2010 EQC meeting
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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.

DEPARTMENT OF ENVIRONMENTAL QUALITY	Policy Number: A10.90.00.PO
POLICIES AND PROCEDURES	SEPTEMBER 20, 2001
SUBJECT: APPROVAL OF DIRECTOR'S TRANSACTIONS	PAGE 1 OF 1 APPROVAL:

INTENT: to set accountability and control standards for the review and approval of the director's financial transactions.

AUTHORITY: Oregon Accounting Manual (OAM) Policy No. 10.90.00.PO

POLICY: 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, and Small Purchase Order Transaction System (SPOTS) card purchases. This review will be performed in accordance with OAM 10.90.00.PO.

Annually, at the time of the Director's evaluation, the Commission will review the transactions approved as delegated. These post transaction reviews and approvals will be documented in the minutes of the Commission meeting.

Summary of Director's Financial Transactions as defined by OAM 10.90.00.PO 1/1/09 - 12/31/09

DICK PEDERSEN

TIME REPORTING

Summary of leave taken:

Exceptional Performance Leave 0 hours Governor's Leave 8 hours 72 hours Holiday Personal Business 24 hours 10.5 hours Sick Leave 119 hours Vacation 24 hours Furlough 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
1/25 - 1/27/09	Medford & Coos Bay	Listening sessions with Medford and Coos Bay staff; visited Medford VIP office	\$272.55	\$0.00	\$272.55
2/17 - 2/19/09	Eugene	Cultural Competency with Lee Mun Wah and John Lenssen	\$424.90	\$0.00	\$424.90
3/3 - 3/24/09	Bend; Coos Bay; Washington DC	Listening sessions and meetings with Bend office staff; met with Coquille Indian Board members; Environmental Council of the States Meeting	\$1,776.72	\$0.00	\$1,776.72
5/14 - 5/15/09	Salem & Corvallis	Various meetings in Salem; all-day meeting in Corvallis	\$130.75	\$0.00	\$130.75
6/1 - 6/3/09	Chicago	Climate Registry Board Meeting	\$1,047.94	\$0.00	\$1,047.94
7/7 - 7/10/09	Salem; Medford; Coos Bay	Visits to Western Region Offices to discuss budget and recent activity in legislature	\$389.80	\$0.00	\$389.80

Summary of Director's Financial Transactions as defined by OAM 10.90.00.PO 1/1/09 - 12/31/09 DICK PEDERSEN

TRAVEL EXPENSE REIMBURSEMENTS

Date	Destination	Reason for Travel	Total Cost	Amount Reimbursed	Net Cost to DEQ
7/14 - 7/15/09	Hermiston & Pendleton	Economic Revitalization Team Director's Field Trip to Hermiston and Pendleton area	\$155.75	\$0.00	\$155.75
7/20 - 7/24/09	Baker City; Bend	Visits to Eastern Region Offices to discuss budget and recent activity in legislature; Oregon Association of Clean Water Agencies Conference; DEQ/Deschutes County Commission Meeting	\$611.60	\$0.00	\$611.60
8/19 - 8/21/09	Newport	EQC Meeting	\$333.27	\$0.00	\$333.27
8/31 - 9/4/09	Coos Bay	Worked out of Coos Bay office; meetings held with Rep. Roblan, Sen.Verger, and the Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians along with the City Manager of	\$487.65	\$0.00	\$487.65
		Coquille			
9/10 - 9/11/09	Seaside	Water Resource Commission Meeting and Dinner	\$137.51	\$0.00	\$137.51
9/20 - 9/25/09	Kalispell, MT & Redmond, OR	Annual Environmental Council of the States Meeting; gave presentations at the Oregon Water Resource Congress Conference	\$1,283.20	\$0.00	\$1,283.20
10/6 - 10/8/09	Salem & Cave Junction	Various meetings in Salem; Economic Revitalization Team Director's Field Trip to Southern Oregon	\$273.50	\$0.00	\$273.50
10/21 - 10/23/09	Klamath Falls	EQC Meeting	\$289.84	\$0.00	\$289.84
10/26 - 10/29/09	Louisville, KY	Spoke at the Interstate Technology and Regulatory Council's Conference	\$815.15	\$815.15	\$0.00

Summary of Director's Financial Transactions as defined by OAM 10.90.00.PO 1/1/09 - 12/31/09 DICK PEDERSEN

TRAVEL EXPENSE REIMBURSEMENTS

Date	Destination	Reason for Travel	Total Cost	Amount Reimbursed	Net Cost to DEQ
11/2 - 11/6/09	Pendleton	Worked out of the Pendleton office; meetings held with Rep. Jenson, Sen. Nelson, and the Confederated Tribes of the Umatilla Indian Reservation along with the City Manager of Irrigon, Mayor of Boardman, and representatives of the Port of Morrow and the Pendleton Water Treatment Plant	\$518.20	\$0.00	\$518.20
11/8 - 11/11/09	Washington DC	State-EPA dialogue and a three region meeting; various visits on the hill	\$1,533.40	\$0.00	\$1,533.40
11/19 - 11/20/09	Seattle	Pacific Northwest Directors Mtg.	\$389.30	\$0.00	\$389.30
11/30 - 12/4/09	Medford	Worked out of the Medford office; meetings were held with Rep. Esquivel, Sen. Bates, Rep. Buckley, along with Comm. Uherbelau and a tour of the Rogue Waste Systems and NW Shot Manufacturing	\$625.20	\$0.00	\$625.20
12/8 - 12/9/09	Tillamook and Astoria	Economic Revitalization Team Director's Field Trip to Northern Oregon Coast	\$139.45	\$0.00	\$139.45
		TOTAL:	\$11,635.68	\$815.15	\$10,820.53

Attachment C February 18-19, 2010 EQC meeting Page 4 of 53

/ ORO/27253 STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



2. Agency Dick Pedersen DEQ January-09 4. Official Station 5. Division/ Work Unit 6. Regular Schedule Work Shift 8:00 am - 5:00 Portland/HQ **√** pm Other OD Management Service Executive Service Volunteer Unrepresented Board/Commission Bargaining Unit Name AFSCME Other 12. Individual Meal Reimbursement 14. Total Date Time of Time of Destination Per Diem/ Breakfast Lunch Dinner Lodging Meals and Lodging Departure Arrival Hourly Allowance 118.25 120.00 01/25/09 12:00 pm Medford 87/44 33.00 **≯** 9.75 87.00 70.00 01/26/09 Coos Bay 70/39 9.75 9.75 19.50 109.00 39.00 01/27/09 4:30 pm Portland 12.25 36.75 29.25 29.25 9.75 9.75 9.75 19.50 30.50 <u> 258. 25 °</u> 51,25 22.00 157.00 \$262.00 44:00 39.00 Totals 19. 18. Private Car Training Rate Per Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses **Accounting Codes** Related? Miles Mile Amount Personal Vehicle Mileage 0.550 14010-41004 8.70 01/26/09 Hotel tax/fee 01/27/09 Hotel tax/fee 5.60 1 4101 17430 4106 \$14.30 24. I did all 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.) 272.55 \$276.30 Listening sessions with Medford and Coos Bay DEQ staff. Also, visit 26. Grand Total Amount Medford VIP office. January 26 and 27, 2009. Travel Advance Amount 272,55 \$276.30 %# 28. Amount Due Employee/State Received Training Conducted Training 29. 31. Title Date certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no 01/29/09 Director part thereof has been heretofore claimed or will be claimed from any other source. 33. Title Date certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this Deputy Director claim are available in the approved budget for the period covered and have been allotted for expenditure.

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) 10尺の127253 STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



1. Name of Employee 2. Agency Dick Pedersen DEQ February-09 5. Division/ Work Unit 6. Regular Schedule Work Shift 4. Official Station 8:00 am - 5:00 HQ / Portland ✓ pm OD Other Executive Service Unrepresented Board/Commission Volunteer Management Service **AFSCME** Other Bargaining Unit Name 11. Individual Meal Reimbursement 14. Total Per Diem/ Lunch Meals and Lodging Date Time of Time of Destination Lodging Departure Arrival Hourly Allowance 02/17/09 1:00pm 22.00 1 22.00 100.00 122.00 1 Eugene 02/18/09 44.00 11.00 22.00 100.00 144.001 11.00 02/19/09 4:00pm | Portland 33.00 11.00 33.00 1 11.00 11.00 \$299.00 99.001 22.00 22.00 55.00 200.00 Totals 18. 19 Miscellaneous Expenses Training Rate Per Private Car **Accounting Codes** Fares, Private Mileage, Room Tax, Telephone, Other Expenses Related? Miles Personal Vehicle Mileage 0.550 158 86.90 14010-41004 Parking 2/17 and 2/18 18.001 4101 99,00 Room Tax 2/17 and 2/18 21.001 4106 221.00 4108 104.90 \$125.90 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.) \$424.90 2/17-2/19 Eugene: Cultural Competency w/Lee Mun Wah and John 26. Grand Total Amount Lenssen//////////23 Travel to Meeting in Salem from Newport. See attached personal vehicle approval form 27. Travel Advance Amount \$424.90 KIN 28. Amount Due Employee/State Conducted Training 29. Received Training Signature of Employee 31. Title Date certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no Director 03/04/09 part thereof has been heretofore claimed or will be claimed from any other source. 32. Approved By 33. Title certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this **Deputy Director** claim are available in the approved budget for the period covered and have been allotted for expenditure.

Travel Expense Claim.xit (3/08) jleber

PVM ric.

2 # 86,90 (See next page)

REQUEST FOR APPROVAL TO USE PERSONAL CAR ON STATE BUSINESS

To: Kerri L. Nelson	Date: <u>2/20/09</u>
(Supervisor)	
From: Dick Pedersen	
(Employee)	
I request approval to use my personal car for State business on	
South a second of Taxable offerd markings in Oaless	(Date)
for the purpose of: <u>Travel to attend meetings in Salem.</u>	
()(
My reason(s) for using my own car is (are): I will be on persona	
2/22/09 and will not be able to get back to Portland and then driv	ve to Salem in time to get to my
scheduled meetings on Monday, February 23, 2009.	
I am \boxtimes I am not \square asking for mileage payment. Insurance to mileage payment is requested.	erms remain the same whether or not
When I am using my own car on state business, my auto insura and the <u>loss to others</u> exceeds my own policy limits, the State's my policy limits. BUT the State will not cover any loss or damagacting within the scope of my state employment or duties. Nor walfeasance in office or willful or wanton neglect of duty.	coverage will apply to the amount over le I cause to others when I am not
It is my duty to carry liability, uninsured motorist, and personal in by law. It is up to me to carry physical damage coverage. The sphysical damage, uninsured motorist, and personal injury protections by the State. This means that the State will not pay the	State only provides coverage for stion on vehicles owned, rented, or
If I have any questions about the correct insurance coverage for State business, I will contact my own insurance agent for advice	
If I am involved in a vehicle accident while on state business, I we my agency risk coordinator.	vill promptly notify my supervisor and
Requested: Employee	2/25/09 Date 1
Litra II	-1/1-
Approved:	<u> </u>
A Private Vehicle Authorization.dot	Date Item B 000011 Revised July 2006 by j.leber

Attachment C
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ノイン・プロスタン 10代の127253 STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



1. Name of Employee Agency Dick Pedersen DEQ March-09 4. Official Station 5. Division/ Work Unit 6. Regular Schedule Work Shift 8:00 am - 5:00 HQ / Portland ☑ pm Other OD Executive Service 🗸 Unrepresented Маладетелt Service Board/Commission **AFSCME** Bargaining Unit Name Other 11. Individual Meal Reimbursement 14. Total Date Time of Time of Destination Per Diem/ Lodaina Breakfast Lunch Meals and Lodging Departure Arrival Hourly Allowance 03/03/09 7:30am 33.00 11.00 22.00 81.00 Bend 90/44 114.00 03/04/09 33:00 11.00 5:00pm Portland 11.00 11.00 33.00 03/11/09 7:30am Coos Bay 70/39 70.00 99.251 29.25 9.75 19.50 03/12/09 29.25 4:00pm Portland 9.75 9.75 9.75 29.251 Washington DC عمارهم 03/21/09 8:30am 48.00 32.00 16.00 209.00 257.001 P 16-00 257.00 2-41,00 03/22/09 lunday 48:00 prov 32.00 209.00 03/23/09 48:00 ዮዮየ፩.00 ₽52¥00 209.00 prov 257.00 209.00 noude 03/24/09 11:30pm Portland 48.00 48.00 prov 16.00 32.00 * Lee attached smail 030.50' 152,50 158.25 20,75 15. Totals 316.50 -52.75- 73.50 190.25 778.00 \$1,094.50 16. 18. 19. Miscellaneous Expenses Training Rate Per Private Car Fares, Private Mileage, Room Tax, Telephone, Other Expenses Related? Miles **Accounting Codes** Mile Amount Personal Vehicle Mileage 0.485 14010-41004 Room Tax 3/3/09 8.10 124.50 4101. Room Tax 3/11/09 5.601 4106 164.70 Room tax 3/21 - 3/24 75.12 4151 128.00 Checked Baggage for 3/21 and 3/24 30.00 4150 702.12 4154 30.00 23. Section Total 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 tental frequent customer awards or miles. Review instructions on reverse of the form. 25. REASON FOR TRAVEL: (Be specific.) Lee attacked email. 3/3 Travel to Bend for Listening sessions and meet w/ Bend office 26. Grand Total Amount staff. 3/11 Travel to Coos Bay to meet with Coquille Indian Board Members. 3/21 - 3/24 Travel to Washington DC for ECOS Meeting 27. Travel Advance Amount 1,149,32 \$1,213.32 28. Amount Due Employee/State 29. Received Training Conducted Training certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be ... Director claimed from any other source. Approved By I certify that the above claimed expenses are authorized Deputy Director 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. 155.10 05 xuc;:Travel Expense Claim.xlt - Revised Jan. 2006 by Date Chipman

