

State of Oregon  
Department of Environmental Quality

Memorandum

**Date:** February 1, 2010  
**To:** Environmental Quality Commission  
**From:** Joni Hammond, Deputy Director  
**Subject:** Agenda item B, Action item: Director's transactions for commission review  
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 recommendation** DEQ recommends that the Oregon Environmental Quality Commission review and approve the DEQ director's transactions seen in attachment C.

**Background** In 2001, the Department of Administrative Services adopted a policy requiring EQC review and approval of certain transactions of the DEQ director, including monthly time reports, vacation pay, travel expense and the small purchase order transaction system credit card use. In September 2001, 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 Manager

Division: \_\_\_\_\_  
MSD Administrator

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

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

### Accountability and Control Standards

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

### Establishing Review and Approval Authority

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

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

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

### Requirement for Internal Procedure and Review

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

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

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

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

**Fiscal Officer Responsibility**


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

**Seeking Guidance from State Controller's Division**

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

**Transactions Subject to Audit**

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

<b>DEPARTMENT OF ENVIRONMENTAL QUALITY</b>  <b>POLICIES AND PROCEDURES</b>	<b>POLICY NUMBER:</b> A10.90.00.PO
	SEPTEMBER 20, 2001
	PAGE 1 OF 1
<b>SUBJECT: APPROVAL OF DIRECTOR'S TRANSACTIONS</b>	<b>APPROVAL:</b> 

**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
Holiday	72 hours
Personal Business	24 hours
Sick Leave	10.5 hours
Vacation	119 hours
Furlough	24 hours
Miscellaneous Paid Leave	0 hours

**VACATION LEAVE PAYOFF: None**

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

**TRAVEL EXPENSE REIMBURSEMENTS**

<u>Date</u>	<u>Destination</u>	<u>Reason for Travel</u>	<u>Total Cost</u>	<u>Amount Reimbursed</u>	<u>Net Cost to DEQ</u>
1/25 - 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**

<u>Date</u>	<u>Destination</u>	<u>Reason for Travel</u>	<u>Total Cost</u>	<u>Amount Reimbursed</u>	<u>Net Cost to DEQ</u>
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 Coquille	\$487.65	\$0.00	\$487.65
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**

<u>Date</u>	<u>Destination</u>	<u>Reason for Travel</u>	<u>Total Cost</u>	<u>Amount Reimbursed</u>	<u>Net Cost to DEQ</u>
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
<b>TOTAL:</b>			<u><u>\$11,635.68</u></u>	<u><u>\$815.15</u></u>	<u><u>\$10,820.53</u></u>



10R0127253  
STATE OF OREGON  
TRAVEL EXPENSE DETAIL SHEET



304/VPT-28354

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) January-09	
4. Official Station Portland/HQ		5. Division/ Work Unit OD		6. Regular Schedule Work Shift 8:00 am - 5:00 pm <input checked="" type="checkbox"/> Other <input type="checkbox"/> to	
7. Unrepresented <input type="checkbox"/> Management Service <input type="checkbox"/> Executive Service <input checked="" type="checkbox"/> Board/Commission <input type="checkbox"/> Volunteer <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME Other <input type="checkbox"/>			

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	12. Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging	
					Breakfast	Lunch	Dinner			
01/25/09	12:00 pm		Medford 87/44	33.00	11.00	22.00		87.00	118.25 120.00	
01/26/09			Coos Bay 70/39	39.00	9.75	9.75	19.50	70.00	109.00	
01/27/09		4:30 pm	Portland	29.25	12.25	24.50	*		36.75 29.25	
					9.75	9.75	9.75			
15. Totals					101.25	22.00	44.00	39.00	157.00	258.25

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-41004		Personal Vehicle Mileage		0.550		
	01/26/09	Hotel tax/fee				8.70
4101	01/27/09	Hotel tax/fee				5.60
4106	171.30					
Totals						272.55

23. Section Total		\$14.30
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24. I 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.)  
Listening sessions with Medford and Coos Bay DEQ staff. Also, visit Medford VIP office. January 26 and 27, 2009.

26. Grand Total Amount	272.55 \$276.30
27. Travel Advance Amount	
28. Amount Due Employee/State	272.55 \$276.30 km
29. Received Training	Conducted Training
30. Signature of Employee	31. Title Director
32. Approved By	33. Title Deputy Director
	Date 01/29/09
	Date 2-5-09

10R0127253  
**STATE OF OREGON**  
**TRAVEL EXPENSE DETAIL SHEET**



308/VPT 28-184

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) February-09	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule/Work Shift 8:00 am - 5:00 pm <input checked="" type="checkbox"/> pm <input type="checkbox"/> Other <input type="checkbox"/> to <input type="checkbox"/>	
7. Unrepresented <input type="checkbox"/> Management Service <input type="checkbox"/> Executive Service <input checked="" type="checkbox"/> Board/Commission <input type="checkbox"/> Volunteer <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME <input type="checkbox"/> Other <input type="checkbox"/>			

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	12. Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
02/17/09	1:00pm		Eugene	22.00			22.00	100.00	① 122.00
02/18/09				44.00	11.00	11.00	22.00	100.00	① 144.00
02/19/09		4:00pm	Portland	33.00	11.00	11.00	11.00		① 33.00
15. Totals				99.00	22.00	22.00	55.00	200.00	\$299.00

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-41004	02/23/09	Personal Vehicle Mileage		0.550	158	86.90 ②
4101	99.00	Parking 2/17 and 2/18				18.00 ①
4106	221.00	Room Tax 2/17 and 2/18				21.00 ①
4108	104.90					
Totals						424.90
23. Section Total						\$125.90

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.)  
2/17-2/19 Eugene: Cultural Competency w/Lee Mun Wah and John Lenssen////////2/23 Travel to Meeting in Salem from Newport. See attached personal vehicle approval form

26. Grand Total Amount	\$424.90
27. Travel Advance Amount	
28. Amount Due Employee/State	\$424.90 KM
29. Received Training	Conducted Training

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.	30. Signature of Employee	31. Title	Date
	<i>[Signature]</i>	Director	03/04/09
I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.	32. Approved By	33. Title	Date
	<i>[Signature]</i>	Deputy Director	3-5-09

**REQUEST FOR APPROVAL TO USE PERSONAL CAR ON STATE BUSINESS**

To: Kerri L. Nelson  
(Supervisor)

Date: 2/20/09

From: Dick Pedersen  
(Employee)

I request approval to use my personal car for State business on 2/23/09  
(Date)

for the purpose of: Travel to attend meetings in Salem.

②

My reason(s) for using my own car is (are): I will be on personal business in Newport on 2/21/09-2/22/09 and will not be able to get back to Portland and then drive to Salem in time to get to my scheduled meetings on Monday, February 23, 2009.

I am ☒ I am not ☐ asking for mileage payment. Insurance terms remain the same whether or not mileage payment is requested.

When I am using my own car on state business, **my** auto insurance applies first. If I have an accident and the loss to others exceeds my own policy limits, the State's coverage will apply to the amount over my policy limits. BUT the State will not cover any loss or damage I cause to others when I am **not** acting within the scope of my state employment or duties. Nor will it cover if my actions amount to malfeasance in office or willful or wanton neglect of duty.

It is **my** duty to carry liability, uninsured motorist, and personal injury protection insurance as required by law. It is up to me to carry physical damage coverage. The State only provides coverage for physical damage, uninsured motorist, and personal injury protection on vehicles owned, rented, or leased by the State. This means that the State will **not** pay the costs of any repairs to my vehicle.

If I have any questions about the correct insurance coverage for my personal vehicle while driving on State business, I will contact my own insurance agent for advice.

If I am involved in a vehicle accident while on state business, I will promptly notify my supervisor and my agency risk coordinator.

Requested:

Dick Pedersen  
Employee

2/20/09  
Date

Approved:

[Signature]  
Supervisor

3/5/09  
Date

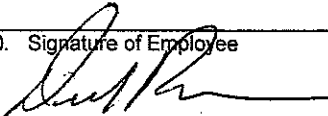
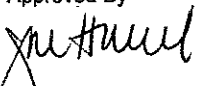
Item B 000011  
Revised July 2006 by j.leber

10R0127253

## TRAVEL EXPENSE DETAIL SHEET



327/VPT 28583

24. I did/will <input type="checkbox"/> did not/will not <input checked="" type="checkbox"/> accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.		25. REASON FOR TRAVEL: (Be specific.) <i>See attached email.</i>	
3/3 Travel to Bend for Listening sessions and meet w/ Bend office 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		26. Grand Total Amount <span style="float: right;"><del>1,149.32</del> <b>\$1,213.32</b></span>	
		27. Travel Advance Amount	
		28. Amount Due Employee/State <span style="float: right;"><del>1,149.32</del> <b>\$1,213.32</b></span>	
		29. Received Training      Conducted Training	
I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.	30. Signature of Employee 	31. Title Director	Date 3/27/09
I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.	32. Approved By 	33. Title Deputy Director	Date 3-30-09

05 rec.