2 \$ 134.10 3 \$ 1,487.52 (See attacked pagestion B 000012 \$ 1776.72

Itinerary Detail - Combined

Azumano Travel

Back Office Data STATE OF OREGON

Trip Departures from 03/21/2009 to 03/24/2009 Report Parameters: Last Name = PEDERSEN

Actual:	\$636.40	Savings:	\$860,00	Val Carrier: UN	NITED (UA)		Account: OR State Dept. of I	Enviromental	
Lowest:	\$636,40	Lost Amt:	\$0,00	Ticket #: 75	29821530		Auth 1: 34000	-	
ervice Fees:	\$28.50			Rec Locator: SL	T98E		Auth 2: DAY		
Exception: G	OVERNMENT FA	ARE USED	Invoice #: 975328985 Auth 3: 5032295990						
•				Inv Date: 2/9	7/2009	4			
			It	inerary			Airline	Flt #	Class
	PORTLAN	D,OR	CHI-OHARE	,IL	3/21/2009	08:17-14:05	UNITED (UA)	0722	Y
	. CHI-OHAR	E,IL	WAS-NATIO	NAL,DC	3/21/2009	16:05-18:51	UNITED (UA)	0620	Y
	WAS-NAT	IONAL,DC	CHI-OHARÊ	i,IL	3/26/2009	13:26-14:39	UNITED (UA)	0619	Y
	CHI-OHAR	E II	PORTLAND	O.R.	3/26/2009	15:19-17:46	UNITED (UA)	0929	Y

PEDERSEN/R	ICHAKD				11115 1	san Exchange in	cord. Original Ticket # was 75298	21000	
Actual:	-\$66.00	Savings:	\$66.00	Val Carrier:	UNITED (UA)		Account: OR State Dept. of	Enviromental	
Lowest:	-\$66,00	Lost Amt:	\$0,00	Ticket #:	7530765102		Auth 1: 34000		
Service Fees:	\$28.50			Rec Locator:	SLT98E		Auth 2: DAY		
Exception: EX	KCHANGE TICK	ET			975332465 3/16/2009		Auth 3: 5032295990		
				Itinerary			Airline	Flt#	Class
	PORTLANI	O,OR	СНІ-ОНА	RE,IL	3/21/2009	08:17-14:05	UNITED (UA)	0722	Y
	CHI-OHAR	E,IL	WAS-NAT	TIONAL,DC	3/21/2009	16:05-18:51	UNITED (UA)	0620	Y
	WAS-NAT	IONAL,DC	СНІ-ОНА	RE,IL	3/24/2009	18:40-20:00	UNITED (UA)	0629	V
	CHI-OHAR	EII.	PORTLAN	iD.OR	3/24/2009	20:39-23:10	UNITED (UA)	0321	V

		Report To	tals		•
Air Totals	1	Car Rental Total	S	Hotel Booking To	tals
# of Air Trips:	0	# of Rentals:	0	# of Stays:	0
Air Charges:	\$570.40	# of Days Rented:	0	# of Room Nights:	0
Avg Cost per Trip:	·\$0.00	Car Rental Charges:	\$0.00	Hotel Booking Charges:	\$0.00
	·	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
Total All Charges:	\$627.40	Avg Cost per Day:	\$0.00	Avg Cost/RoomNight:	\$0.00

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MURPHY Kathy M

From:

MURPHY Kathy M

Sent:

Tuesday, March 31, 2009 12:04 PM

To: Cc: PEDERSEN Dick OGRODNIK Katie

Subject:

RE: Pedersen - travel expense claim question

Dick,

Okay. I'll make the changes.

Thanks, Kathy

From: PEDERSEN Dick

Sent: Tuesday, March 31, 2009 12:01 PM **To:** MURPHY Kathy M; OGRODNIK Katie

Subject: Re: Pedersen - travel expense claim question

(3)

3/22/09

I did not get travel awards but I did make a blunder when I gave Katie my travel expenses. On Sunday - Breakfast and lunch was provided. On Monday - breakfast, lunch and dinner was provided.

3/23/09

Sorry

Dick

From: MURPHY Kathy M
To: OGRODNIK Katie
Cc: PEDERSEN Dick

Sent: Tue Mar 31 09:48:35 2009

Subject: Pedersen - travel expense claim question

Katie,

I forgot to mention box 24 on the travel expense claim. Dick needs to indicate whether he did or did not accept travel awards as a result of, or associated with this state business trip.

Travel awards can be airline miles, hotel reward points, or other credit card reward points.

Would you let me know if Dick did or did not accept travel awards as a result or, or associated with this state business trip?

Thanks, Kathy

Attachment C February 18-19, 2010 EQCOREGONO DEPARTMENT OF ENVIRONMENTAL QUALITY
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OUT-OF-STATE TRAVEL AUTHORIZATION

1. NAME OF EMPLOYEE:	2. AGENCY/OFFICIAL STATI	ON:	3. REQUEST #:	
Dick Pedersen	DEQ/ HQ		233-09	
4. AGENCY ACCOUNTING INFORMATION:		5. TRAVEL JUSTIFICATION		, .
09 14010 41004		Yes	∐ No	
1	dates/times of meeting or o			
Environmental Council of the States (ECOS) Spring mee			nit on Climate Ch	ange and
PreEmption on March 25 in DC.*Dick represents the Sta	ate of Oregon at these meeting 8. TRANSPORT		rain fare or stat	e motor
7. ITINERARY:	į.	le (circle one). For rer		-
Destination city/state: (3) Washington	, ,	round transportation,	•	· · · ,
Departure date/time: Saturday, March 21	· 1	roana cransportation,	see # 12)	694.90
Departure dates time.	, 2007 04.11		TOTAL:	5664:90
Return date/time: Thursday, March 26	5. 2009 6pm		=	
9. LODGING: Lodging per diem rate: \$209.00		Daily meal per diem r	ate:	\$64.00 /
2000 Per dem rates	_	Rate	# Meals	Total
Amount per night: 209.0	O Breakfast: (2		5	80.00
		·	,L	
Room tax per night: 25.3	5 Lunch: (25%)	16.00	62	96:00
	—			32,00
# of nights:	5 Dinner: (50%)	32.00	£4,5	160.00
	dome	neals will be		144.00
TOTAL: \$1,171.7		d. Lee attached	TOTAL:	5336.00
	chart	t t and the months of a contract	· .	256.00
11. CAR RENTAL: (See OAM 40.10.00.P	O, 12. MISCELLAI	NEOUS COSTS:	(Identify speci	fic
Section .115. The State has a price agreen	nent with expenses -	taxis, shuttles, phone	, vehicle milea	ge, etc.)
Enterprise Rent-A-Car. Optional insurance	will not be			
reimbursed).	a. Priva	te vehicle mileage		0.00
Days @ \$31 plus tax, gas TOTAL:	\$0.00 b. Shutt	tle	(# of miles)	
	c. Othe	er (specify below)	_	90.0010:00
13. TRAINING RELATED? (if yes, attach agend	la) Bagga	ge fees, tati for	<i>w</i>	90.00
			TOTAL:	<u>\$10,00-</u>
Yes No				
14. STATUS: Fxecutive/Mgmt Svc*	2012 Sales at 1912 (1912)	TED COST OF TRID.	Control of the second	
Executive/mignic sve.		ATED COST OF TRIP:	£4.64-00	694.90'
☐ AFSCME:		ortation:	\$1,171.75	
Other: Explain:	Lodgin			256.00
TRAVEL AWARDS	Meals:		\$0.00	Ower or, W.O.
15. TRAVEL AWARDS: Agencies are mandat	ale a	iildi.	=	90.00
maintain records on employee accumulation awards as reported on their travel expense	Section 1			
sheets. Travel awards include, but may no	\$600000E	•	2,212,6	5 76 m
		••		·
to airline frequent flyer miles and hotel or	Cal Telliat			
frequent customer awards or miles. I certify that this trip is necessary and essenti	al to the normal discharge of	DEO responsibilites: tha	t required monie	s are
budgeted and allated for expanditures that th	e trip meets all the requireme	ents mandated by ORS 2	92.230, OAM Pol	icy 40.10.00,
and DEQ policy.		,	·	•
18. EMPLOYEE SIGNATURE		DATE: 7	/. /. \	
Jul /			-/10/01	
19. SUPERVISOR SIGNATURE		DATE:	, , ,	
20. DA/EMT SIGNATURE		DATE:		
21. MSD DA SIGNATURE		DATE: Z	Lem B 00	0015
Out-of-State Travel Authorization Form.xlt	+ 1/11/00 (3)	140753		leber 9/2008

149750

Out-of-State Travel Authorization Form.xlt

Attachment C February 18-19, 2010 EQC meeting Page 11 of 53

RA 10R0127253 STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET

1. Name of Er	mployee			2. Agency	3. Period (Month and Year)							
	Dick D	edersen		DE	2		May-09					
4. Official Sta		·		5. Division/ Work Unit	,		6. Regular S	chedule W		<u> </u>		
HQ / Portla	ınd			OI	3	<u> </u>	ช:บับ am pm	, 100.ce - 1	Other		to	
7. Unrepre	esented L	Manager	πent Servid	Executive Sedice		Commissid		Volunte			-	
Ramain	ing Unit Name	_ \	_	 FSCME	— Other	П					· i	
Daigain	l contraction					I		-		-		
8.	9.	10.	11.	:	12.	Individua	l Meal Reim	bursement	13.	14	. Total	
[*] Date	Time of	Time of		Destination	Per Diem/	Breakfast	Lunch	Dinner	Lodging	Meals	and Lodging	
70	Departure	Arrival		,	Hourly Allowance							
05/14/09	7:15am		Salem/Corv	allis	29.25		9.75	19.50	70.00	Ç	9.25	
05/15/09		5:30pm	Return to P		19.50 ′	9.75	Prov	9.75			19.50	
						·						
			[·									
												
			-									
					1				<u> </u>		*	
			<u> </u>					†	i			
							i .	 	ļ			
		l					<u> </u>				11	
Sec. 2014 A 112	Dayakee ke w			15. Total	s 48.75	9.75	9.75	29.25	70.00	\$1	18.75	
46			17.	15. 10 221	3 40.70	3.70	0.0	19.	20	Ψ. 21.	22.	
16.			''.		neous Expense	es		Training	Rate Per	Private Car		
Ac	counting Cod	es	Date	Fares, Private Mileage, Roo		one, Other E	xpenses	Related?	Mile	Miles	Amount	
14010 -	-41004			Personal Vehicle Mile	age				0.550			
	4101	48.75		Parking 5/15					ļ		5.00	
-	4106	77.00		Room Tax 5/14							7.00	
	4108	5.00		·								
										<u> </u>		
	Totals								23. Section	Total	\$12.00	
24. l did/		1130,75	ot 🗹	cept travel awards as a re	oult of or se	sociated u	with this st	ata hueine	ec frin C	ompletion o		
z4. i ulun mandatoni				aims will not be processed								
				tal frequent customer awa								
25. REAS(ON FOR TRA	AVEL: (Be	specific.)			1					00.75/	
5/14/09 \$	Spent the	day at Sa	lem for Me	etings until 5pm. 5/1	had an	26. Gi	and Total	Amount		<u>\$1</u>	30.75	
all day m	eeting in (Corvallis I	peginning a	at 8:00am.								
	_					27. Tr	avel Adva	nce Amou	int			
				•							نام در سمان	
						28. Ar	nount Due	Employe	e/State	\$1	30.75 1\1^\infty	
							eceived Tr	aining	Conduc	ted Training		
I certify that	all reimbursen	nents claimed	reflect actual	30. Signature of Empl	pyee	31. Ti	tle				Date	
	expenses or						Di	rector		n	5/20/09	
•	has been her any other sour		ied or will be	1 Kulla			UI:	CUIUI		Ů.	JI EUI UU	
				32. Approved By		33. Ti	tle				Date .	
	he above claim			1	0							
	d expenses. vailable in the			XM Humi	イ		Deput	y Director	•	<i>≯</i> -6	21-09	
	ed and have be							·			<u> </u>	
				1)								

Attachment C February 18-19, 2010 EQC meeting Page 12 of 53

1. Name of Employee

RA 10R0127253 STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



		edersen		DEC)		June-09						
4. Official Sta HQ / Portla				5. Division/ Work Unit OD		~	6. Regular Schedule Work Shift 8:00 am - 5:00 ✓ pm □ Other to _						
7. Unrepre	esented 🔲	Manager	ment Servid	Executive Sd_lice	Board/(Commissid		Volunte					
Bargain	ing Unit Name		AF	SCME	Other		<u></u>						
8. Date	9. Time of Departure	10. Time of Arrival	11.	Destination	12. Per Diem/ Hourly Allowance	Individua Breakfast	I Meat Reimb Lunch	ursement Dinner	13. Lodging		. Totai and Lodging		
06/01/09	11:30 am		Chicago, IL	48.00	-32:00		110.00	32.00	209.00	-24	41.00 257.00		
06/02/09					0-	Prov	Prov	Prov	209.00		09.00 /		
06/03/09		8:00pm	Return to Po	ortland	32.00	Prov	Prov	32.00		3	2.00		
			<u> </u>										
	 			10.0 - 10.									
				·									
											(00 - 4 1)		
estratio		al de page de la		45 Tatala	80.00			64.00	418.00		82.00		
40			17.	15. Totals	-64:00 -		-	19.	20		22.		
16.			1'''		eous Expense	s		Training	Rate Per	Private Car			
	counting Cod	les	Date	Fares, Private Mileage, Room		one, Other E	xpenses	Related?	Mile 0.550	Miles	Amount		
1 4 010-	41004			Personal Vehicle Milea	ige		-		0.550				
	4151	80.00	06/01/09	Room Tax (14,89	70 of \$	2095				31.12	-) 34.10-		
	4150	480.24		Room Tax "	10 02 2	**				1	→ 34.10 -		
	4110	4.50		CTA - Train to Hotel							2.25		
			06/03/09	CTA - Train to Airport							2.25		
									ļ				
		, , ,			North States	a u saksanah		Salasa est		L	11.746		
	Totals	564.74							23. Section	Total	\$72.70		
24. l did/	will di	d not/will r	ot Zaco	cept travel awards as a res	ult of, or as	sociated v	vith this sta	ite busine	ess trip. C	ompletion of	this block is		
mandatory	. Travel exp	ense reimb	ursement cla	aims will not be processed i	f this block	is left bla	nk. Travel	awards ii	ncluded, bu	ut may not b	e limited to,		
airline freq 25. REAS0	uent flyer mi ON FOR TRA	iles and hot AVEL: (Be s	<u>el or car rent</u> specific.)	al frequent customer award	is or miles.	Review	nstructions	on rever	se or the R	<u>ې ک</u>	64,741		
				oard Meeting. Dick is	on the	26. G	rand Total	Amount		-\$5	54.74'		
	Directors.		• •	_									
						27. Tr	avel Advar	ice Amou					
			•			00 0				(1) 50 \$5	54.747cm		
							nount Due aceived Tra			ted Training	34,10		
Loodifu that	all reimbursen	nante claimad	reflect actual	30. Signature of Emplo	vee	31. Ti		anining	Conduc		Date		
	an reinibulsen Lexpenses or				/					0.5	VAC 100		
,	has been her any other sour		ed or will be	West lake			DIF	ector		Ub	/09/09		
				32. Approved By		33. Ti	tle	•	***************************************	•	Date		
duty required claim are a	he above claim d expenses. I vailable in the ed and have be	Funds for pa approved b	yment of this adget for the	In Am	1		Deputy	Director	The state of the s	6-	16-09		
	Suc.	(OI	-spendidle.	O # 567	4.74	I			**************************************	N A Light			
				D 483	3.20	(See	nest	page	/) in	sware Is			
Tr	avel Expense Cia	airn∟xlt (3/08) jle	ber	# 1,04	7.94					Item B 00	00017		

Itinerary Detail - Combined

Azumano

Back Office Data STATE OF OREGON

Trip Departures from 06/01/2009 to 06/03/2009 Report Parameters: Last Name = PEDERSEN

PEDERSEN/RICHARD JOH

Actual: Lowest:

\$483.20 \$483.20

Exception: GOVERNMENT FARE USED

Savings: Lost Amt:

\$366.00 \$0.00 Val Carrier: UNITED (UA)

Ticket #: 7535199173

Rec Locator: P0X9CI

Invoice #: 975338507 Inv Date: 5/29/2009

Account: OR State Dept. of Environmental

Auth 1: 34000

Auth 2: KATIE

Auth 3: 5032295990

Airline

PORTLAND,OR CHI-OHARE,IL

CHI-OHARE,IL PORTLAND,OR 6/1/2009 6/3/2009 11:17-17:14 17:45-20:04 UNITED (UA) UNITED (UA) 0928 0949

γ

Total Cost of Trip:

\$483.20

		Report To	tals		
Air Totals	s	Car Rental Total	s	Hotel Booking Tot	als
# of Air Trips:	1	# of Rentals:	0	# of Stays:	0
Air Charges:	\$483.20	# of Days Rented:	0	# of Room Nights;	0
Avg Cost per Trip: \$483.20		Car Rental Charges:	\$0.00	Hotel Booking Charges:	\$0.00
		Avg # of Days Rented:	0.00	Avg # of Nights:	0.00
		Avg Booked Rate:	0.00	Avg Booked Rate:	\$0.00
Total All Charges:	\$483.20	Avg Cost per Day:	\$0.00	Avg Cost/RoomNight:	\$0,00

Attachment C February 18-19, 2010 EQC meeting Page 14 of 53

OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY OUT-OF-STATE TRAYEL AUTHORIZATION

1. NAME OF EMPLOYEE:	1		CY/OFFICIAL STATION: 3. REQUEST #:									
Dick Pedersen		Q/HQ				311-09	· .					
4. AGENCY ACCOUNTING INFO	RMATION:		5. TRAVEL JUSTIFICATION ATTACHED? Yes No									
09 14640 41004												
			of meeting or conference)									
The Climate Registry Board of E	Firectors Meeting in Chicago,	, IL, June 2-3,	, 2009. Dick is									
7. ITINERARY:		8.	8. TRANSPORTATION: (Airfare, train fare or state motor									
Destination city/state:	Chicago, IL		•		1	al cars, see #	111,					
			for misc. gr	round transp	portation, se	ee #12)						
Departure date/time:	Monday, June 1, 2009 1	2:00pm										
						TOTAL:	\$400.00					
	Wednesday, June 3, 2009											
9. LODGING: Lodging per	diem rate: \$209.00	10	. MEALS:	Daily meal	per diem ra		\$64.00					
	-		•	F	Rate	# Meals	Total					
Amount per night:	209.00		Breakfast: (25	%) [16.00	2	32.00					
				г								
Room tax per night:	31.15		Lunch: (25%)	.[16.00	2	32.00					
				ſ	32.00 \		06.00					
# of nights:	<u>2</u>		Dinner: (50%)	I	32.00	3	96.00					
	TOTU 6400 20			•		TOTAL:	\$160.00					
	TOTAL: \$480.30					IOIAL.	3100.00					
	/6 0411 /0 /0 00 DO			EQUIC COCTO	:	(1	.: £: _					
11. CAR RENTAL:	(See OAM 40.10.00.PO,	ĺ	. MISCELLAN			(Identify spec						
	te has a price agreement		expenses -	taxis, snutt	ies, pnone,	vehicle milea	ige, etc.)					
'	. Optional insurance will	not be	a Deira	a vahiala m	ilongo		0.00					
reimbursed).	TOTAL.	¢0.00	b. Shuttl	e vehicle m	nteage	(# of miles)	- 0.00					
Days @ \$31 plus tax,	gas TOTAL:	\$0.00			.1	.						
	(***********************		c. Other	(specify be	elow)		10.00					
13. TRAINING RELATED?	(if yes, attach agenda)					TOTAL:	\$10.00					
Yes	□ No	·				1017,127						
14. STATUS:					and the Control of the Control							
Executive/Mgmt Svc:			16. ESTIMA	TED COST O	F TRIP:							
AFSCME:				ortation:		\$400.00						
Other: Explain:			Lodging			\$480.30	183					
— other Espain			Meals:			\$160.00	2					
15. TRAVEL AWARDS:	Agencies are mandated to	0	Car Rer	ntal:		\$0.00	₩					
	mployee accumulation of	~XX	Misc:			\$10.00	BI					
	their travel expense deta				-	,	-					
•	include, but may not be	7,720	TOTAL:	1		\$1,050.30						
to airline frequent fly	er miles and hotel or car i	rental	- ·		=		= *************************************					
frequent customer aw	· ·											
	necessary and essential to	the normal o	lischarge of D	EQ responsi	bilites; that	required moni	es are					
17. budgeted and alloted for and DEQ policy.	r expenditure; that the trip	p meets all th	ne requireme	nts mandate	d by ORS 29:	2.230, OAM Po	licy 40.10.00,					
18. EMPLOYEE SIGNATURE	β		•		DATE:							
West.	Kh					<u>/- 24-</u>	-09					
1 1 2 2 1	unl				DATE: 4-	27-09						
20. DA/EMT SIGNATURE					DATE:	, , , /	<i>;</i>					
21. MSD DA SIGNATURE					DATE:	124/0	7					
Out-of-State Travel Authorization	n Form vit	 	,	0.150.0	, ,	item t	\$e0000000					

Attachment C February 18-19, 2010 EQC meeting Page 15 of 53

TA) 10R0127253 STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



1. Name of Employee 2. Agency Dick Pedersen DEQ July 2009 - WR 4. Official Station Regular Schedule Work Shi ช:บบ am - ๖:บบ 5. Division/ Work Unit HQ / Portland OD рm Other to Executive Sedice Unrepresented Management Servid Board/Commissid **AFSCME** Bargaining Unit Name Other 11. Individual Meal Reimbursement 14. Total Time of Destination Per Diem/ Lodging Meals and Lodging Date Time of Breakfast Lunch Departure Hourly Allowance 07/07/09 12:30pm Salem 70/39 19.50 9.75 9.75 70.00 89.50 1 11.00 131.00 07/08/09 Medford 87/44 44.00 11.00 22.00 87.00 39.00 70.00 07/09/09 Coos Bay 70/39 9.75 9.75 19.50 109.001 07/10/09 39.00 7:00pm Return to Portland 9.75 9.75 19.50 39.00 4 \$368.50 15. Totals 141.50 30.50 40.25 70.75 227.00 19. 18 Training Miscellaneous Expenses Rate Per Private Car Date Fares, Private Mileage, Room Tax, Telephone, Other Expens **Accounting Codes** Mile Amount Personal Vehicle Mileage 0.550 1-4010-41004 Room Tax 7/7 7.00 4101 141.50 Room Tax 7/8 8.70 4106 248.36 5.60 Room Tax 7/9 23. Section Total 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.) \$389.80 26. Grand Total Amount Travel was for Visits to Western Region Offices to meet with Western Region Employees to discuss budget and recent activity in legislature 27. Travel Advance Amount \$389.80 ½ T 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 07/16/09 part thereof has been heretofore claimed or will be Director claimed from any other source. 33. Title 32. Approved By Date certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this Deputy Director claim are available in the approved budget for the

period covered and have been allotted for expenditure.

Attachment C February 18-19, 2010 EQC meeting Page 16 of 53

RA 10R0127253 STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



1. Name of Er	mployee	· · · · · · · · · · · · · · · · · · ·		2.	2. Agency					3. Period (Month and Year)						
	Dick F	Pedersen				DEC	}		1	July	2009 - EF	RT Field Tri	₽	25-		
4. Official Stat		•		5.	Division/ Work Un				6. Regular : ช:00 an	Schedule W	ork Skift		······································			
HQ / Portla	ind					OD		9			Other	_	to _			
7. Unrepre	esented \Box	Manager Manager	ment Servid		Executive S	dice[Board/0	Commissid		Volunte_J						
Bargain	ing Unit Name		· A	FSC	ME		Other									
		ı	<u> </u>													
8.	9.	10.	11.				12.	_	ai Meal Reim		13.	1	4. Total			
Date	Time of Departure	Time of Arrival		D	estination		Per Diem/ Hourly	Breakfast	Lunch	Dinner	Lodging	Meals	and Lodgi	ng		
1939		7 (1114-22					Allowance			ļ						
07/14/09	5:30am	<u></u>	Hermiston/				39.00	9.75	9.75	19.50	69.95		108.95			
07/15/09		9:00pm	Return to P	ortla	nd		39.00.	9.75	9.75	19.50			39.00 💆			
			·							<u> </u>	<u> </u>					
· · · · · -										ļ		<u> </u>	•			
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					-					ļ,		<u> </u>		31		
					15	Totals	78.00	19.50	19.50	39.00	69.95	\$	147.95°			
16			17.	18.			10.00	10.00	1	19.	20	21.	22.			
					•	Miscellane	ous Expense	s	•	Training	Rate Per	Private Car				
	counting Cod	les	Date		ares, Private Milea			one, Other E	xpenses	Related?	Mile	Miles	Amo	ount		
14010 =	41004			Per	sonal Vehicl	e miles	ige				0.550	<u>. </u>				
				Dar	T f 7	14.4				<u> </u>		-	7.	7.5		
	4101	78.00		KOC	m Tax for 7	/14				<u> </u>		7.80-	-) 7.	<u>r</u>		
	4106	77.75								<u> </u>		<u> </u>				
									•	ļ		<u> </u>				
				<u> </u>									-			
												<u> </u>				
					S NAMES (A)	Astonia				SANADAY	23. Section		7,	80'		
	Totals	155,75											7	75		
24. l did/v	vi∐ <u> </u>	d not/will r	notac		travel awards											
mandatory.	Travel exp	ense reimb	ursement cl	aims	will not be pro-	cessed i	t this block	is left bia	nk, Iravei	awards II	ncluded, bi	ut may not i	oe limited	j to ,		
25. REASC	ON FOR TRA	AVEL: (Be s	erorcarren specific.)	tai ii	equent custom	erawaru	is or mines.	Review	nsu action:	s on rever	se or tite i	Ulill.	55.73	5		
					Phermiston/F				rand Total			-\$1	55.70	-		
								27. Tr	avel Adva	nce Amou	nt					
							:					/	55.73	5,		
								28. Ar	nount Due	Employe	e/State	\$1	55.70	ソノフベ		
						-			eceived Tr	aining	Conduc	ted Training				
			reflect actual). Signature o	f Employ	/ee	31. Ti	tle				Date			
•	•		ntitled; that no		f/,	6/1	<i>/</i>		· Di	rector		U.	7/17/09			
•	nas been ner any other sour		ed or will be		Out.	1/ch	Name of Street, or other Designation of the Street, or other Desig		الت	00101						
				32	2. Approved By	y [1 2 6	33. Ti	tle				Date			
			are authorized yment of this		- X01/51D4	, X	2.6	ł	_			1 3 m	~~			
claim are av	ailable in the	approved b	udget for the		And And	$\mathcal{N}_{\mathcal{L}}$			Deput	y Director		1-00-	マフ			
period covere	d and have be	en allotted for	expenditure.		1					······································		· · · · · · · · · · · · · · · · · · ·				