Travel Expense Claim.xls - Revised Jan. 2006 by Dale Chipman

① \$ 155.10

② \$ 134.10

③ \$1,487.52 (see attached pages) Item B 000012

\$1,776.72

Item B 000012

## Itinerary Detail - Combined

**Azumano  
Travel**  
Est. 1949

**Back Office Data**

**STATE OF OREGON**

Trip Departures from 03/21/2009 to 03/24/2009

Report Parameters: Last Name = PEDERSEN

**PEDERSEN/RICHARD**

Actual: \$636.40	Savings: \$860.00	Val Carrier: UNITED (UA)	Account: OR State Dept. of Environmental
Lowest: \$636.40	Lost Amt: \$0.00	Ticket #: 7529821530	Auth 1: 34000
Service Fees: \$28.50		Rec Locator: SLT98E	Auth 2: DAY
Exception: GOVERNMENT FARE USED		Invoice #: 975328985	Auth 3: 5032295990
		Inv Date: 2/9/2009	

Itinerary				Airline	Flt #	Class
PORTLAND,OR	CHI-OHARE,IL	3/21/2009	08:17-14:05	UNITED (UA)	0722	Y
CHI-OHARE,IL	WAS-NATIONAL,DC	3/21/2009	16:05-18:51	UNITED (UA)	0620	Y
WAS-NATIONAL,DC	CHI-OHARE,IL	3/26/2009	13:26-14:39	UNITED (UA)	0619	Y
CHI-OHARE,IL	PORTLAND,OR	3/26/2009	15:19-17:46	UNITED (UA)	0929	Y

**Total Cost of Trip: \$664.90**

**PEDERSEN/RICHARD**

\*\* This is an "Exchange" record. Original Ticket # was 7529821530

Actual: -\$66.00	Savings: \$66.00	Val Carrier: UNITED (UA)	Account: OR State Dept. of Environmental
Lowest: -\$66.00	Lost Amt: \$0.00	Ticket #: 7530765102	Auth 1: 34000
Service Fees: \$28.50		Rec Locator: SLT98E	Auth 2: DAY
Exception: EXCHANGE TICKET		Invoice #: 975332465	Auth 3: 5032295990
		Inv Date: 3/16/2009	

Itinerary				Airline	Flt #	Class
PORTLAND,OR	CHI-OHARE,IL	3/21/2009	08:17-14:05	UNITED (UA)	0722	Y
CHI-OHARE,IL	WAS-NATIONAL,DC	3/21/2009	16:05-18:51	UNITED (UA)	0620	Y
WAS-NATIONAL,DC	CHI-OHARE,IL	3/24/2009	18:40-20:00	UNITED (UA)	0629	V
CHI-OHARE,IL	PORTLAND,OR	3/24/2009	20:39-23:10	UNITED (UA)	0321	V

**Total Cost of Trip: -\$37.50**

### Report Totals

Air Totals	Car Rental Totals	Hotel Booking Totals
# 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
	Avg Cost per Day: \$0.00	Avg Cost/RoomNight: \$0.00
<b>Total All Charges: ③ \$627.40</b>		

**MURPHY Kathy M**

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**From:** MURPHY Kathy M  
**Sent:** Tuesday, March 31, 2009 12:04 PM  
**To:** PEDERSEN Dick  
**Cc:** OGRODNIK Katie  
**Subject:** RE: Pedersen - travel expense claim question

Dick,

Okay. I'll make the changes.

Thanks,  
Kathy

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**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

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**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,

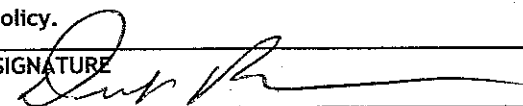
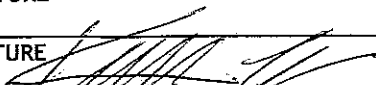
I forgot to mention box 24 on the travel expense claim. Dick needs to indicate whether he did or did not accept travel awards as a result of, or associated with this state business trip.

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

## OUT-OF-STATE TRAVEL AUTHORIZATION

<b>1. NAME OF EMPLOYEE:</b> Dick Pedersen		<b>2. AGENCY/OFFICIAL STATION:</b> DEQ/ HQ		<b>3. REQUEST #:</b> 233-09																													
<b>4. AGENCY ACCOUNTING INFORMATION:</b> 09 14010 41004			<b>5. TRAVEL JUSTIFICATION ATTACHED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																														
<b>6. PURPOSE OF TRIP:</b> (Be specific, include dates/times of meeting or conference) Environmental Council of the States (ECOS) Spring meeting in Alexandria, VA March 22 - 24 and the State Summit on Climate Change and PreEmption on March 25 in DC. *Dick represents the State of Oregon at these meetings.																																	
<b>7. ITINERARY:</b> Destination city/state: <u>(3) Washington, DC</u> Departure date/time: <u>Saturday, March 21, 2009 8am</u> Return date/time: <u>Thursday, March 26, 2009 6pm</u>			<b>8. TRANSPORTATION:</b> (Airfare, train fare or state motor pool vehicle (circle one). For rental cars, see #11, for misc. ground transportation, see #12) <div style="text-align: right;">           TOTAL: <u>694.90</u>  <del>\$664.90</del> </div>																														
<b>9. LODGING:</b> Lodging per diem rate: <u>\$209.00</u> Amount per night: <u>209.00</u> Room tax per night: <u>25.35</u> # of nights: <u>5</u> <div style="text-align: right;">           TOTAL: <u>\$1,171.75</u> </div>			<b>10. MEALS:</b> Daily meal per diem rate: <u>\$64.00</u> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Rate</th> <th># Meals</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Breakfast: (25%)</td> <td>16.00</td> <td>5</td> <td>80.00</td> </tr> <tr> <td>Lunch: (25%)</td> <td>16.00</td> <td>5</td> <td>96.00</td> </tr> <tr> <td>Dinner: (50%)</td> <td>32.00</td> <td>5</td> <td>160.00</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">174.00</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">TOTAL: <u>\$336.00</u></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;"><u>256.00</u></td> </tr> </tbody> </table> <p><i>Some meals will be provided. See attached sheet.</i></p>				Rate	# Meals	Total	Breakfast: (25%)	16.00	5	80.00	Lunch: (25%)	16.00	5	96.00	Dinner: (50%)	32.00	5	160.00				174.00				TOTAL: <u>\$336.00</u>				<u>256.00</u>
	Rate	# Meals	Total																														
Breakfast: (25%)	16.00	5	80.00																														
Lunch: (25%)	16.00	5	96.00																														
Dinner: (50%)	32.00	5	160.00																														
			174.00																														
			TOTAL: <u>\$336.00</u>																														
			<u>256.00</u>																														
<b>11. CAR RENTAL:</b> (See OAM 40.10.00.PO, Section .115. The State has a price agreement with Enterprise Rent-A-Car. Optional insurance will not be reimbursed). Days @ \$31 plus tax, gas TOTAL: <u>\$0.00</u>			<b>12. MISCELLANEOUS COSTS:</b> (Identify specific expenses - taxis, shuttles, phone, vehicle mileage, etc.) a. Private vehicle mileage _____ 0.00 b. Shuttle _____ (# of miles) c. Other (specify below) <u>90.00</u> <i>Baggage fees, taxi fares</i> <div style="text-align: right;">           TOTAL: <u>\$10.00</u> </div>																														
<b>13. TRAINING RELATED?</b> (if yes, attach agenda) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																	
<b>14. STATUS:</b> <input checked="" type="checkbox"/> Executive/Mgmt Svc: <input type="checkbox"/> AFSCME: <input type="checkbox"/> Other: Explain: _____																																	
<b>15. TRAVEL AWARDS:</b> Agencies are mandated to maintain records on employee accumulation of travel awards as reported on their travel expense detail sheets. Travel awards include, but may not be limited to airline frequent flyer miles and hotel or car rental frequent customer awards or miles.			<b>16. ESTIMATED COST OF TRIP:</b> Transportation: <u>\$664.90</u> <u>694.90</u> Lodging: <u>\$1,171.75</u> Meals: <u>\$336.00</u> <u>256.00</u> Car Rental: <u>\$0.00</u> Misc: <u>\$10.00</u> <u>90.00</u> <div style="text-align: right;">           TOTAL: <u>2,212.65</u>  <del>\$2,182.65</del> <u>16m</u> </div>																														
<b>17.</b> I certify that this trip is necessary and essential to the normal discharge of DEQ responsibilities; that required monies are budgeted and allotted for expenditure; that the trip meets all the requirements mandated by ORS 292.230, OAM Policy 40.10.00, and DEQ policy.																																	
<b>18. EMPLOYEE SIGNATURE</b> 				DATE: <u>2/10/09</u>																													
<b>19. SUPERVISOR SIGNATURE</b>				DATE:																													
<b>20. DA/EMT SIGNATURE</b>				DATE:																													
<b>21. MSD DA SIGNATURE</b> 				DATE: <u>2/17/09</u> Item B 000015																													