Attachment C February 18-19, 2010 EQC meeting Page 17 of 53

RA 10R0127253

STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



									4000			<u> 3147 (</u>	\sqrt{PT}	27/9	5		
1. Name of Er	mployee				2. Ag	ency				-	Ţ	Period (M	onth and Y	ear)			
	Dick F	ede	rsen					DEQ						July 2009	9 - ER		
4. Official Stat	tion				5. Di	/ision/	Work Un				\neg	6. Regular S ຮ:ບບ am	chedule W	ork Shift			
HQ / Portla	nd				1			OD			V						
7. Unrepre	esented \Box		Managen	nent Servid	1	Exe	cutive Se		Board/0	ommis	sid		Voiunte_			-	
Rarrain	ing Unit Name	П		AF	SCN	1E			Other	7							
Dengum	ing one rome								,								
8. Date	9. Time of Departure		ime of	11.	Des	tination	1	•	12. Per Diem/ Hourly Allowance	Indiv Break		Meal Reimb Lunch	oursement Dinner	13. Lodging		f. Total and Lodging	
07/20/09	6:30am			Travel to Bal	cer Ci	tv 5	120		29.25 1		\neg	9.75	19.50	70.00 ′	9	99.25	
07/21/09	0.000111			Travel to Ber					33.00	11.0	00	Prov	22.00	115.00		48.00	
07/22/09	 			Have to be	Q /_Z	77/7	7		22.00 <	Pro		Prov	22.00	115.00	137.00		
07/23/09	 	_							33.00 🗸	11.0	-	Prov	22.00	115.00		48.00	
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duty required expenses or allowances entitled; that no					(/ /	/ //				Dír	ector		0.7	7/27/09		
part thereof has been heretofore claimed or will be claimed from any other source.					1	will	1/1	Director 07/27/					121108				
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I certify that the above claimed expenses are authorized					رم ہے۔ اب	11	7.	. / 🦟							£		
duty required expenses. Funds for payment of this claim are available in the approved budget for the					XI	\mathbb{W}	uu	ル .			Deputy	Director		.7-2	7-09		
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Attachment C February 18-19, 2010 EQC meeting Page 18 of 53

RA) 10R0127253 STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



 Name of Employee 2. Agency DEQ August 2009 - EQC Dick Pedersen 4. Official Station 5. Division/ Work Unit 6. Regular Schedule Work Shift ช:บับ am - 5:บบ HQ / Portland ☐ Other OD Unrepresented | Management Servid | Executive Serlice **AFSCME** Bargaining Unit Name Individual Meal Reimbursement 11. 14. Total Date Time of Time of Destination Per Diem/ Breakfast Lunch Dinner Ladaina Meals and Lodging Departure Arrivai Hourly 10:00am 24.50 112.00 148.75 08/19/09 36.75 12.25 Newport 08/20/09 24.50 1 24.50 112.004 136.50 Newport prov prov 08/21/09 24.50 1 Return to Portland 24.50 24.50 6:30pm DIOV prov \$309.75 15. Totals 85.75 12.25 73.50 224.00 19. 18 Private Car Miscellaneous Expenses Training Rate Per **Accounting Codes** Date Fares, Private Mileage, Room Tax, Telephone, Other Expenses Related? Mile Miles Amount Personal Vehicle Mileage 0.55014010-41004 Room Tax 8/19 11.76 Room Tax 8/20 11.761 4106 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.) \$333.27 26. Grand Total Amount Travel was for the August 2009 EQC Meeting being held in Newport, Oregon. 27. Travel Advance Amount \$333.27 パグ 28. Amount Due Employee/State 29. Received Training Conducted Training 31. Title Date I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no 08/25/09 Director part thereof has been heretofore claimed or will be claimed from any other source. 33. Title Date certify that the above claimed expenses are authorized Muthur duty required expenses. Funds for payment of this 8-2745 Deputy Director claim are available in the approved budget for the period covered and have been allotted for expenditure.

Attachment C February 18-19, 2010 EQC meeting Page 19 of 53

RAIOROI27253 STATE OF OREGON TRAVEL EXPENSE DÉTAIL SHEET



1. Name of Employee 2. Agency Dick Pedersen DEQ Aug/Sept - Coos Bay 4. Official Station 5. Division/ Work Unit 6. Regular Schedule Work Shift ช:00 am - 5:00 HQ / Portland Other Unrepresented Management Servid Executive Se Lice Board/Commissid___ Bargaining Unit Name **AFSCME** Other Individual Meal Reimbursement 14. Total Per Diem/ Breakfast Lodging Meals and Lodging Date Time of Time of Destination Lunch 碧 Departure Hourly Arrival Allowance 08/31/09 8:00am 29.25 9.75 19.50 70.00 🗸 99.25 Coos Bay 09/01/09 39.00 -9.75 19.50 70.00 109.001 9.75 09/02/09 39.00 / 9.75 9.75 19.50 70.00 4 109.00 09/03/09 39.00 -9.75 9.75 19.50 70.00 109.00 09/04/09 7:00pm | Return to Portland 39.00 🗸 9.75 9.75 19.50 39.00 280.00 \$465.25 Totals 185.25 39.00 48.75 97.50 Private Car Miscellaneous Expenses Training Rate Per **Accounting Codes** Fares, Private Mileage, Room Tax, Telephone, Other Expenses Related Mile Miles Amount Personal Vehicle Mileage 0.550 14010-41004 5.60 185.25 Room Tax 8/31 5.601 4106 30240 Room Tax 9/1 5.60 Room Tax 9/2 Room Tax 9/3 5.601 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.) \$487.65 Travel was to work out of the Coos Bay Office. While there, meetings 26. Grand Total Amount were held with Rep Roblan, Sen Verger and the Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians along with the City Travel Advance Amount manager of Coquille \$487.65 1²⁷ 28. Amount Due Employee/State 29. Received Training Conducted Training Signature of Employee Date I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no 09/09/09 part thereof has been heretofore claimed or will be Director claimed from any other source. Approved By 33. Title certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this Deputy Director claim are available in the approved budget for the period covered and have been allotted for expenditure.

Attachment C February 18-19, 2010 EQC meeting

Page 20 of 53

RA 10R0/27253

STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



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1. Name of E	mployee			2. A	gency				3. Period (N	Nonth and Y	ear)		
	Dick F	edersen	•			DEC	}			9/10/2	2009 - WR	C Commiss	ion
4. Official Sta				5. D	ivision/Work l				6. Regular 9 ช:00 am	Schedule W			•
HQ / Portla	and					OD		G		- 3.00 	Other		to
7. Unrepr	esented L	Manage	ment Servid	ゴー	Executive		Board/	Commissid.		Volunte			
Ramair	ning Unit Name		A	SCN	ИE		Other	П	-				
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8.	9.	10,	11.				12.	Individua	al Meal Reim	bursement	13	1,	4. Total
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	Totals	137.51									23. Section		\$8.01
24. I did/	will di	d not/will r	notac	cept tr	avel awards	as a res	ult of, or as	sociated v	vith this sta	ate busine	ess trip. C	ompletion o	f this block is
_	. Travel exp	ense reimb	ursement cla	aims v	vill not be pi	ocessed i	f this block	is left bla	nk. Travel	awards i	ncluded, b	ut may not t	oe limited to ,
	uent flyer mi ON FOR TR		el or car rent	al fred	quent custor	ner award	is or miles.	Review i	<u>nstructions</u>	s on rever	se of the f	om.	
				:	meeting.	and Din		26 6	rand Total	Amount		\$1	37.51
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				30.	Signature	of Employ		31. Ti	eceived Tra	aining	Conduc	ted Training	Data
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	he above claim di expenses.				DAA N	4	V						
claim are av	vailable in the	approved b	udget for the		/YUV I	ymy	1		Deput	y Director			
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Attachment C February 18-19, 2010 EQC meeting Page 21 of 53

RA 10R0127253 STATE OF OREGON



TRAVEL EXPENSE DETAIL SHEET 1. Name of Employee 2. Agency September 2009 ECOS & OWRC DEQ Dick Pedersen Regular Schedule Work Shift 8:00 am - 5:00 5. Division/ Work Unit 4. Official Station HQ / Portland \Box Other ma Volunte Unrepresented Management Servid Executive Service Board/Commissid... **AFSCME** Other Bargaining Unit Name Individuai Meal Reimbursement 14. Total Meals and Lodging Per Diem/ Breakfast Date Time of Time of Destination Hourly Departure Amival Whitelish (Flotherd County Allowance 33.00 11.00 11.00 11.00 150.001 183.00 Leave for Kalispell, MT g-4/-4-4 09/20/09 9:30am 22.00 Prov Prov 22.00 150.00 172.00 09/21/09 Kalispell, MT Prov 150.00 150.00 09/22/09 Prov Prov Kalispell, MT 0 -30.60 120.50-112.00 90.00 Head to Redmond, OR 90 /44 22 30.50 Prov Prov 09/23/09 3:05pm 6:55pm 230′50-90.001 120.50 112,00 30.50 Prov Prov Redmond, OR 09/24/09 -30-50 -2-2.00 15.25 (15.25 Return to Portland 30.50 Prov 09/25/09 2:30pm 71.00 11.00 A Over per diem som nate approved In Dolores Cassasille 751.00 1 22,00 88.00 109:25 \$776.50 26.25 630.00 11.00 15. Totals 446.50 18. Training Rate Per Private Car Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses Amount Accounting Codes Date 0.550 Personal Vehicle Mileage 14010-41004 66.00 4101 40.501 Room Tax 9/20 - 9/22 205.20 4106 25.20 Room Tax 9/23 -9/24 55.00 4432 30.001 Checked Baggage 490.50 4434 4440 30.00 23. Section Total \$95.70 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 flver miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form, 25. REASON FOR TRAVEL: (Be specific.) 26. Grand Total Amount Dick went to Montana for his Annual Environmental Council of the States meeting. He then flew directly to Redmond, Oregon where he Travel Advance Amount was asked to give presentations at the OWRC Conference being 846,70 8872,20 そか held. 28. Amount Due Employee/State 29. Received Training Conducted Training Date 30. Signature of Employee certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no 10/09/09 Director part thereof has been heretofore claimed or will be claimed from any other source. 32. Approved By 33. Title Date I certify that the above claimed expenses are authorized 10-12-00 duty required expenses. Funds for payment of this Deputy Director claim are available in the approved budget for the period covered and have been allotted for expenditure.

09 ric.

#922.00 (See nest page)

2 \$361,20 (See next page)

\$1,283.20

Item B 000026

\$436.50

Itinerary Detail - Combined

Azumano Travel

Back Office Data STATE OF OREGON

Trip Departures from 09/20/2009 to 09/25/2009 Report Parameters: Last Name = PEDERSEN

Total Cost of Trip:

PEDERSEN/RICHARD JOH Account: OR State Dept. of Environmental \$408.00 Savings: \$0.00 Val Carrier: ALASKA AIR (AS) Actual: Auth 1: 34000 Ticket #: 7540740552 \$408.00 Lost Amt: \$0.00 Lowest: Rec Locator: WL9TKY Auth 2: KATI Service Fees: \$28.50 Invoice #: 975342574 Auth 3: 5032295990 Exception: Government Carrier Used Inv Date: 7/28/2009 Class Airline Flt# 2172 Н 09:30-10:20 ALASKA AIR (AS) 9/20/2009 PORTLAND, OR SEATTLE TACOMA, WA ALASKA AIR (AS) 2284 Н 12:10-14:30 9/20/2009 SEATTLE TACOMA, WA KALISPELL, MT G 15:05-15:35 ALASKA AIR (AS) 2285 9/23/2009 SEATTLE TACOMA, WA KALISPELL, MT G ALASKA AIR (AS) 2279 9/23/2009 17:55-18:55 REDMOND, OR SEATTLE TACOMA, WA 2236 G 13:30-14:10 ALASKA AIR (AS) 9/25/2009 PORTLAND, OR REDMOND, OR

Hotel Booking Totals	
# of Stays:	0
# of Room Nights:	0
Hotel Booking Charges:	\$0.00
Avg # of Nights:	0.00
Avg Booked Rate;	\$0.00
Avg Cost/RoomNight:	\$0.00
	1

\$3+6.50 approximate out-of-state portion(1)

90.00 approximate in-state portion(2)

\$\frac{436.50}{}\$ total ticket cost

Attachment C

February 18-19, 2010 EQORGONDEPARTMENT OF ENVIRONMENTAL QUALITY

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Page	22	`~f	E2
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OUT-OF-STATE TRAVEL AUTHORIZATION

1.	NAME OF EMPLOYEE: 2. AGENCY/0	OFFICIAL STAT	ION:	·-	3. REQUEST	#:	
1	k Pedersen DEQ/HQ				32-10		
4.	AGENCY ACCOUNTING INFORMATION:				TION ATTACHED?		
11	14010 41004			es	∐No		
6.	PURPOSE OF TRIP: (Be specific, include dates/times	of meeting or	conference	2)			
1	ironmental Council of the States (ECOS) Annual Meeting in White	efish, Montana S	eptember 2	1-23, 2009.	Dick represent	s the state of	
	gon at this meeting	la TRANSPOR	TITION.	/ A 3 +			
1	• •	8. TRANSPOR			rain fare or st		
	Destination city/state: Whitefish, Montana / Redmond, OR		ground tran	•	ental cars, see	:#11,	
ŀ	Departure date/time: September 20, 2009 - 8:00am	* Includes			, 300 #12)		
'	September 20, 2007 G. Count	to Redm			TOTAL:	\$468.00	
	Return date/time: Wed. September 23, 6:00pm	1 7	•		i Jeni Ham		
	LODGING: Lodging per diem rate: \$84.00	10. MEALS:				\$44.00	
		TO. MEXICO.	Duity mou	Rate	# Meals	Total	
	Over per diem room rate Amount per night: approved 150.00	Breakfast: (2	:5%)	11.00	3	33.00	
	by O.	,	,	<u> </u>			
	by Joni Room tax per night: Hammond, 13.50	Lunch: (25%)		11.00	4	44.00	
	1 J Harris View		•	<u> </u>	1	•	
	# of nights: 3 ′	Dinner: (50%)	22.00	3	66.00	
	·				<u> </u>	•	
	TOTAL: \$490.50				TOTAL:	\$143.00	
							