STATE OF OREGON



337/VPT28859

Travel Expense Claim.xls (3/08) Heber



**STATE OF OREGON**  
**TRAVEL EXPENSE DETAIL SHEET**



318/VPT-28978

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) June-09	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift 8:00 am - 5:00 pm <input checked="" type="checkbox"/> Other <input type="checkbox"/> to	
7. Unrepresented <input type="checkbox"/> Management Service <input type="checkbox"/> Executive Service <input type="checkbox"/> Board/Commission <input type="checkbox"/> Volunteer <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME Other <input type="checkbox"/>			

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging	
					Breakfast	Lunch	Dinner			
06/01/09	11:30 am		Chicago, IL	48.00		16.00	32.00	209.00	241.00	
06/02/09				0	Prov	Prov	Prov	209.00	209.00	
06/03/09		8:00pm	Return to Portland	32.00	Prov	Prov	32.00		32.00	
				80.00					498.00	
15. Totals				64.00				64.00	418.00	\$482.00

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-41004		Personal Vehicle Mileage		0.550		
4151	06/01/09	Room Tax (14.89% of \$209)			31.12	34.10
4150	06/02/09	Room Tax			31.12	34.10
4160	06/01/09	CTA - Train to Hotel				2.25
	06/03/09	CTA - Train to Airport				2.25
Totals						66.74
23. Section Total						\$72.70

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

25. REASON FOR TRAVEL: (Be specific.)  
Travel to attend the Climate Registry Board Meeting. Dick is on the Board of Directors.

26. Grand Total Amount	\$554.70
27. Travel Advance Amount	
28. Amount Due Employee/State	\$554.70
29. Received Training	Conducted Training
30. Signature of Employee	31. Title Director
32. Approved By	33. Title Deputy Director
	Date 06/09/09
	Date 6-16-09

OS rec.

① \$ 564.74

② 483.20 (see next page)

\$ 1,047.94

# Itinerary Detail - Combined

**Azumano  
Travel**  
Est. 1949

## 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: \$483.20 Savings: \$366.00  
Lowest: \$483.20 Lost Amt: \$0.00

Val Carrier: UNITED (UA)  
Ticket #: 7535199173  
Rec Locator: P0X9CI  
Invoice #: 975338507  
Inv Date: 5/29/2009

Account: OR State Dept. of Enviromental  
Auth 1: 34000  
Auth 2: KATIE  
Auth 3: 5032295990

Exception: GOVERNMENT FARE USED

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

Total Cost of Trip: \$483.20

#### Report Totals

Air Totals		Car Rental Totals		Hotel Booking Totals	
# 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
		Avg Cost per Day:	\$0.00	Avg Cost/RoomNight:	\$0.00
Total All Charges: ② \$483.20					

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

1. NAME OF EMPLOYEE: Dick Pedersen		2. AGENCY/OFFICIAL STATION: DEQ/HQ		3. REQUEST #: 311-09																					
4. AGENCY ACCOUNTING INFORMATION: 14010 09 44040 41004			5. TRAVEL JUSTIFICATION ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No																						
6. PURPOSE OF TRIP: (Be specific, include dates/times of meeting or conference) The Climate Registry Board of Directors Meeting in Chicago, IL, June 2-3, 2009. Dick is on the Board of Directors																									
7. ITINERARY: Destination city/state: <u>Chicago, IL</u> Departure date/time: <u>Monday, June 1, 2009 12:00pm</u> Return date/time: <u>Wednesday, June 3, 2009 5:00pm</u>			8. TRANSPORTATION: (Airfare, train fare or state motor pool vehicle (circle one). For rental cars, see #11, for misc. ground transportation, see #12)  <div style="text-align: right;">TOTAL: <u>\$400.00</u></div>																						
9. LODGING: Lodging per diem rate: <u>\$209.00</u>  Amount per night: <u>209.00</u>  Room tax per night: <u>31.15</u>  # of nights: <u>2</u>  <div style="text-align: right;">TOTAL: <u>\$480.30</u></div>			10. MEALS: Daily meal per diem rate: <u>\$64.00</u> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th></th> <th style="text-align: center;">Rate</th> <th style="text-align: center;"># Meals</th> <th style="text-align: center;">Total</th> </tr> </thead> <tbody> <tr> <td>Breakfast: (25%)</td> <td style="text-align: center;">16.00</td> <td style="text-align: center;">2</td> <td style="text-align: center;">32.00</td> </tr> <tr> <td>Lunch: (25%)</td> <td style="text-align: center;">16.00</td> <td style="text-align: center;">2</td> <td style="text-align: center;">32.00</td> </tr> <tr> <td>Dinner: (50%)</td> <td style="text-align: center;">32.00</td> <td style="text-align: center;">3</td> <td style="text-align: center;">96.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL:</td> <td style="text-align: center;"><u>\$160.00</u></td> </tr> </tbody> </table>				Rate	# Meals	Total	Breakfast: (25%)	16.00	2	32.00	Lunch: (25%)	16.00	2	32.00	Dinner: (50%)	32.00	3	96.00	TOTAL:			<u>\$160.00</u>
	Rate	# Meals	Total																						
Breakfast: (25%)	16.00	2	32.00																						
Lunch: (25%)	16.00	2	32.00																						
Dinner: (50%)	32.00	3	96.00																						
TOTAL:			<u>\$160.00</u>																						
11. CAR RENTAL: (See OAM 40.10.00.PO, Section .115. The State has a price agreement with Enterprise Rent-A-Car. Optional insurance will not be reimbursed). Days @ \$31 plus tax, gas TOTAL: <u>\$0.00</u>			12. MISCELLANEOUS COSTS: (Identify specific expenses - taxis, shuttles, phone, vehicle mileage, etc.)  a. Private vehicle mileage <u>0.00</u> (# of miles) b. Shuttle c. Other (specify below) <u>10.00</u>  <div style="text-align: right;">TOTAL: <u>\$10.00</u></div>																						
13. TRAINING RELATED? (if yes, attach agenda) <input type="checkbox"/> Yes <input type="checkbox"/> No																									
14. STATUS: <input checked="" type="checkbox"/> Executive/Mgmt Svc: <input type="checkbox"/> AFSCME: <input type="checkbox"/> Other: Explain: _____			16. ESTIMATED COST OF TRIP: <table style="width:100%; margin-top: 5px;"> <tr><td>Transportation:</td><td style="text-align: right;">\$400.00</td></tr> <tr><td>Lodging:</td><td style="text-align: right;">\$480.30</td></tr> <tr><td>Meals:</td><td style="text-align: right;">\$160.00</td></tr> <tr><td>Car Rental:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Misc:</td><td style="text-align: right;">\$10.00</td></tr> <tr><td><b>TOTAL:</b></td><td style="text-align: right;"><b><u>\$1,050.30</u></b></td></tr> </table>			Transportation:	\$400.00	Lodging:	\$480.30	Meals:	\$160.00	Car Rental:	\$0.00	Misc:	\$10.00	<b>TOTAL:</b>	<b><u>\$1,050.30</u></b>								
Transportation:	\$400.00																								
Lodging:	\$480.30																								
Meals:	\$160.00																								
Car Rental:	\$0.00																								
Misc:	\$10.00																								
<b>TOTAL:</b>	<b><u>\$1,050.30</u></b>																								
15. TRAVEL AWARDS: Agencies are mandated to maintain records on employee accumulation of travel awards as reported on their travel expense detail sheets. Travel awards include, but may not be limited to airline frequent flyer miles and hotel or car rental frequent customer awards or miles.																									
17. I certify that this trip is necessary and essential to the normal discharge of DEQ responsibilities; that required monies are budgeted and allotted for expenditure; that the trip meets all the requirements mandated by ORS 292.230, OAM Policy 40.10.00, and DEQ policy.																									
18. EMPLOYEE SIGNATURE			DATE: <u>4-24-09</u>																						
19. SUPERVISOR SIGNATURE			DATE: <u>4-27-09</u>																						
20. DA/EMT SIGNATURE			DATE: _____																						
21. MSD DA SIGNATURE			DATE: <u>4/24/09</u>																						