11.	CAR RENTAL: (See OAM 40.10.00.PO,	12. MISCELLA			(Identify spe		
	Section .115. The State has a price agreement with	expenses -	taxis, shu	ttles, phon	e, vehicle mil	eage, etc.)	
	Enterprise Rent-A-Car. Optional insurance will not be						
	reimbursed).		te vehicle	mileage		0.00	
	Days @ \$31 plus tax, gas TOTAL: \$0.00	b. Shut			(# of miles)	-	
		c. Othe	r (specify b	elow)	•		
13.	TRAINING RELATED? (if yes, attach agenda)			,	TOTAL:	50.00	
	⊠Yes □ No				TOTAL	50.00	
1.1	STATUS:						
✓		16 ESTIM	ATED COST	OF TRIP			
	AFSCME:	3.50	ortation:	O1 11tui .	\$468.0	n'	
	Other: Explain:	Lodgin			\$490.5		
		Meals:	-		\$143.0		
15.	TRAVEL AWARDS: Agencies are mandated to	Car Re			\$0.0		
	maintain records on employee accumulation of travel	Misc:			\$0.0		
	awards as reported on their travel expense detail					- . ~∨	
	sheets. Travel awards include, but may not be limited	TOTAL			\$1,101.5	o \mathcal{N}^{n}	
·	to airline frequent flyer miles and hotel or car rental		•		-	•	
	frequent customer awards or miles.					er de de	
	I certify that this trip is necessary and essential to the norn						
17.		all the require	ments mand	lated by OR	S 292.230, OA	M Policy	
	40.10.00, and DEQ policy.	-	•				
18.	EMPLOYEESIGNATURE			DATE:	122/09		
19.	SUPERVISOR 9 GNATURE			DATE: 7	-22-09		
20.	DA/EMT SIGNATURE			DATE:	/ ,		
21.	MSD DA SIGNATURE			DATE:	12469	00028	
L	Email sent 7/28/09.	0 97	,		NEIH Ø VL	····	
	Out-of-State Travel Authorization Form.xlt	0 42	2.00		اژ	eber 9/2008	

Attachment C February 18-19, 2010 EQC meeting Page 24 of 53

Out of State Authorization Dick Pedersen Whitefish, MT September 21-23, 2009

Dick will be travelling to Whitefish, Montana to attend the Annual Environmental Council of the States (ECOS) meeting from September 20-23, 2009. There are 2 special requests for this trip: Airfare and hotel.

Dick will be flying into Montana on Sunday, September 20th. The ECOS conference ends on September 23rd. Dick has been asked to speak at the Oregon Water Resources Conference's Water Law Seminar being held in Redmond, Oregon on September 24th. Instead of a flight directly back to Portland, I would like to purchase a multi-city flight, enabling Dick to fly from Montana directly to Redmond, then returning to Portland on Friday, September 25th. The approximate cost to book this extra leg is \$90, bringing the ticket total to about \$468 instead of \$380. This flight to Redmond will save Dick approximately 8 or more hours of travel time, also allowing him to participate in both conferences.

Also, the ECOS meeting is being held at the Grouse Mountain lodge in Whitefish. The cost of room per night is \$150, which is \$66 more than the \$84 per diem rate. Due to the ECOS group booking the entire hotel under contract, they are not able to offer us the per diem rate. I have called Pine Lodge and Good Medicine lodge, two other hotels in the area. While they do offer the per diem rate of \$84, Dick has requested that we ask for an exception, and allow him to stay at the Grouse Mountain lodge. By staying onsite, Dick will be able to participate in any afterhours discussions that might be had. Also, he would not have to rent a vehicle to use, like he would should he stay somewhere else.

Thank you,

Katie Ogrodnik Executivé Assistant X5990 Attachment C February 18-19, 2010 EQC meeting Page 25 of 53

MURPHY Kathy M

From:

HAMMOND Joni

Sent:

Tuesday, July 21, 2009 1:36 PM

To: Cc: PASSARELLE Dolores MURPHY Kathy M

Subject:

RE: Pedersen - OSA - Exception Approvals

Thanks Dolores.

Kathy: I approve Dick's request.

----Original Message---From: PASSARELLE Dolores

Sent: Tuesday, July 21, 2009 1:32 PM

To: HAMMOND Joni Cc: MURPHY Kathy M

Subject: FW: Pedersen - OSA - Exception Approvals

Hi Joni,

I reviewed Dick's explanation (attached) for the over per diem room rate and the airfare to Redmond. Due to those circumstances stated in his explanation, I recommend approving the exceptions.

Thanks, Dolores

----Original Message----

From: MURPHY Kathy M

Sent: Monday, July 20, 2009 2:33 PM

To: PASSARELLE Dolores
Cc: MURPHY Kathy M

Subject: FW: Pedersen - OSA - Exception Approvals

Dolores,

Attached are copies of Dick Pedersen's out-of-state travel authorization for his trip to Whitefish, MT, which will be followed by a trip to Redmond, OR.

We will need Joni's approval for the over per diem room rate in Whitefish, MT, and the combined airfare PDX/Kalispell/Redmond/PDX.

Let me know if you have any questions.

Thanks, Kathy

----Original Message----

From: Oregon DEQ [mailto:BOSS@deq.state.or.us]

Sent: Monday, July 20, 2009 6:40 AM

To: MURPHY Kathy M

Subject:

This E-mail was sent from "RNPB7FE13" (IMAGE SCANNER IS300e).

Attachment C February 18-19, 2010 EQC meeting
Page 26 of 53
Scan Date: 07.20.2009 21:39:51 +0800

Attachment C
February 18-19, 2010 EQC meeting
Page 27 of 53
RA 10R0127253

STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



1. Name of Employee 2. Agency 3. Period (Month and Year)	
The state of the s	
Dick Pedersen DEQ October 2009 - ERT Fig.	ld Trip
4. Official Station 5. Division/ Work Unit 6. Regular Schedule Work Shift 8:00 am - 5:00-	
OD Other _	to _
7. Unrepresented ☐ Management Servid☐ Executive Se⊠ice Board/Commissid☐ Volunte☐ Volunte☐	
Bargaining Unit Name AFSCME Other	
	14. Total eals and Lodging
Departure	104.50
10/06/09 7:30am Travel to Salem 34.50 11.50 23.00 70.00 10/07/09 Travel to Cave Junction 46.00 11.50 11.50 23.00 70.00	116.00
10/08/09 8:00pm Return to Portland 46.00 11.50 23.00 76.00	46.00
0.00pm Return to Fortiand 40.00 11.30 11.30 23.30	40.00
	1
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	, ¥
15. Totals 126.50 23.00 34.50 69.00 140.00	\$266.50
16. o 17. 18. 19. 20 21.	22,
Miscellaneous Expenses Training Rate Per Private	
Accounting Codes Date Fares, Private Mileage, Room Tax, Telephone, Other Expenses Related? Mile Miles	s Amount
Personal Vehicle Mileage 0.550	
	7.00
4/01 12/250 Room Tax for 10/6	7.00
4106 147.00	
	· · · · · · · · · · · · · · · · · · ·
23. Section Total	\$7.00
24. I did/will did not/will not accept travel awards as a result of, or associated with this state business trip. Completic	
mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may a	
	iot Do inititod 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.)	40=0 =0/
Travel was for ERT Director Field Trip to Southern Oregon. Dick had 26. Grand Total Amount	\$273.50
meetings all day in Salem on 10/6, ending late in the day. He was	
required to be in Salem by 7:45 am on 10/7. Rather than drive home 27. Travel Advance Amount	
late, then leave very early, he spent the night in Salem.	\$273.50 ½ ¹ / ¹
29. Received Training Conducted Train	
l certify that all reimbursements claimed reflect actual 30. Signature of Employee 31. Title	Date
duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be Director	10/09/09
claimed from any other source.	
32. Approved By Certify that the above claimed expenses are authorized 32. Approved By 33. Title	Date
duty required expenses. Funds for navment of this VM tD111100)-12-09

Attachment C

February 18-19, 2010 EQC meeting Page 28 of 53 RA /ORO/27253 STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



	_						-		- 4	2 <i>261</i>	VPT	-2 <i>967</i> ear)	<u>7.3</u>	
1. Name of E	mpioyee			2. /	Agency					3. Period (N	fonth and Y	ear) ·		
	Dick F	edersen			D	EQ					(October 20	09 - EOC	- ,
4. Official Sta				5. [Division/ Work Unit			· · · · · ·		6. Regular 3 ช:บบ am	Schedule W	ork Shift		
HQ / Portla	ınd				_	DD			v		1 - 5:00			4
7. Unirepre	esented	Manage	ment Servid		Executive Service!		Board/0	Commiss	_=	mig	Volunte	Oniei		to _
		_									Volunious	<u> </u>		
Bargain	ing Unit Name		A	.FSC	ME		Other	<u> </u>						
			T .			Т		*						
8. **	9.	10,	11.		*		2.			Meal Reim	bursement	13.	1	4. Total
Date	Time of	Time of		De	estination		Per Diem/	Breakfa	ıst	Lunch	Dinner	Lodging	Meals	and Lodging
250	Departure	Amivai					Hourly Allowance		- 1				1	
10/21/09	6:30am		Klamath Fa	ils		$\neg \top$	42.00			14.00	28.00	88.00 ′		130.00
10/22/09			Flamath Fa				28.00 🖊	prov		prov	28.00	88.00		116.00 *
10/23/09		8:30pm	Return to P		hd.	\dashv	28.00	prov		prov	28.00	00.00		28.00
10120100	l	0.00pm	I Call to t	Ortiar		-	20.00	piov	\dashv	prov	20.00		-	20.00
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					15. Tot a	ais	98.00			14.00	84.00	176.00		274.00
16.			17.	18.	6.81TI		=	_			19.	20	21.	22.
Ac	counting Cod	es	Date	Fa	ines, Private Mileage, Ro		us Expense: ax. Telepho		г Ех	nenses	Training Related?	Rate Per Mile	Private Car Miles	Алоилі
14010-4					onal Vehicle Mil			,			7101000.	0.550	Milos	7 8 110 42 14
7.010	1.00						,-					0.000		
	4101	98.00		Roo	m Tax 10/21						 			7.92 ′
					m Tax 10/21						-			7.92
	4106	191.84		NUU	III I AX I UIZZ									1.52
			 											
														
													<u> </u>	
and the second					and the second of the second o	A	tar and are disco		, c	at an in the second of	Samuel Samuel		<u> </u>	
	Totals	289.84										23. Section	Total	\$15.84
24. I did/ v	10013	<u>ತರ 7,57°</u> d not/will :				10-10-11	and religion			4-44			1 11	
	Traval ava	a nouwill !	iotac		ravel awards as a re will not be processe									
					quent customer awa									be minted to,
25. REASC	N FOR TRA	VEL: (Be	specific.)	iai is C	quent custorner avve	alus	OF THICS.	1/CAICA	A 11 1-	Sudchons	OILIEVE	se or the r	UIIII.	
				Meet	ting being held ir	ı Kl	amath	26.	Gra	ind Total	Amount		\$2	89.84
Falls, Ore		J010201 L	.000 100	11100	ang being nois ii	1 1 749					11104114	· -		
i alis, Oic	gon.							27	Tra	vel Advar	ica Amou	nt		
								21.	ΠQ	vei /tuvai	IOC AITIOU	110		•
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										ount Due				.03.04 /-
				120	Signature of Emp	12				eived Tra	aining	Conduc	ted Training	Dete
-	all reimbursem			30.	Signature of Emp	ngye /	е	31.	TILLE	=				Date
	expenses or a has been her				1////	<i>_</i>	Market Market Shoot of the	***	•	Dir	ector		11	0/29/09
	any other sour		Hall DG		WMI.					Dil				.,20,00
	/			32.	Approved By		a ·	33.	Title	3				Date
	e above claim													
	expenses. F ailable in the				MHU	W	i .			Deputy	Director			
	d and have be												Angle 1	
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Attachment C
February 18-19, 2010 EQC meeting
Page 29 of 53
RA 10 R0127253

STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET

323/VPT29806

1. Name of Employee 2. Agency							3. Period (Month and Year)							
		Pedersen		DEQ				October ITRC Louisville						
Official Station HQ / Portland							6. Regular : 8:00 an							
		I''' Manage		Executive Se	OD	N-1-10	<u>.</u> 	pm	Valuate	Other	Other to			
<u>=</u> -				-	Board/Commissid		Volunte				•			
Bargain	ing Unit Name		Ar	SCME		Other -								
_		40				40	See all College		L	40		4 7-4-2		
8. Date	9. Time of	10. Time of	11.	Destination		12. Per Diem/	Breakfast	l Meal Reim Lunch	Dinner	13. Lodging	ł.	4. Total and Lodging		
105	Departure	Arrival				Hourly				5\$				
10/26/09	8:00am		Louisvilla K	entucky		Allowance 45.75 ^		15.25	30.50			45.75 ′		
10/20/09	0.00am	Dam Louisville, Kentucky					prov	prov	30.50	prov	-	30.50 ′		
10/28/09						30.50 ²	prov	prov	30.50	prov		30.50 1		
10/29/09						30.50	15.25	15.25	30.00	prov	30.50			
10/25/05	<u> </u>	12.00pm	Tretain to re	idanu		00.00	10.20	10.20				30.30		
			<u> </u>											
									 					
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						ĺ	i					15		
				15. 1	l'otals	137.25	15.25	30.50	91.50	0	\$*	37.25		
16.			17. 1	8.			<u> </u>	L	19.	20	21.	22.		
			1 <u>.</u> . -	Miscellaneous Expenses					Training	Rate Per	Private Car			
	counting Cod	es	Date	Fares, Private Mileage, Room Tax, Telephone, Other Expenses Personal Vehicle Mileage					Related?	Mile 0.550	Miles	Amount		
	42004-	<u> </u>	 	ersonal venicle	ivillea	iye		-		0.550	1			
M200	200			Taxi to Conference	- 10	126					<u> </u>	10.00 /		
-	ر نیم د ور	(2D 5 C		Baggage check fo		cvillo					20.00			
	4151	137.25		Baggage check fo								20.00		
	41.59	+0.00		Faxi to airport from					 		 	10.00		
	4/60	20.00	1	raxi to anpoir noi	11 001	lielelice	10/23				<u> </u>	10.00		
			 								<u> </u>			
	1		9.439.13888					NAKYE						
	Totals	197.25								23. Section		\$60.00		
24. I did/v	vill oxdot di	d not/will i	n ot acc	ept travel awards as										
				ims will not be proce								oe limited to ,		
25 REASC	uent flyer mi N FOR TR/	les and hot AVFI · (Be :	el or car renta specific)	al frequent customer	award	is or miles.	Review ii	nstructions	s on rever	se of the f	om.			
				Conference. All tr	avel		26. Gr	and Total	Amount		\$1	97.25		
3		-		oursed by ITRC.	u • 0						•	: : -		
охролоос	ona pora	iioiiio aro	to bo tomin	raioda by ririd.			27. Tr	avel Adva	nce Amou	nt				
						•					~	- n~		
							28. An	nount Due	Employe	e/State	<i>(リ</i>)\$1	97.25 م ^{ر√}		
							29. R∈	ceived Tr	aining	Conduc	ted Training			
I certify that	all reimbursen	nents claimed	reflect actual	30. Signature of E	mploy	/ee	31. Tit	le	,			Date		
1	•		ntitled; that no	1 / 1/				Dis	ector		4.	1/07/09		
	nas been ner any other sour		ned or will be	Www !	^			Dil	ector		1	1/0//09		
_				32. Approved By			33. Tit	ie				Date		
			are authorized	MALA	. /						11 -	10		
duty required expenses. Funds for payment of this claim are available in the approved budget for the								Deput	y Director		11-6	1-09		
period covere	d and have be	en allotted for	expenditure.	1.(-)							<u> </u>	**		
ns	05 rec. (1) \$815.15 (See next two gages) (2) \$\langle 815.15 \rangle (Reimbursed by outside \rangle													
<i>-</i>	- 000;			() H	010	/ i _J	(see "	rupi	wo	page	4)			
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-	avel Eventor O'	im vit /2/00\ !!-	har	-			part	Ty - 1	ee lo	stitu	o pag	ed) (🆍		
Ira	avel Expense Cla	muzer (aruo) jie	ine!	· #		_				-	Item B 0	00034		
				7/1	_	-								

Itinerary Detail - Combined

Azumano Travel

Back Office Data STATE OF OREGON

Trip Departures from 10/26/2009 to 10/29/2009 Report Parameters: Last Name = PEDERSEN

PEDERSEN/RICHARD JOH											
Actual:	\$368.90	Savings:	\$0.00	Val Carrier:	AMERICAN AIRLIN	ES (AA)	Account: OR State Dept. of Envi	OR State Dept. of Environmental			
Lowest:	\$368.90	Lost Amt:	\$0.00	Ticket #:	7543889923	3889923 Auth 1: 34000					
Service Fees:	\$28.50			Rec Locator:	T7JG5O	Auth 2: KATIE					
Exception: LO	WER FARE AVA	ILABLE		Invoice #:	975346959	Auth 3: 5032295990					
				Inv Date:	9/22/2009						
		-	ltinerary				Airline	Flt#	Class		
PORTLAND	O, OR		DALLAS-FT WORTH	ı, TX	10/27/2009	08;00-13;40	AMERICAN AIRLINES (AA)	1560	Q		
DALLAS-F7	r worth, tx		LOUISVILLE, KY		10/27/2009	15:10-18:10	AMERICAN AIRLINES (AA)	1656	Q		
LOUISVILLE, KY			DALLAS-FT WORTH	10/30/2009	10/30/2009 12:30-13:40 AMERICAN AIRLINES (AA			Q			
DALLAS-FT WORTH, TX			PORTLAND, OR		10/30/2009	16:45-18:45	AMERICAN AIRLINES (AA)	0677	Q		
Total C	ost of Trip:	\$397.40			•						

EDERSEN/R	ICHARD JOH				** This is:	an "Exchange" re	cord. Original Ticket # was 75438899	23		
Actual: \$192.00 Savings:			gs: \$0.00 Val Carrier: AMERICAN AIRLINES			ES (AA) Account: OR State Dept. of Environmental				
Lowest: \$192.00 Lost Amt:			\$0.00	Ticket #:	7544356530		Auth 1: 34000			
Service Fees; \$28.50			Rec Locator: T7JG5O			Auth 2: KATIE				
Exception: EXCHANGE TICKET			Invoice #: 975347551			Auth 3: 5032295990				
•				Inv Date:	9/29/2009					
			Itinerary				Airline	Flt#	Clas	
PORTLAN	D, OR		DALLAS-FT WORTH	, TX	10/26/2009	08:00-13:40	AMERICAN AIRLINES (AA)	1560	N	
DALLAS-FT WORTH, TX			LOUISVILLE, KY		10/26/2009	15:10-18:10	AMERICAN AIRLINES (AA)	1656	N	
LOUISVILLE, KY DALLAS-FT WORTH, TX			DALLAS-FT WORTH	10/29/2009	07:20-08:30	20-08:30 AMERICAN AIRLINES (AA)		N		
			PORTLAND, OR	10/29/2009	09:25-11:25	11:25 AMERICAN AIRLINES (AA) 11				
	Cost of Trip:	\$220.50								

Air Total	s	Car Rental Total	s	Hotel Booking Totals		
# of Air Trips: 2		# of Rentals:	0	# of Stays:	0	
Air Charges:	\$560.90	# of Days Rented:	0	# of Room Nights:	0	
Avg Cost per Trip: \$280.45		Car Rental Charges:	\$0.00	Hotel Booking Charges:	\$0.00	
		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	
Fotal All Charges:	\$617,90	Avg Cost per Day:	\$0.00	Avg Cost/RoomNight:	\$0.00	

Attachment C

February 18-19, 2010 EQCORGECTING TEPARTMENT OF ENVIRONMENTAL QUALITY Page 31 of 53

OUT-OF-STATE TRAVEL ALITHORIZATION

	, rage or or oo	•	OOI-OI-STATE IN	AVLL AUTHORI	ZATION		_	•
1	NAME OF EMPLOYEE:		4	OFFICIAL STAT	ION:		3. REQUEST #	
	k Pedersen	CODILITION	DEQ/HQ		E TRAVEL	NETITION.	177-10 R	
1	AGENCY ACCOUNTING IN 10001-42004-M20000	FORMATION:			5. TRAVEL		ION ATTACHED	
	PURPOSE OF TRIP:	/Po specif	ic, include dates/times	of mosting or	Ł			
1	k has been invited to spea	•	•	_		,	thy ITDC	
DIC.	r has been invited to spea	K at the HAC	. Comerence. All travel	expenses and per	idicins to be	: reminarser	i by TINC.	
7.	ITINERARY:			8. TRANSPOR	TATION:	(Airfare, t	rain fare or sta	ite motor
	Destination city/state:		Louisville, KY	pool vehic	le (circle o	ne). For re	ental cars, see	#11,
			_	for misc. g	ground tran	sportation	, see #12)	
	Departure date/time:	mon.	-27-Oct-09 OCT 26				•	
		-					TOTAL:	\$560.00
	Return date/time:	Thur.	30-Oct-09 DCT 29					
9.	LODGING: Lodging pe	r diem rate:	\$105.00	10. MEALS:	Daily mea	l per diem		\$61.00
			400.00			Rate	# Meals	Total
	Amount per night:		103.00	Breakfast: (2	5%)	15.25	3	45.75
	Danus tare man winkt.		45° 47			45.05	1 2	(4.66)
	Room tax per night:		15.46	Lunch: (25%)		15.25	4	61.00
	# of nights:		3 🙅	Dinner: (50%)		30.50	3	91.50
	# Of Hights.		<u></u>	Dilliler: (50%)	,	30.30	3	91.50
		TOTAL:	\$355.38				TOTAL:	\$198.25
		101712.					TOTAL.	\$170.23
11.	CAR RENTAL:	(See OAM	40.10.00.PO,	12. MISCELLA	NEOUS COS	rs·	(Identify spec	ific
	Section .115. The St	•	,	1			e, vehicle milea	
		-	l insurance will not be			, F	-,	
	reimbursed).	•		a. Priva	te vehicle	mileage		0.00
	Days @ \$31 plus tax	, gas	TOTAL: \$0.00	b. Shutt		-	(# of miles)	
				c. Othe	r (specify b	elow)		40.00
13.	TRAINING RELATED?	(if yes, att	ach agenda)	Jaxin	,	•		
	□v			Jane 9	eases		TOTAL:	\$40.00
	Yes	□ No	,					
14. ☑	STATUS:				ica Bertaban (S.			
	Executive/Mgmt Svc:			16. ESTIMA		OF TRIP:	\$ E 60.00	
	AFSCME: Other: <i>Explain</i> :		e i	C1201750C	ortation:		\$560.00	1
	Other: Explain:			Lodgin Meals:	g.		\$355.38° \$198.25	
15.	TRAVEL AWARDS:	Agandias a	re mandated to	Meats. Car Re	ntale		\$0.00	The state of the s
15.		_	ccumulation of travel	Misc:	iicai.		\$40.00	·
*	awards as reported o			misc.				١. ١
	•		out may not be limited	TOTAL	:		\$1,153.63	ysu.
	to airline frequent fly	-						`
	frequent customer av					90-65 JE-88-75 T	Access of the second	
_			and essential to the nor	mal discharge o	f DEQ respo	nsibilites: t	hat required mo	nies are
17.			ure; that the trip meets					
	40.10.00, and DEQ po	licy.						
18.	EMPLOYEE SIGNATURE		· · · · · · · · · · · · · · · · · · ·			DATE:	3 0 00	
<u> </u>	Kul.	1 hr					1-30-09	
19.	SUPERVISOR SIGNATURE	-		-		DATE: 9	Zu ne	
20.	DA/EMT SIGNATURE		· · · · · · · · · · · · · · · · · · ·			DATE:	1 July 201	
		and the second second				<i></i>	1	
21.	MSD DA SIGNATURE	1////	1///			DATE:	11/800	
ŀ		1/1/	1111			, ,	/ Kreem B 000	036

Email sent 10/3/09.
Out-of-State Travel Authorization Form.xlt

 \bigcirc 815,15

jleber 9/2008

BUSINESS ADDRESS	2010	2010 ITRC TRAVEL REIMBURSEMENT FORM Instructions:			
Name Richard Pedersen			Please type in the requested information.	Calculations will be done	ב
ization			automatically. Please mail a signed nard copy of this completed form allu corresponding original receipts to ITRC/ECOS for reimbursement.	opy or this completed form OS for reimbursement.	n n
Address 811 SW 6th Avenue			Mail to:		-
•			11 KC Travel Kelmbursement 444 North Capitol Street, NW, Suite 445		*****
•			Washington, DC 20001	2000 C 0000 C 00	
Email <u>pedersen dick@deq.sta</u>	state.or.us		Contact: Carolyn Sistare / (202) 624-3634 of 3660 / Csistare(Usso.org	or soon / csistate@sso.org	
Work Group: Other (Please Specify):	▼ ITRC Fall Meeting	eeting			
(select from menu) Meeting Location: Louisville	▼ Louisville, KY	χ.			
(select from menu)					
Day 1 Day 2 Enter Date:	Day 3 = = = = = = = = = = = = = = = = = =	Day 4 Enter Date: 10/29/2009	Day 5 Day 6 Day 7 Day 8 Enter Date: Enter Date: Enter Date	Date: Enter Date:	
▼8:00am	<u> </u>				
NOI					0470
Air/Train Fare 617.9					9.70
				0	0
Mileage (above x. 55)			P		20
		2			0
Subtotal			がは、一般のでは、これの		637.90
M&IE):	e the GSA travel pag	e for lodging and M&	Please see the GSA travel page for lodging and M&IE rates: http://www.gsa.gov/Portal/gsa/ep/contentView.do?programId≃15586&channelId≃-24653	w.do?programId=15586&channe	IId=-246530
75	61 61	30.5			198,25
Size	30.5 30.5		「		137.25
THER (Pleas	li a	"Saturday stay" applies, do no	do not include extra lodging nights here-please fill in box below)	n box below)	
Hotel					0
Baggage Fees 20		20			40
Other	Application of the state of the		一個のでは、「「「「」」というでは、「「」」というできます。 「「」」というできます。 「」」というできます。 「」、「」、「」、「」、「」、「」、「」、「」、「」、「」、「」、「」、「」、「		40.00
Hotel and Other Subtotal GRAND TOTAL AMOUNT OWED (Receipts required for all expenses over \$25.	quired for all exp	penses over \$25			815.15
*On the "enter travel times" line, enter the time you left your home/office on the day travel began and the time you returned to home/office on the day travel ended.	r home/office on the c	lay travel began an	the time you returned to home/office on the day trav	el ended.	
I certify that the above claim is correct and in accordance with ITRC Travel Policy (Please sign and date): Make Check Payable To: Oregon DEQ	cordance with ITF	C Travel Policy	(Please sign and date):	16.0	
Mail Check to : Organization Above Of Home Address (New User Only)	-	WIGHT STAY (D)	SATURDAY NIGHT STAY (please fill out both sides, use whole dollar amounts)	OFFICE USE ONLY	VL.Y
If applicable, please enter home address information below:	T	Airfare without Saturday stay	Nightly GSA Lodging Rate for	APPROVED	
Name:	Airfare with Saturday stay	aturday stay		1400	
Address 1:	Savings		0 Extra Nights Stayed (max 3)	CODE	
Address 2:	Savings - \$1		-1 Total Lodging Amount	# XJUHU	
City/State/ZIP:			re	# 40000	
	Taveler will	de reimolniseu ion.	MICHEVEL COUNTE-INED HUMBE IS SMANET		