RA 10R0127253  
**STATE OF OREGON**  
**TRAVEL EXPENSE DETAIL SHEET**



303/VPT29147

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) July 2009 - WR	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift 8:00 am - 5:00 pm <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
7. Unrepresented <input type="checkbox"/> Management Servid <input type="checkbox"/> Executive Service <input type="checkbox"/> Board/Commission <input type="checkbox"/> Volunte <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME		Other <input type="checkbox"/>	

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	12. Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
07/07/09	12:30pm		Salem 70139	19.50		9.75	9.75	70.00	89.50
07/08/09			Medford 8744	44.00	11.00	11.00	22.00	87.00	131.00
07/09/09			Coos Bay 70139	39.00	9.75	9.75	19.50	70.00	109.00
07/10/09		7:00pm	Return to Portland	39.00	9.75	9.75	19.50		39.00
15. Totals				141.50	30.50	40.25	70.75	227.00	\$368.50

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010 - 41004		Personal Vehicle Mileage		0.550		
4101	141.50	Room Tax 7/7				7.00
4106	248.30	Room Tax 7/8				8.70
		Room Tax 7/9				5.60
Totals		389.80	23. Section Total		\$21.30	

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

25. REASON FOR TRAVEL: (Be specific.)  
Travel was for Visits to Western Region Offices to meet with Western Region Employees to discuss budget and recent activity in legislature

26. Grand Total Amount	\$389.80
27. Travel Advance Amount	
28. Amount Due Employee/State	\$389.80
29. Received Training	Conducted Training
30. Signature of Employee	31. Title Director
32. Approved By	33. Title Deputy Director
	Date 07/16/09
	Date 7/16/09

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

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



307/VPT 2911.7

Travel Expense Claim.xlt (3/08).jleber

RA 10R0127253

STATE OF OREGON  
TRAVEL EXPENSE DETAIL SHEET



314/VPT29198

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) July 2009 - ER	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift 8:00 am - 5:00 pm <input checked="" type="checkbox"/> pm <input type="checkbox"/> Other to	
7. Unrepresented <input type="checkbox"/> Management Servid <input type="checkbox"/> Executive Sevice <input type="checkbox"/> Board/Commission <input type="checkbox"/> Volunte <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME Other <input type="checkbox"/>			

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	13. Individual Meal Reimbursement			14. Total Meals and Lodging	
					Breakfast	Lunch	Dinner		
07/20/09	6:30am		Travel to Baker City 7/20/09	29.25		9.75	19.50	70.00	
07/21/09			Travel to Bend 7/21/09	33.00	11.00	Prov	22.00	115.00	
07/22/09				22.00	Prov	Prov	22.00	115.00	
07/23/09				33.00	11.00	Prov	22.00	115.00	
07/24/09		4:00pm	Return to Portland	22.00	11.00	Prov	11.00	22.00	
15. Totals				139.25	33.00	9.75	96.50	415.00	
16. Accounting Codes				17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-41004					Personal Vehicle Mileage		0.550		
4101				62.25	Room Tax 7/20			5.60	
4106				75.60	Room Tax 7/21			17.25	
4431				77.00	Room Tax 7/22			17.25	
4433				396.75	Room Tax 7/23			17.25	
Totals				611.60	23. Section Total			\$57.35	

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

25. REASON FOR TRAVEL: (Be specific.)  
Travel was for Visits to Eastern Region Offices to meet with Eastern Region Employees to discuss budget and recent activity in legislature. Also Attend the ACWA Summer Conference in Bend 7/22-7/23. Attend DEQ/Deschutes County Commission Meeting 7/22 6pm - 9pm

26. Grand Total Amount		\$611.60
27. Travel Advance Amount		
28. Amount Due Employee/State		\$611.60
29. Received Training	Conducted Training	
30. Signature of Employee <i>Dick Pedersen</i>	31. Title Director	Date 07/27/09
32. Approved By <i>Jeff Hume</i>	33. Title Deputy Director	Date 7-27-09

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

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

RA 1070127253

STATE OF OREGON

TRAVEL EXPENSE DETAIL SHEET



302/VPT-29350

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) August 2009 - EQC	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift 8:00 am - 5:00 pm <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
7. Unrepresented <input type="checkbox"/> Management Servid <input type="checkbox"/> Executive Service <input type="checkbox"/> Board/Commission <input type="checkbox"/> Volunte <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME		Other <input type="checkbox"/>	

8. Date 11/2/09	9. Time of Departure 10:00am	10. Time of Arrival	11. Destination Newport	12. Per Diem/ Hourly Allowance 36.75	13. Individual Meal Reimbursement			14. Total Meals and Lodging			
					Breakfast	Lunch	Dinner				
08/19/09	10:00am		Newport	36.75		12.25	24.50	112.00			
08/20/09			Newport	24.50	prov	prov	24.50	112.00			
08/21/09		6:30pm	Return to Portland	24.50	prov	prov	24.50	24.50			
15. Totals				85.75		12.25	73.50	224.00			
16. Accounting Codes				17. Date		18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses		19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
1-4010-4100+						Personal Vehicle Mileage			0.550		
4101				85.75		Room Tax 8/19					11.76
4106				247.52		Room Tax 8/20					11.76
Totals				333.27				23. Section Total		\$23.52	

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

25. REASON FOR TRAVEL: (Be specific.)  
Travel was for the August 2009 EQC Meeting being held in Newport, Oregon.

26. Grand Total Amount		\$333.27
27. Travel Advance Amount		
28. Amount Due Employee/State		\$333.27
29. Received Training		Conducted Training
30. Signature of Employee		31. Title Director
32. Approved By		33. Title Deputy Director
		Date 08/25/09
		Date 8-27-09

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

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

RA 10R0127253

STATE OF OREGON

TRAVEL EXPENSE DETAIL SHEET



318/VPT29434

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) Aug/Sept - Coos Bay	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift 8:00 am - 5:00 pm <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
7. Unrepresented <input type="checkbox"/> Management Servid <input type="checkbox"/> Executive Se/ice <input type="checkbox"/> Board/Commissid <input type="checkbox"/> Volunte <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME		Other <input type="checkbox"/>	

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	13. Individual Meal Reimbursement			14. Total Meals and Lodging
					Breakfast	Lunch	Dinner	
08/31/09	8:00am		Coos Bay	29.25		9.75	19.50	70.00
09/01/09				39.00	9.75	9.75	19.50	109.00
09/02/09				39.00	9.75	9.75	19.50	109.00
09/03/09				39.00	9.75	9.75	19.50	109.00
09/04/09		7:00pm	Return to Portland	39.00	9.75	9.75	19.50	39.00
15. Totals				185.25	39.00	48.75	97.50	\$465.25

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-41004		Personal Vehicle Mileage		0.550		
4101	185.25	Room Tax 8/31				5.60
4106	302.40	Room Tax 9/1				5.60
		Room Tax 9/2				5.60
		Room Tax 9/3				5.60
Totals		487.65	23. Section Total		\$22.40	

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

25. REASON FOR TRAVEL: (Be specific.)  
Travel was to work out of the Coos Bay Office. While there, meetings were held with Rep Roblan, Sen Verger and the Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians along with the City manager of Coquille

26. Grand Total Amount		\$487.65
27. Travel Advance Amount		
28. Amount Due Employee/State		\$487.65
29. Received Training	Conducted Training	
30. Signature of Employee	31. Title	Date
	Director	09/09/09
32. Approved By	33. Title	Date
	Deputy Director	9-14-09

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

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



(RA) 10R0127253

## TRAVEL EXPENSE DETAIL SHEET



328/VPT 294816

[illegible]

STATE OF OREGON

314/VPT 29581

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

25. REASON FOR TRAVEL: (Be specific.)

Dick went to Montana for his Annual Environmental Council of the States meeting. He then flew directly to Redmond, Oregon where he was asked to give presentations at the OWRC Conference being held.

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

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

30. Signature of Employee

32. Approved By

26. Grand Total Amount

27. Travel Advance Amount

28. Amount Due Employee/State

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

31. Title	
-----------	--

Director 10/09/0

33. Title	Date
-----------	------

11/15/1964

OS rec.

① \$922.00 (see next page)

② \$361.20 (see next page)

\$1,283.20

# Itinerary Detail - Combined

**Azumano**  
**Travel**  
Est. 1949

## Back Office Data

### STATE OF OREGON

Trip Departures from 09/20/2009 to 09/25/2009

Report Parameters: Last Name = PEDERSEN

<b>PEDERSEN/RICHARD JOH</b>						
Actual:	\$408.00	Savings:	\$0.00	Val Carrier:	ALASKA AIR (AS)	Account: OR State Dept. of Enviromental
Lowest:	\$408.00	Lost Amt:	\$0.00	Ticket #:	7540740552	Auth 1: 34000
Service Fees:	\$28.50			Rec Locator:	WL9TKY	Auth 2: KATI
Exception: Government Carrier Used				Invoice #:	975342574	Auth 3: 5032295990
				Inv Date:	7/28/2009	
Itinerary				Airline	Flt #	Class
PORTLAND, OR	SEATTLE TACOMA, WA	9/20/2009	09:30-10:20	ALASKA AIR (AS)	2172	H
SEATTLE TACOMA, WA	KALISPELL, MT	9/20/2009	12:10-14:30	ALASKA AIR (AS)	2284	H
KALISPELL, MT	SEATTLE TACOMA, WA	9/23/2009	15:05-15:35	ALASKA AIR (AS)	2285	G
SEATTLE TACOMA, WA	REDMOND, OR	9/23/2009	17:55-18:55	ALASKA AIR (AS)	2279	G
REDMOND, OR	PORTLAND, OR	9/25/2009	13:30-14:10	ALASKA AIR (AS)	2236	G
<b>Total Cost of Trip:</b>		<b>\$436.50</b>				

## Report Totals

Air Totals		Car Rental Totals		Hotel Booking Totals	
# of Air Trips:	1	# of Rentals:	0	# of Stays:	0
Air Charges:	\$408.00	# of Days Rented:	0	# of Room Nights:	0
Avg Cost per Trip:	\$408.00	Car Rental Charges:	\$0.00	Hotel Booking Charges:	\$0.00
Total Svc Fees:	\$28.50	Avg # of Days Rented:	0.00	Avg # of Nights:	0.00
		Avg Booked Rate:	0.00	Avg Booked Rate:	\$0.00
		Avg Cost per Day:	\$0.00	Avg Cost/RoomNight:	\$0.00
<b>Total All Charges:</b>	<b>\$436.50</b>				

*\$346.50 approximate out-of-state portion ①*  
*90.00 approximate in-state portion ②*  
*\$436.50 total ticket cost*

## OUT-OF-STATE TRAVEL AUTHORIZATION

<b>1. NAME OF EMPLOYEE:</b> Dick Pedersen		<b>2. AGENCY/OFFICIAL STATION:</b> DEQ/HQ		<b>3. REQUEST #:</b> 32-10																					
<b>4. AGENCY ACCOUNTING INFORMATION:</b> 11 14010 41004			<b>5. TRAVEL JUSTIFICATION ATTACHED?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																						
<b>6. PURPOSE OF TRIP:</b> (Be specific, include dates/times of meeting or conference) Environmental Council of the States (ECOS) Annual Meeting in Whitefish, Montana September 21-23, 2009. Dick represents the state of Oregon at this meeting																									
<b>7. ITINERARY:</b> Destination city/state: <u>Whitefish, Montana / Redmond, OR</u> Departure date/time: <u>Sun. September 20, 2009 - 8:00am</u> Return date/time: <u>Wed. September 23, 6:00pm</u>			<b>8. TRANSPORTATION:</b> (Airfare, train fare or state motor pool vehicle (circle one). For rental cars, see #11, for misc. ground transportation, see #12) <u>Includes travel to Redmond, OR</u> TOTAL: <u>\$468.00</u> <i>Combined airfare approved by Joni Hammond.</i>																						
<b>9. LODGING:</b> Lodging per diem rate: <u>\$84.00</u> <i>Over per diem room rate</i> Amount per night: <u>approved 150.00</u> <i>by Joni Hammond</i> Room tax per night: <u>13.50</u> # of nights: <u>3</u> TOTAL: <u>\$490.50</u>			<b>10. MEALS:</b> Daily meal per diem rate: <u>\$44.00</u> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Rate</th> <th># Meals</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Breakfast: (25%)</td> <td>11.00</td> <td>3</td> <td>33.00</td> </tr> <tr> <td>Lunch: (25%)</td> <td>11.00</td> <td>4</td> <td>44.00</td> </tr> <tr> <td>Dinner: (50%)</td> <td>22.00</td> <td>3</td> <td>66.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL:</td> <td><u>\$143.00</u></td> </tr> </tbody> </table>				Rate	# Meals	Total	Breakfast: (25%)	11.00	3	33.00	Lunch: (25%)	11.00	4	44.00	Dinner: (50%)	22.00	3	66.00	TOTAL:			<u>\$143.00</u>
	Rate	# Meals	Total																						
Breakfast: (25%)	11.00	3	33.00																						
Lunch: (25%)	11.00	4	44.00																						
Dinner: (50%)	22.00	3	66.00																						
TOTAL:			<u>\$143.00</u>																						
<b>11. CAR RENTAL:</b> (See OAM 40.10.00.PO, Section .115. The State has a price agreement with Enterprise Rent-A-Car. Optional insurance will not be reimbursed). Days @ \$31 plus tax, gas    TOTAL: <u>\$0.00</u>			<b>12. MISCELLANEOUS COSTS:</b> (Identify specific expenses - taxis, shuttles, phone, vehicle mileage, etc.) a. Private vehicle mileage <u>0.00</u> b. <u>Shuttle</u> (# of miles) _____ c. Other (specify below) _____ TOTAL: <u>\$0.00</u>																						
<b>13. TRAINING RELATED?</b> (if yes, attach agenda) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																									
<b>14. STATUS:</b> <input checked="" type="checkbox"/> Executive/Mgmt Svc: <input type="checkbox"/> AFSCME: <input type="checkbox"/> Other: <u>Explain:</u> _____			<b>16. ESTIMATED COST OF TRIP:</b> Transportation: <u>\$468.00</u> Lodging: <u>\$490.50</u> Meals: <u>\$143.00</u> Car Rental: <u>\$0.00</u> Misc: <u>\$0.00</u> TOTAL: <u>\$1,101.50</u> <i>RM</i>																						
<b>15. TRAVEL AWARDS:</b> Agencies are mandated to maintain records on employee accumulation of travel awards as reported on their travel expense detail sheets. Travel awards include, but may not be limited to airline frequent flyer miles and hotel or car rental frequent customer awards or miles.																									
<b>17.</b> I certify that this trip is necessary and essential to the normal discharge of DEQ responsibilities; that required monies are budgeted and allotted for expenditure; that the trip meets all the requirements mandated by ORS 292.230, OAM Policy 40.10.00, and DEQ policy.																									
<b>18. EMPLOYEE SIGNATURE</b> <i>[Signature]</i>			DATE: <u>7/22/09</u>																						
<b>19. SUPERVISOR SIGNATURE</b> <i>[Signature]</i>			DATE: <u>7-22-09</u>																						
<b>20. DA/EMT SIGNATURE</b> <i>[Signature]</i>			DATE: _____																						
<b>21. MSD DA SIGNATURE</b> <i>[Signature]</i>			DATE: <u>7/24/09</u> Item # 000028																						

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 23<sup>rd</sup>. Dick has been asked to speak at the Oregon Water Resources Conference's Water Law Seminar being held in Redmond, Oregon on September 24<sup>th</sup>. 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 25<sup>th</sup>. 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  
Executive Assistant  
X5990

**MURPHY Kathy M**

---

**From:** HAMMOND Joni  
**Sent:** Tuesday, July 21, 2009 1:36 PM  
**To:** PASSARELLE Dolores  
**Cc:** 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

RA 10R0127253

STATE OF OREGON  
TRAVEL EXPENSE DETAIL SHEET



316/VPT-29581

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) October 2009 - ERT Field Trip	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift 8:00 am - 5:00 pm <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
7. Unrepresented <input type="checkbox"/> Management Servid <input type="checkbox"/> Executive Se <input type="checkbox"/> Board/Commissid <input type="checkbox"/> Volunte <input type="checkbox"/> Bargaining Unit Name <input type="checkbox"/> AFSCME Other <input type="checkbox"/>					
8. Date 10/06/09	9. Time of Departure 7:30am	10. Time of Arrival	11. Destination Travel to Salem	12. Per Diem/ Hourly Allowance 34.50	13. Individual Meal Reimbursement Breakfast: 11.50, Lunch: 11.50, Dinner: 23.00
10/07/09			Travel to Cave Junction	46.00	11.50, 11.50, 23.00
10/08/09		8:00pm	Return to Portland	46.00	11.50, 11.50, 23.00
15. Totals				126.50	23.00, 34.50, 69.00, 140.00
16. Accounting Codes				17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses
1-4101-41004					Personal Vehicle Mileage
4101 126.50					Room Tax for 10/6
4106 147.00					
Totals				273.50	23. Section Total
24. I did/will <input type="checkbox"/> did not/will not <input checked="" type="checkbox"/> accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.				25. REASON FOR TRAVEL: (Be specific.) Travel was for ERT Director Field Trip to Southern Oregon. Dick had 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 late, then leave very early, he spent the night in Salem.	
26. Grand Total Amount				\$273.50	
27. Travel Advance Amount					
28. Amount Due Employee/State				\$273.50	
29. Received Training				Conducted Training	
30. Signature of Employee <i>Dick Pedersen</i>				31. Title Director	
32. Approved By <i>John H. ...</i>				33. Title Deputy Director	
I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.				Date 10/09/09	
I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.				Date 10-12-09	