DEPARTMENT OF ENVIRONMENTAL QUALITY TRANSMITTAL ADVICE

TRAVEL REIMBURSEMENT

CK# TR	AN AMNT	FOR THE A	CCOUNT OF	VO#	PJT#
CHECK NAME			REASON FOR PAYMEN		INV #
38741	1,508.16	ASTSWMO			M20000
			TRAVEL REIMBURSEMENT FOR TOM C	AINER	
38755	1,222.34	ASTSWMO			M20000
			TRAVEL REIMBURSEMENT FOR ANDRI	EE POLLOCK	
17240	1,372.72	ENVIRONMEN	ITAL MANAGEMENT SUPPORT IN		M20000
			TRAVEL REIMBURSEMENT FOR DICK I	DEZEEUW	
19116	762.10	ITRC			M20000
ENVIRONMENTAL	COUNCIL OF	THE STATES	TRAVEL REIMBURSEMENT FOR MAVIS	D KENT	
19117	1,209.03	ITRC			M20000
ENVIRONMENTAL	COUNCIL OF	THE STATES	TRAVEL REIMBURSEMENT FOR ANN L	ÉVINE	
19118	815.15	ITRC (2)	•		M20000
ENVIRONMENTAL	COUNCIL OF	_	TRAVEL REIMBURSEMENT FOR RICHA	RD PEDERSEN	-
	6,889.50	TOTAL		·	

Attachment C February 18-19, 2010 EQC meeting Page 34 of 53

TA) 10 TO 127253 STATE OF OREGON



TRAVEL EXPENSE DETAIL SHEET 1. Name of Employee DEQ November 2009 - Pendleton Week Dick Pedersen Regular Schedule Work Shift 8:00 am - 5:00 5. Division/ Work Unit 4. Official Station HQ / Portland OD pm Unrepresented Management Servid Executive Se. Lice Board/Commissid... Volunte | **AFSCME** Other Bargaining Unit Name Individual Meal Reimbursement 13. 14. Total 11. Per Diem/ Lodging Meals and Lodging Destination Breakfast Lunch Date Time of Time of Houriy Departure Arrival llowance 23.00 70.00 104.50 1 11.50 11/02/09 6:30am Pendleton 34.50 1 116.00 23.00 70.00 46.00 ^ 11.50 11.50 11/03/09 46.00 11.50 23.00 70.00 116.001 11/04/09 11.50 70.00 116.00 46.00 11.50 11.50 23.00 11/05/09 34.50 34.50 11.50 11.50 11.50 11/06/09 4:30pm Return to Portland 280.00 \$487.00 207.00 46.00 57.50 103.50 15. Totals Private Car Training Rate Per Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses Related? Miles Amount **Accounting Codes** 0.550 Personal Vehicle Mileage 14010-41004 7.80 Room Tax 11/2 207.00 7.80 ′ Room Tax 11/3 4106 311,20 7.80 Room Tax 11/4 7.80 Room Tax 11/5 23. Section Total accept travel awards as a result of, or associated with this state business trip. Completion of this block is did not/will not 24. I did/will 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.) \$518.20⁻ 26. Grand Total Amount Travel was to work out of the Pendleton Office. While there, meetings were held with Rep Jenson, Sen Nelson and the 27. Travel Advance Amount Confederated Tribes of the Umatilla Indian Reservation along with the City Manager of Irrigon, Mayor of Boardman and representatives of \$518.20 m 28. Amount Due Employee/State the Port of Morrow and Pendleton Water Treatment Plant. 29. Received Training Conducted Training 31. Title Date I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no 11/12/09 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 Deputy Director claim are available in the approved budget for the

period covered and have been allotted for expenditure.

Attachment C February 18-19, 2010 EQC meeting Page 35(RA) 10R0127253



STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET 1. Name of Employee 2. Agency Dick Pedersen DEQ November 2009 - Washington DC 4. Official Station 5. Division/ Work Unit 6. Regular Schedule Work Shift 8:00 am - 5:00 HQ / Portland OD 4 Other pm Unrepresented Management Servic Executive Service Board/Commissid... Volunte...| Bargaining Unit Name **AFSCME** Other Individual Meal Reimbursement 12. 14. Total Date Time of Time of Per Diem/ Destination Breakfast Lunch Dinner Lodging Meals and Lodging 201 Departure Arrival Hourly Allowance 11/08/09 6:30am Washington DC 35.50 53.25 17.75 179.00 232.25 " 11/09/09 35.50 35.50 prov prov 207.00 242.50 11/10/09 35.50 prov prov 35.50 207.00 242.50 11/11/09 1:00pm Return to Portland 53.25 17.75 17.75 17.75 53.25 Totals 177.50 17.75 35.50 124.25 593.00 \$770.50 19 21. Miscellaneous Expenses Training Rate Per Private Car Accounting Codes Date Fares, Private Mileage, Room Tax, Telephone, Other Expenses Related? Mile Miles Amount Personal Vehicle Mileage 14010-41004 0.550 Room Tax 11/8 177.50 25.96 679.00 Room Tax 11/9 30.02 Room Tax 11/10 30.02 23. Section Total 24. I did/will did not/will not ___ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form. 25. REASON FOR TRAVEL: (Be specific.) Travel was to attend the State-EPA dialogue and a 3 Region Meeting \$856.50[^] 26. Grand Total Amount in Washington DC. While there, Dick also had visits on the hill, 27. Travel Advance Amount U) \$856.50 N 28. Amount Due Employee/State Conducted Training 29. Received Training Signature of Employee 31 Title Date

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

32. Approved By

33 Title

11/12/09 Date

Deputy Director

Director

05 rec.

\$856.50

(2) \$676.90 (See nest page) \$1,533.40

Item B 000040

I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this

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

\$676.90

Itinerary Detail - Combined

Azumano Travel

Back Office Data STATE OF OREGON

Trip Departures from 11/08/2009 to 11/11/2009 Report Parameters: Last Name = PEDERSEN

Total Cost of Trip:

PEDERSEN/R	ICHARD J								
Actual:	\$648.40	Savings:	\$72.00	Val Carrier:	UNITED (UA)		Account: OR State Dept. of	Enviromental	
Lowest:	\$648,40	Lost Amt:	\$0.00	Ticket #:	7546075793		Auth 1: 34000		
Service Fees:	\$28.50			Rec Locator:	VG2CVM		Auth 2: KATIE		
Exception: GO	OVERNMENT FA	ARE USED		Invoice #:	975349506		Auth 3: 5032295990		
•				Inv Date:	10/21/2009		1		
			Itinerary				Airline	Fit #	Class
PORTLAN	D, OR	(CHI-OHARE, IL	•	11/8/2009	06:23-12:21	UNITED (UA)	0132	Y
CHI-OHAR	E, IL	7	WAS-NATIONAL, E	C	11/8/2009	14:01-16:50	UNITED (UA)	0616	Y
WAS-NAT	IONAL, DC	(CHI-OHARE, IL		11/11/2009	07:47-09:03	UNITED (UA)	0605	V
CHI-OHAR	E, IL	I	PORTLAND, OR		11/11/2009	10:18-12:53	UNITED (UA)	0017	Ţ

	· · · · · · · · · · · · · · · · · · ·	Report To			. 1
Air Total	S	Car Rental Total	S	Hotel Booking To	tais
# of Air Trips:	1	# of Rentals:	0	# of Stays:	0
Air Charges:	\$648.40	# of Days Rented:	0	# of Room Nights:	0
Avg Cost per Trip:	\$648.40	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:	\$676.90	Avg Cost per Day:	\$0.00	Avg Cost/RoomNight:	\$0.00

Attachment C

February 18-19, 2010 EQONERDING EPARTMENT OF ENVIRONMENTAL QUALITY

, 		Page	37	of	53	
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<u> </u>	1 age 07 61 00 7	•	OUT-OF-STATE IR				<u> </u>	
1	NAME OF EMPLOYEE: C Pedersen		2. AGENCY/ DEQ/HQ	OFFICIAL STATI	ON:		3. REQUEST #	•
	AGENCY ACCOUNTING IN	FORMATION			5. TRAVEL	JUSTIFICAT	TION ATTACHED	?
1	4010 41004		•		□Y	es ,	□No	
6. I	PURPOSE OF TRIP:	(Be specif	ic, include dates/times	of meeting or	conference	e) ,	•	
Dick	has been invited to atte	•	PA Dialogue on Climate Ch	· -			n DC	- -
7. 1	TINERARY:			8. TRANSPORT	TATION:	(Airfare, t	train fare or sta	ate motor
i	estination city/state:	V	Washington DC				ental cars, see	
Ī .	,					sportation	•	
D	eparture date/time:	Sur	nday, November 8	_		•	TOTAL:	\$600.00
R	eturn date/time:	Wedn	esday, November 11			•	TOTAL.	\$600.00
9. 1	ODGING: Lodging pe	r diem rate:	\$207.00	10. MEALS:	Daily mea	l per diem	rate:	\$71.00
			· · ·			Rate	# Meals	Total
	Amount per night:	-	207.00	Breakfast: (2	5%)	17.75	4	71.00
	Room tax per night:		30.01	Lunch: (25%)		17.75	4	71.00
	# of nights:		3	Dinner: (50%))	35.50	3	106.50
		TOTAL:	\$711.03	(See.	email.)	TOTAL:	\$248.50
<u> </u>		(5 0 1 1 1	40.40.00.00	10 1100001111	150115 505		(1.3	· · · · · · · · · · · · · · · · · · ·
111.	CAR RENTAL:		40.10.00.PO,	12. MISCELLA			(Identify spec	
	Section .115. The St	-	_	expenses -	taxis, snu	ttles, pnon	e, vehicle mile	age, etc.)
	-	ır. Optiona	l insurance will not be					0.00
	reimbursed).			l .	te vehicle	mileage		0.00
<u> </u>	Days @ \$31 plus tax	, gas	TOTAL: \$0.00	b. Shutt			(# of miles)	50.00
				c. Othe	r (specify l	oelow)		
13.	TRAINING RELATED?	(if yes, at	tach agenda)				TOTAL:	50.00
	☐ Yes	□N	0					
	STATUS:							
	Executive/Mgmt Svc			16. ESTIMA	ATED COST	OF TRIP:		,
	AFSCME:			Transp	ortation:		\$600.00	•
	Other: Explain:		2	Lodgin	g:		\$711.03	1
				Meals:			\$248.50	€
15.	TRAVEL AWARDS:	Agencies	are mandated to	Car Re	ntal:		\$0.00	
	maintain records on	employee a	accumulation of travel	Misc:			\$0.00	50.00
	awards as reported of	on their tra	vel expense detail			•	1.609.5	- 53
	sheets. Travel awar	ds include,	but may not be limited	TOTAL	:		\$1,559.53	72 200
	to airline frequent fl	yer miles a	nd hotel or car rental					-
	frequent customer a	wards or m	iles.	di W				
	I certify that this trip	is necessary	and essential to the nor	mal discharge o	f DEQ respo	onsibilites; 1	hat required m	onies are
17.	budgeted and alloted	for expendi	ture; that the trip meets	all the requirer	nents mand	dated by OR	S 292.230, OAM	Policy
	40.10.00, and DEQ po	olicy.						
18.	EMPLOYEE SIGNATURE	M				DATE:	10-9-09	
19.	SUPERVISOR SIGNATURI					DATE:	16-17,-	19
20.	DA/EMT SIGNATURE	<u>~</u>				DATE:	, ,	<u> </u>
21.	MSD DA SIGNATURE	1/1/1 4				DATE: /	16/14/139	0042
I	Email sent 101			1,53	3,40	 	· 1	
	Out-of-State Travel Authoriz	zation Form.xlt		•			jle	ber 9/2008