RA 10R0127253  
STATE OF OREGON

TRAVEL EXPENSE DETAIL SHEET



336/VPT 29673

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) October 2009 - EQC	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift 8:00 am - 5:00 pm <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
7. Unrepresented <input type="checkbox"/> Management Serv <input type="checkbox"/> Executive Sec <input type="checkbox"/> Board/Commissid <input type="checkbox"/> Volunte <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME		Other <input type="checkbox"/>	

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	13. Individual Meal Reimbursement			14. Total Meals and Lodging
					Breakfast	Lunch	Dinner	
10/21/09	6:30am		Klamath Falls	42.00		14.00	28.00	88.00
10/22/09			Klamath Falls	28.00	prov	prov	28.00	88.00
10/23/09		8:30pm	Return to Portland	28.00	prov	prov	28.00	28.00
15. Totals				98.00		14.00	84.00	176.00
								\$274.00

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
17010-41004		Personal Vehicle Mileage		0.550		
4101	98.00	Room Tax 10/21				7.92
4106	191.84	Room Tax 10/22				7.92
Totals						289.84
23. Section Total						\$15.84

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

25. REASON FOR TRAVEL: (Be specific.)  
Travel was for the October 2009 EQC Meeting being held in Klamath Falls, Oregon.

26. Grand Total Amount	\$289.84
27. Travel Advance Amount	
28. Amount Due Employee/State	\$289.84
29. Received Training	Conducted Training
30. Signature of Employee	31. Title Director
32. Approved By	33. Title Deputy Director

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

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

✓ for dup.

(RA) 10R0127253

STATE OF OREGON

## TRAVEL EXPENSE DETAIL SHEET



323/VPT 29806

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) October ITRC Louisville	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift 8:00 am - 5:00 pm <input checked="" type="checkbox"/> pm <input type="checkbox"/> Other to	
7. Unrepresented <input type="checkbox"/> Management Serv <input type="checkbox"/> Executive Se <input type="checkbox"/> Board/Commiss <input type="checkbox"/> Volunte <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME Other <input type="checkbox"/>			

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	13. Individual Meal Reimbursement			14. Total Meals and Lodging
					Breakfast	Lunch	Dinner	
10/26/09	8:00am		Louisville, Kentucky	45.75 ✓		15.25	30.50	prov 45.75 ✓
10/27/09				30.50 ✓	prov	prov	30.50	prov 30.50 ✓
10/28/09				30.50 ✓	prov	prov	30.50	prov 30.50 ✓
10/29/09		12:00pm	Return to Portland	30.50 ✓	15.25	15.25		30.50 ✓
15. Totals				137.25	15.25	30.50	91.50	\$137.25 ✓

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
10001-42004+		Personal Vehicle Mileage		0.550		
M20000		Taxi to Conference 10/26				10.00 ✓
4151	137.25	Baggage check for flight to Louisville				20.00 ✓
4159	40.00	Baggage check for flight back to PDX				20.00 ✓
4160	20.00	Taxi to airport from conference 10/29				10.00 ✓
Totals				197.25	23. Section Total \$60.00 ✓	

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

25. REASON FOR TRAVEL: (Be specific.)  
Dick was invited to speak at the ITRC Conference. All travel expenses and per diems are to be reimbursed by ITRC.

26. Grand Total Amount	\$197.25 ✓
27. Travel Advance Amount	
28. Amount Due Employee/State	① \$197.25 <i>rem</i>
29. Received Training	Conducted Training

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.	30. Signature of Employee <i>Dick Pedersen</i>	31. Title Director	Date 11/07/09
	I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.	32. Approved By <i>John Marshall</i>	33. Title Deputy Director

DS rec.

① \$815.15 (see next two pages)

② &lt;815.15&gt; (Reimbursed by outside

party - see last two pages) ✓

\$ 0

## Itinerary Detail - Combined

**Azumano  
Travel**  
Est. 1949

**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 AIRLINES (AA)	Account: OR State Dept. of Enviromental
Lowest: \$368.90	Lost Amt: \$0.00	Ticket #: 7543889923	Auth 1: 34000
Service Fees: \$28.50		Rec Locator: T7JG50	Auth 2: KATIE
Exception: LOWER FARE AVAILABLE		Invoice #: 975346959	Auth 3: 5032295990
		Inv Date: 9/22/2009	

Itinerary		Flight	Airline	Flt #	Class
PORTLAND, OR	DALLAS-FT WORTH, TX	10/27/2009 08:00-13:40	AMERICAN AIRLINES (AA)	1560	Q
DALLAS-FT WORTH, TX	LOUISVILLE, KY	10/27/2009 15:10-18:10	AMERICAN AIRLINES (AA)	1656	Q
LOUISVILLE, KY	DALLAS-FT WORTH, TX	10/30/2009 12:30-13:40	AMERICAN AIRLINES (AA)	3346	Q
DALLAS-FT WORTH, TX	PORTLAND, OR	10/30/2009 16:45-18:45	AMERICAN AIRLINES (AA)	0677	Q

**Total Cost of Trip: \$397.40**

**PEDERSEN/RICHARD JOH**

\*\* This is an "Exchange" record. Original Ticket # was 7543889923

Actual: \$192.00	Savings: \$0.00	Val Carrier: AMERICAN AIRLINES (AA)	Account: OR State Dept. of Enviromental
Lowest: \$192.00	Lost Amt: \$0.00	Ticket #: 754356530	Auth 1: 34000
Service Fees: \$28.50		Rec Locator: T7JG50	Auth 2: KATIE
Exception: EXCHANGE TICKET		Invoice #: 975347551	Auth 3: 5032295990
		Inv Date: 9/29/2009	

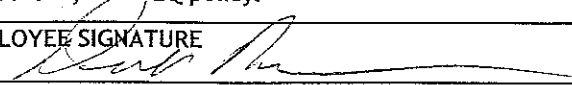

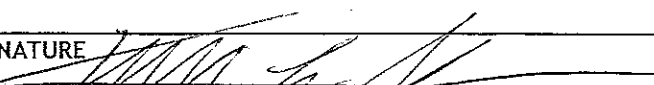
Itinerary		Flight	Airline	Flt #	Class
PORTLAND, OR	DALLAS-FT WORTH, TX	10/26/2009 08:00-13:40	AMERICAN AIRLINES (AA)	1560	N
DALLAS-FT WORTH, TX	LOUISVILLE, KY	10/26/2009 15:10-18:10	AMERICAN AIRLINES (AA)	1656	N
LOUISVILLE, KY	DALLAS-FT WORTH, TX	10/29/2009 07:20-08:30	AMERICAN AIRLINES (AA)	1887	N
DALLAS-FT WORTH, TX	PORTLAND, OR	10/29/2009 09:25-11:25	AMERICAN AIRLINES (AA)	1185	N

**Total Cost of Trip: \$220.50**

### Report Totals

Air Totals	Car Rental Totals	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
Total Svc Fees: \$57.00	Avg # of Days Rented: 0.00	Avg # of Nights: 0.00
	Avg Booked Rate: 0.00	Avg Booked Rate: \$0.00
	Avg Cost per Day: \$0.00	Avg Cost/RoomNight: \$0.00
<b>Total All Charges: ① \$617.90</b>		