Attachment C February 18-19, 2010 EQC meeting Page 38 of 53

RA 10R0127253 STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



					~ <u>~</u>		<u> 303</u>	<u> / </u>	<u> </u>		
1. Name of E	mployee			2. Agency	-		3. Period (M	onth and Y	ear)	•	
	Dick F	Pedersen		DEC	Q				11.2009	Seattle	
 Official Sta 				5. Division/ Work Unit			6. Regular 3 ช:บบ an	Schedule W 1 - 5:00	ork Shift	•	
HQ / Portla				OD		2			Other	_	to _
7. Unrepr	esented U	Manage	ment Servid	Executive Sedice	Board/	Commissid	凵	Volunte	Ш		
Bargair	ning Unit Name		AF	SCME	Other	П					
8. Date	9. Time of Departure	10. Time of Arrival	11.	, Destination	12. Per Diem/ Hourly	Individua Breakfast	l Meal Reim Lunch	bursement Dinner	13. Lodging	1	4. Total and Lodging
11/19/09	3:00pm		Seattle		Allowance 35.50			35.50	159.00	1	94.50
11/20/09	- C.CCP	9:00pm	Return to Po	ortland	71.00	17.75	17.75	35.50			71.00
		J.Cop							<u> </u>		
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											-
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										<u> </u>	
											•
					<u> </u>						11
				15. Totals	106.50	17.75	17.75	71.00	159.00	\$2	265.50
16.			17.	18.				19.	20	21.	22.
Δ.	scounting Cod	los	Date	Miscellan Fares, Private Mileage, Roon	eous Expense n Tax Teleph		xnenses	Training Related?	Rate Per Mile	Private Car Miles	Amount
	4004		 	Personal Vehicle Milea		J.,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.550		
7,0,0	7.00						,				
	4432	106.50		Room Tax for 11/19							24.80
	4434			Round trip Train ticket	to Seattle	e					90.00
	4441	99,00		Taxi to Hotel							9.00 1
										<u> </u>	
	-								23. Section	Total	\$123.80
24. I did/	Totals	<i>389,30</i> id not/will i		cept travel awards as a res	ult of or or	conicted v	uith thic ct	ata busin	ee trip. C	ompletion o	
mandatory	. Travel exp	ense reimb	ursement cla	ims will not be processed al frequent customer aware	if this block	is left bla	nk. Travel	l awards i	ncluded, b	ut may not i	
	ON FOR TR										00.00/
t .			the Pacific	Northwest Director's n	neeting	26. G	and Total	Amount			89.30
held at th	ne EPA off	fices.				27. Tr	avel Adva	nce Amoi	ınt		
	-					28. Ar	nount Due	Employe	e/State	\$3	89.301 ^{67~}
			-			_	eceived Tr	aining	Conduc	cted Training	
			reflect actual	30. Signature of Emplo	yee	31. Ti	tle				Date
			ntitled; that no red or will be	1 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1			Di	rector		ì	H42 /09
	any other sou			my /							
I cartify that	the above claim	ned evneners	are authorized	32. Approved By	18	33. Ti	tle				Date
duty require	d expenses. vailable in the	Funds for page approved by	syment of this budget for the	Anthul		. ,	Deput	y Director		12-109	
	ed and have be	en alloπed for	expenditure.	1/		!				. /	
05 n	ce.			\setminus \setminus					,		

1/8

Attachment C February 18-19, 2010 EQORTGON DEPARTMENT OF ENVIRONMENTAL QUALITY
Page 39 of 53

OUT-OF-STATE TRAVEL AUTHORIZATION

Fage 39 01 33	_	AVEL AS MORIZATION	·	B BEATTER:	
1. NAME OF EMPLOYEE: Dick Pedersen	2. AGENCY/ DEQ/HQ	OFFICIAL STATION:		3. REQUEST #: 119-10	
4. AGENCY ACCOUNTING IN		5. TRAVE	L JUSTIFICATI	ON ATTACHED?	
09 14040 41004			Yes	□No	
6. PURPOSE OF TRIP:	(Be specific, include dates/times	of meeting or conference	ce)		
Dick will be attending a PNW	Director's Meeting being held in Seattl	le. The meeting will start	at 9:30 in the	morning, ending	around 4:30
	er held the evening of November 19th				
7. ITINERARY:	5 WA	8. TRANSPORTATION:	. ,	ain fare or stat	
Destination city/state:	Seattle, WA	pool vehicle (circle	•	•	F11,
Departure date/time:	Wovember 19, 2009 3:00pm	for misc. ground tra	nsportation,	See #12)	
		Train		TOTAL:	\$90.00 ^
Return date/time:	ىخىز. November 20, 2009 9:30pm			=	
	r diem rate: \$159.00	10. MEALS: Daily me	al per diem r	ate:	\$71.00
	<u> </u>		Rate	# Meals	Total
Amount per night:	159.00	Breakfast: (25%)	17.75	1	17.75
Room tax per night:	24.80	Lunch: (25%)	17.75	1	17.75
# of nights:	1	Dinner: (50%)	35.50	2	71.00
					£404 F04
	TOTAL: \$183.80			TOTAL:	\$106.50
•				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,6
11. CAR RENTAL:	(See OAM 40.10.00.PO,	12. MISCELLANEOUS CO		(Identify speci	
i	ate has a price agreement with	expenses - taxis, shi	utties, phone	e, venicie milea	ige, etc.)
reimbursed).	r. Optional insurance will not be	a. Private vehicle	mileage		0.00
Days @ \$31 plus tax	, gas TOTAL: \$0.00	b. Shuttle	mileage	(# of miles)	_ 0.00
Days @ 751 plus tax	, gas 101AL. 30.00	c. Other (specify	helow)	· · ·	
13. TRAINING RELATED?	(if yes, attach agenda)	1	DCIOW)	-	30.00
13. HARMING REEATES.	(if yes, accaer ageriaa)	Jaki		TOTAL:	-\$0.00
□Yes	∐ Ņo				30.00
14. STATUS:		separation of the separate separate			
Executive/Mgmt Svc:	•	16. ESTIMATED COST	OF TRIP:		
AFSCME:		Transportation:		\$90.00	
Other: Explain:		Lodging:	,	\$183.801	
		Meals:	•	\$106.50	
15. TRAVEL AWARDS:	Agencies are mandated to	Car Rental:		\$0.00	
	employee accumulation of travel	Misc:			30.00
1	n their travel expense detail	TOTAL:		410,30 -\$380.30	مامم
i .	ds include, but may not be limited	TOTAL:		-3500.50	70776
frequent customer a	yer miles and hotel or car rental		-		
	is necessary and essential to the nor	mal discharge of DEO rosp	oncibilitor: th	at required me	nios aro
	for expenditure; that the trip meets	-		-	
40.10.00, and DEQ po	•		~		
18. EMPLOYEE SIGNATURE			DATE:		-0
10. EMILOTEL SIGNATORE	Wup fee L	<i>₩</i>	JA12.	0-24-0	27
19. SUPERVISOR SIGNATURE	An Allum		DATE: //-	509	
20. DA/EMT SIGNATURE	()		DATE:	<i>2</i> 0 <i>j</i>	
	1	·	*		
21. MSD DA SIGNATURE			DATE:	Item 12 000	69
Email sent 11/5/09 K Out-of-State Travel Authoriz		389	7.30	/ / jleb	er 9/2908

Attachment C February 18-19, 2010 EQC meeting Page 40 of 53

一 (RA) 10R0127253 STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET

1. Name of Employee 2. Agency Dick Pedersen December 2009-Medford Week DEQ Regular Schedule Work Shift 8:00 am - 5:00 4. Official Station 5. Division/ Work Unit HQ / Portland OD Other pm ŧο Unrepresented Management Servid Executive Sedice Board/Commissid Volunte□ Bargaining Unit Name **AFSCME** 88 Date 11. 12. Individual Meal Reimbursement 14. Total Time of Time of Per Diem/ Destination Lodaina Breakfast Lunch Meals and Lodging Departure Arrival Hourly llowance 42.00 11/30/09 12:00pm 14.00 28.00 130.00 Medford 88.00 4 12/01/09 42.00 14.00 28.00 88.00 4 130.001 prov 12/02/09 56.00 14.00 28.00 88.00 / 14.00 144.00 12/03/09 42.00 14.00 28.00 88.00 130.00 prov 12/04/09 7:00pm 56.00 28.00 Return to Portland 14.00 14.00 56.00 42.00 \$590.00 Totals 238.00 56.00 140.00 352.00 Miscellaneous Expenses Private Car Training Rate Per Fares, Private Mileage, Room Tax, Telephone, Other Expenses **Accounting Codes** Date Miles Amount Personal Vehicle Mileage 0.550 14010-41004 Room Tax 11/30 8.80 238.00 Room Tax 12/1 8.801 4106 387.20 Room Tax 12/2 8.801 Room Tax 12/3 8.80 1 23. Section Total 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.) \$625.20[^] Travel was to work out of the Medford Office. While there, meetings 26. Grand Total Amount were held with Rep Esquivel, Sen Bates, Rep Buckley, along with Commissioner Uherbelau and a tour of Rogue Waste Systems and 27. Travel Advance Amount NW Shot. \$625.20 心 28. Amount Due Employee/State 29. Received Training Conducted Training 31. Title Signature of Employee Date certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be 12/07/09 Director claimed from any other source. 33. Title Date certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this Deputy Director claim are available in the approved budget for the period covered and have been allotted for expenditure.

Attachment C February 18-19, 2010 EQC meeting Page 41 of 53

STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET

I	KAVEL	EVLEIM	SE DETA	IL SHEET		7835		3121	VPJ	Г <u>299.</u> ^{ear)}	59	
1. Name of Er	mployee			2. Адепсу				3. Period (N	lonth and Y	ear)		
	Dick P	edersen			DEQ						ERT Field	Ггір
4. Official Stat				5. Division/ W	ork Unit			6. Regular S ช:บบ am				-
HQ / Portla					OD		<u> </u>	pm		Other		to _
7. Unrepre	esented \square	Managei	ment Servid		itive Selfice		Commissid	브	Volunte_1	L		
Bargain	ing Unit Name		AF	SCME		Other	1-					
8. Date	9. Time of Departure	10. Time of Aπival	11,	Destination		12. Per Diem/ Hourly Allowance	Individua Breakfast	l Meal Reim Lunch	bursement Dinner	13. Lodging	•	. Total and Lodging
12/08/09	7:30am		Travel to Till	lamook / Asto	ria 25.50	68.00	-12.75	prov	25.50	92.00	4	50.0 0 11 7.50
12/09/09		5:00pm	Return to Po			12.75	prov	ргоу	12.75			2.75
									<u> </u>			
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			<u> </u>									
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			<u> </u>							-	<u> </u>	
			 									
			 				 					
			 			38.25	0			-		30,25
1923 (Mark Asia		15. Totals	80.75	12.75		38.25	92.00		72.75
16.	a jara sagara an		17.	18.	10. (11	00110		<u> </u>	19,	20		22.
			1			ous Expense			Training	Rate Per	Private Car	
	counting God	es	Date		te Mileage, Room		one, Other E	xpenses	Related?	0.550	Miles	Amount
14010.	-41004			Personal V	ehicle Milea	ge				0.550		
		38.25		Room Tax	for 12/9					-		9.20
	4101		+	NOOIII TAX	101 1210							0.20
	TIULE	101.20								 		
											<u> </u>	
	12.				,							
	Totals	139.45								23. Section	Total	\$9.20
24. I did/\		d not/will	not ≝ acr	cept travel aw	ards as a resu	ilt of, or as	sociated v	vith this st	ate busin	ess trip. C	ompletion o	f this block is
mandatory	. Travel exp	ense reimb	oursement cla	aims will not b	e processed it	fthis block	is left bla	nk. Travel	awards i	ncluded, b	ut may not b	e limited to,
airline frequ	uent flyer m	iles and hot	tel or car rent	al frequent cu	ıstomer award	s or miles.	Review i	nstruction:	s on reve	rse of the f	orm.	30 NE'
	ON FOR TR. as for ERT	•		to Northern	Oregon Co	ast.	26. Gi	and Total	Amount		- \$1	81.95
			•		J							,
							27. Ir	avel Adva	nce Amol	ınt		20 4B
							28. Ar	nount Due	: Employe	e/State	6 \$1	81:95 × m
					-		29. Re	eceived Tr	aining	Conduc	cted Training	-
I certify that	all reimburser	nents claimed	reflect actual	30. Signa	ture of Employ	ree	31. Ti	tle				Date
part thereof		retofore claim	ntitled; that no ned or will be	Su	1/	···		Di	rector		12	2/10/09
			are authorized	32. Approv	ved By	1	33. Ti	tle '				Date
duty required claim are av	d expenses.	Funds for page approved b	ayment of this budget for the	Xu.	thuul		· / .	Deput	y Director	12	11-09	

Attachment C February 18-19, 2010 EQC meeting Page 42 of 53 FINAL COPY FINAL TIME SHEET # DATE - DAY AAZ E SE Q WORK SCHED crs CTS 오 SDE CTA 유 2 디 B PAY 8 6 윺 \$ ᅜ 1 1 APPT TYPE SA 34 PAY BASIS œ. S 30 = 29 MEAH: Z7014 EMPLOYEE MONTHLY TIMESHEET 28 2 27 2 26 1000000 SE 25 IGNED CERTIFYING TRUE AND ACCURATE % SA 24 FR 33 11 22 **OR0127253** 三 三 2 Ĩ 20 00 OX. AS 18 % PEDERSEN, RICHARD J ₹S 17 PRELIMINARY AND FINAL TOTALS EMPLOYEE ď 16 Ξ 176.0 **OREGON STATE PAYROLL SYSTEM** 1 13 <u>Σ</u> 12 01/31/09 FULL TIME 094100414010 100,00 % 11 3 165 9 Z. 11000 CHECK ũ Ξ W T Parances As op: 34000 COST CENTER DISTRIBUTION 01/01/09 = Š PERSONNEL AGENCY # S SA FORM # AD1743 PAYROLL AGENCY # 0800 NE S, 34000 TIME SHEET Ξ 0 1 8 42 4 9 2 80 9 9 6 ස B 6 8 5 9 2

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