## OUT-OF-STATE TRAVEL AUTHORIZATION

<b>1. NAME OF EMPLOYEE:</b> Dick Pedersen		<b>2. AGENCY/OFFICIAL STATION:</b> DEQ/HQ		<b>3. REQUEST #:</b> 77-10 Revised																					
<b>4. AGENCY ACCOUNTING INFORMATION:</b> 11-10001-42004-M20000			<b>5. TRAVEL JUSTIFICATION ATTACHED?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																						
<b>6. PURPOSE OF TRIP:</b> (Be specific, include dates/times of meeting or conference) Dick has been invited to speak at the ITRC Conference. All travel expenses and per diems to be reimbursed by ITRC.																									
<b>7. ITINERARY:</b> Destination city/state: <u>Louisville, KY</u> Departure date/time: <u>mon. -27-Oct-09 OCT 26</u> Return date/time: <u>Thurs. 30-Oct-09 OCT 29</u>		<b>8. TRANSPORTATION:</b> (Airfare, train fare or state motor pool vehicle (circle one). For rental cars, see #11, for misc. ground transportation, see #12)  <div style="text-align: right;">TOTAL: <u>\$560.00</u></div>																							
<b>9. LODGING:</b> Lodging per diem rate: <u>\$105.00</u>  Amount per night: <u>103.00</u>  Room tax per night: <u>15.46</u>  # of nights: <u>3</u>  <div style="text-align: right;">TOTAL: <u>\$355.38</u></div>		<b>10. MEALS:</b> Daily meal per diem rate: <u>\$61.00</u> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Rate</th> <th style="text-align: center;"># Meals</th> <th style="text-align: center;">Total</th> </tr> </thead> <tbody> <tr> <td>Breakfast: (25%)</td> <td style="text-align: center;">15.25</td> <td style="text-align: center;">3</td> <td style="text-align: center;">45.75</td> </tr> <tr> <td>Lunch: (25%)</td> <td style="text-align: center;">15.25</td> <td style="text-align: center;">4</td> <td style="text-align: center;">61.00</td> </tr> <tr> <td>Dinner: (50%)</td> <td style="text-align: center;">30.50</td> <td style="text-align: center;">3</td> <td style="text-align: center;">91.50</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">TOTAL: <u>\$198.25</u></td> </tr> </tbody> </table>					Rate	# Meals	Total	Breakfast: (25%)	15.25	3	45.75	Lunch: (25%)	15.25	4	61.00	Dinner: (50%)	30.50	3	91.50				TOTAL: <u>\$198.25</u>
	Rate	# Meals	Total																						
Breakfast: (25%)	15.25	3	45.75																						
Lunch: (25%)	15.25	4	61.00																						
Dinner: (50%)	30.50	3	91.50																						
			TOTAL: <u>\$198.25</u>																						
<b>11. CAR RENTAL:</b> (See OAM 40.10.00.PO, Section .115. The State has a price agreement with Enterprise Rent-A-Car. Optional insurance will not be reimbursed). Days @ \$31 plus tax, gas    TOTAL: <u>\$0.00</u>		<b>12. MISCELLANEOUS COSTS:</b> (Identify specific expenses - taxis, shuttles, phone, vehicle mileage, etc.)  a. Private vehicle mileage <u>0.00</u> (# of miles) b. Shuttle c. Other (specify below) <u>40.00</u> <u>Taxi fares</u> <div style="text-align: right;">TOTAL: <u>\$40.00</u></div>																							
<b>13. TRAINING RELATED?</b> (if yes, attach agenda)  <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>16. ESTIMATED COST OF TRIP:</b> Transportation: <u>\$560.00</u> Lodging: <u>\$355.38</u> Meals: <u>\$198.25</u> Car Rental: <u>\$0.00</u> Misc: <u>\$40.00</u>  <div style="text-align: right;">TOTAL: <u>\$1,153.63</u> <i>nm</i></div>																							
<b>14. STATUS:</b> <input checked="" type="checkbox"/> Executive/Mgmt Svc: <input type="checkbox"/> AFSCME: <input type="checkbox"/> Other: Explain: _____																									
<b>15. TRAVEL AWARDS:</b> Agencies are mandated to maintain records on employee accumulation of travel awards as reported on their travel expense detail sheets. Travel awards include, but may not be limited to airline frequent flyer miles and hotel or car rental frequent customer awards or miles.																									
I certify that this trip is necessary and essential to the normal discharge of DEQ responsibilities; that required monies are budgeted and allotted for expenditure; that the trip meets all the requirements mandated by ORS 292.230, OAM Policy 40.10.00, and DEQ policy.																									
<b>18. EMPLOYEE SIGNATURE</b> 			DATE: <u>9-30-09</u>																						
<b>19. SUPERVISOR SIGNATURE</b> 			DATE: <u>9-30-09</u>																						
<b>20. DA/EMT SIGNATURE</b>			DATE:																						
<b>21. MSD DA SIGNATURE</b> 			DATE: <u>10/1/09</u> Item B 000036																						

Item B 000037

DEPARTMENT OF ENVIRONMENTAL QUALITY  
TRANSMITTAL ADVICE  
TRAVEL REIMBURSEMENT

CK #	TRAN AMNT	FOR THE ACCOUNT OF	VO #	PJT #
CHECK NAME		REASON FOR PAYMEN		INV #
38741	1,508.16	ASTSWMO		M20000
		TRAVEL REIMBURSEMENT FOR TOM GAINER		
38755	1,222.34	ASTSWMO		M20000
		TRAVEL REIMBURSEMENT FOR ANDREE POLLOCK		
17240	1,372.72	ENVIRONMENTAL MANAGEMENT SUPPORT IN		M20000
		TRAVEL REIMBURSEMENT FOR DICK 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 LEVINE		
19118	815.15	ITRC (2)		M20000
ENVIRONMENTAL COUNCIL OF THE STATES		TRAVEL REIMBURSEMENT FOR RICHARD PEDERSEN		
	6,889.50	TOTAL		

TRAVEL REIMBURSEMENT

Page 1 of 1

DEPOSIT SLIP # 25669

\$6,889.50

08-Dec-2009

Item B 000038

STATE OF OREGON

336/VPT 29868

Travel Expense Claim.xlt (3/08) ileber

RA 10R0127253

STATE OF OREGON  
TRAVEL EXPENSE DETAIL SHEET



336/VPT 29818

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) November 2009 - Washington DC			
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift 8:00 am - 5:00 pm			
7. Unrepresented <input type="checkbox"/> Management Servid <input type="checkbox"/> Executive Service <input type="checkbox"/> Board/Commission <input type="checkbox"/> Volunte <input type="checkbox"/> Other <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME		Other <input type="checkbox"/>			

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	12. Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
11/08/09	6:30am		Washington DC	53.25		17.75	35.50	179.00	232.25
11/09/09				35.50	prov	prov	35.50	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
15. Totals				177.50	17.75	35.50	124.25	593.00	\$770.50

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010 - 41004		Personal Vehicle Mileage		0.550		
4432	177.50	Room Tax 11/8				25.96
4434	679.00	Room Tax 11/9				30.02
		Room Tax 11/10				30.02
Totals		856.50	23. Section Total		\$86.00	

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

25. REASON FOR TRAVEL: (Be specific.)  
Travel was to attend the State-EPA dialogue and a 3 Region Meeting in Washington DC. While there, Dick also had visits on the hill.

26. Grand Total Amount		\$856.50
27. Travel Advance Amount		
28. Amount Due Employee/State		① \$856.50 <i>rm</i>
29. Received Training		Conducted Training
30. Signature of Employee		31. Title Director
32. Approved By		33. Title Deputy Director
		Date 11/12/09
		Date 11-18-09

05 me.

① \$856.50

② \$676.90 (see next page)

\$1,533.40



## Itinerary Detail - Combined

**Azumano**  
**Travel**  
Est. 1999

### Back Office Data

#### STATE OF OREGON

Trip Departures from 11/08/2009 to 11/11/2009

Report Parameters: Last Name = PEDERSEN

<b>PEDERSEN/RICHARD J</b>			
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: GOVERNMENT FARE USED		Invoice #: 975349506	Auth 3: 5032295990
		Inv Date: 10/21/2009	

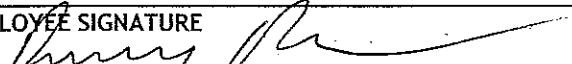



Itinerary		Flight	Time	Airline	Fit #	Class
PORTLAND, OR	CHI-OHARE, IL	11/8/2009	06:23-12:21	UNITED (UA)	0132	Y
CHI-OHARE, IL	WAS-NATIONAL, DC	11/8/2009	14:01-16:50	UNITED (UA)	0616	Y
WAS-NATIONAL, DC	CHI-OHARE, IL	11/11/2009	07:47-09:03	UNITED (UA)	0605	V
CHI-OHARE, IL	PORTLAND, OR	11/11/2009	10:18-12:53	UNITED (UA)	0017	V

**Total Cost of Trip: \$676.90**

### Report Totals

Air Totals		Car Rental Totals		Hotel Booking Totals	
# 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
Total Svc Fees:	\$28.50	Avg # of Days Rented:	0.00	Avg # of Nights:	0.00
		Avg Booked Rate:	0.00	Avg Booked Rate:	\$0.00
		Avg Cost per Day:	\$0.00	Avg Cost/RoomNight:	\$0.00
<b>Total All Charges:</b>	<b>2 \$676.90</b>				

## OUT-OF-STATE TRAVEL AUTHORIZATION

1. NAME OF EMPLOYEE: Dick Pedersen		2. AGENCY/OFFICIAL STATION: DEQ/HQ		3. REQUEST #: 101-10																					
4. AGENCY ACCOUNTING INFORMATION: 11 14010 41004			5. TRAVEL JUSTIFICATION ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No																						
6. PURPOSE OF TRIP: (Be specific, include dates/times of meeting or conference) Dick has been invited to attend a State-EPA Dialogue on Climate Change & Energy being held in Washington DC																									
7. ITINERARY: Destination city/state: <u>Washington DC</u> Departure date/time: <u>Sunday, November 8</u> Return date/time: <u>Wednesday, November 11</u>			8. TRANSPORTATION: (Airfare, train fare or state motor pool vehicle (circle one). For rental cars, see #11, for misc. ground transportation, see #12)  TOTAL: <u>\$600.00</u>																						
9. LODGING: Lodging per diem rate: <u>\$207.00</u>  Amount per night: <u>207.00</u>  Room tax per night: <u>30.01</u>  # of nights: <u>3</u>  TOTAL: <u>\$711.03</u>			10. MEALS: Daily meal per diem rate: <u>\$71.00</u> <table style="width:100%; border-collapse: collapse;"><thead><tr><th></th><th style="text-align: center;">Rate</th><th style="text-align: center;"># Meals</th><th style="text-align: center;">Total</th></tr></thead><tbody><tr><td>Breakfast: (25%)</td><td style="text-align: center;">17.75</td><td style="text-align: center;">4</td><td style="text-align: center;">71.00</td></tr><tr><td>Lunch: (25%)</td><td style="text-align: center;">17.75</td><td style="text-align: center;">4</td><td style="text-align: center;">71.00</td></tr><tr><td>Dinner: (50%)</td><td style="text-align: center;">35.50</td><td style="text-align: center;">3</td><td style="text-align: center;">106.50</td></tr><tr><td colspan="3"><i>(see email.)</i></td><td>TOTAL: <u>\$248.50</u></td></tr></tbody></table>				Rate	# Meals	Total	Breakfast: (25%)	17.75	4	71.00	Lunch: (25%)	17.75	4	71.00	Dinner: (50%)	35.50	3	106.50	<i>(see email.)</i>			TOTAL: <u>\$248.50</u>
	Rate	# Meals	Total																						
Breakfast: (25%)	17.75	4	71.00																						
Lunch: (25%)	17.75	4	71.00																						
Dinner: (50%)	35.50	3	106.50																						
<i>(see email.)</i>			TOTAL: <u>\$248.50</u>																						
11. CAR RENTAL: (See OAM 40.10.00.PO, Section .115. The State has a price agreement with Enterprise Rent-A-Car. Optional insurance will not be reimbursed). Days @ \$31 plus tax, gas TOTAL: <u>\$0.00</u>			12. MISCELLANEOUS COSTS: (Identify specific expenses - taxis, shuttles, phone, vehicle mileage, etc.)  a. Private vehicle mileage <u>0.00</u> b. Shuttle <u>50.00</u> c. Other (specify below)  TOTAL: <u>50.00</u>																						
13. TRAINING RELATED? (if yes, attach agenda)  <input type="checkbox"/> Yes <input type="checkbox"/> No			16. ESTIMATED COST OF TRIP: <table style="width:100%; border-collapse: collapse;"><tbody><tr><td>Transportation:</td><td style="text-align: right;">\$600.00</td></tr><tr><td>Lodging:</td><td style="text-align: right;">\$711.03</td></tr><tr><td>Meals:</td><td style="text-align: right;">\$248.50</td></tr><tr><td>Car Rental:</td><td style="text-align: right;">\$0.00</td></tr><tr><td>Misc:</td><td style="text-align: right;"><del>\$0.00</del> 50.00</td></tr><tr><td>TOTAL:</td><td style="text-align: right;"><u>1,609.53</u> <del>\$1,559.53</del> 70.00</td></tr></tbody></table>			Transportation:	\$600.00	Lodging:	\$711.03	Meals:	\$248.50	Car Rental:	\$0.00	Misc:	<del>\$0.00</del> 50.00	TOTAL:	<u>1,609.53</u> <del>\$1,559.53</del> 70.00								
Transportation:	\$600.00																								
Lodging:	\$711.03																								
Meals:	\$248.50																								
Car Rental:	\$0.00																								
Misc:	<del>\$0.00</del> 50.00																								
TOTAL:	<u>1,609.53</u> <del>\$1,559.53</del> 70.00																								
14. STATUS: <input checked="" type="checkbox"/> Executive/Mgmt Svc: <input type="checkbox"/> AFSCME: <input type="checkbox"/> Other: Explain: <u>2</u>			15. TRAVEL AWARDS: Agencies are mandated to maintain records on employee accumulation of travel awards as reported on their travel expense detail sheets. Travel awards include, but may not be limited to airline frequent flyer miles and hotel or car rental frequent customer awards or miles.																						
17. I certify that this trip is necessary and essential to the normal discharge of DEQ responsibilities; that required monies are budgeted and allotted for expenditure; that the trip meets all the requirements mandated by ORS 292.230, OAM Policy 40.10.00, and DEQ policy.																									
18. EMPLOYEE SIGNATURE 			DATE: <u>10-9-09</u>																						
19. SUPERVISOR SIGNATURE 			DATE: <u>10-12-09</u>																						
20. DA/EMT SIGNATURE 			DATE: _____																						
21. MSD DA SIGNATURE 			DATE: <u>10/14/09</u> Item B 000042																						

Email sent 10/14/09

Out-of-State Travel Authorization Form.xlt

1,533.40

jleber 9/2008



303/VPT29911

05 me.

## OUT-OF-STATE TRAVEL AUTHORIZATION

1. NAME OF EMPLOYEE: Dick Pedersen		2. AGENCY/OFFICIAL STATION: DEQ/HQ		3. REQUEST #: <u>119-10</u>																					
4. AGENCY ACCOUNTING INFORMATION: 09 14040 41004			5. TRAVEL JUSTIFICATION ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No																						
6. PURPOSE OF TRIP: (Be specific, include dates/times of meeting or conference) Dick will be attending a PNW Director's Meeting being held in Seattle. The meeting will start at 9:30 in the morning, ending around 4:30 pm. There will also be a dinner held the evening of November 19th.																									
7. ITINERARY:			8. TRANSPORTATION: (Airfare, train fare or state motor pool vehicle (circle one). For rental cars, see #11, for misc. ground transportation, see #12)																						
Destination city/state: <u>Seattle, WA</u>			<u>Train</u> TOTAL: <u>\$90.00</u>																						
Departure date/time: <u>Thurs.</u> November 19, 2009 3:00pm																									
Return date/time: <u>Fri.</u> November 20, 2009 9:30pm																									
9. LODGING: Lodging per diem rate: <u>\$159.00</u>			10. MEALS: Daily meal per diem rate: <u>\$71.00</u>																						
Amount per night: <u>159.00</u>			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Rate</th> <th># Meals</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Breakfast: (25%)</td> <td>17.75</td> <td>1</td> <td>17.75</td> </tr> <tr> <td>Lunch: (25%)</td> <td>17.75</td> <td>1</td> <td>17.75</td> </tr> <tr> <td>Dinner: (50%)</td> <td>35.50</td> <td>2</td> <td>71.00</td> </tr> <tr> <td colspan="3">TOTAL:</td> <td><u>\$106.50</u></td> </tr> </tbody> </table>				Rate	# Meals	Total	Breakfast: (25%)	17.75	1	17.75	Lunch: (25%)	17.75	1	17.75	Dinner: (50%)	35.50	2	71.00	TOTAL:			<u>\$106.50</u>
	Rate	# Meals	Total																						
Breakfast: (25%)	17.75	1	17.75																						
Lunch: (25%)	17.75	1	17.75																						
Dinner: (50%)	35.50	2	71.00																						
TOTAL:			<u>\$106.50</u>																						
Room tax per night: <u>24.80</u>																									
# of nights: <u>1</u>																									
TOTAL: <u>\$183.80</u>																									
11. CAR RENTAL: (See OAM 40.10.00.PO, Section .115. The State has a price agreement with Enterprise Rent-A-Car. Optional insurance will not be reimbursed). Days @ \$31 plus tax, gas TOTAL: <u>\$0.00</u>			12. MISCELLANEOUS COSTS: (Identify specific expenses - taxis, shuttles, phone, vehicle mileage, etc.)																						
			a. Private vehicle mileage <u>0.00</u>																						
			b. Shuttle <u>(# of miles)</u>																						
			c. Other (specify below) <u>Taxi</u>																						
			TOTAL: <u><del>\$0.00</del> 30.00</u>																						
13. TRAINING RELATED? (if yes, attach agenda) <input type="checkbox"/> Yes <input type="checkbox"/> No																									
14. STATUS: <input checked="" type="checkbox"/> Executive/Mgmt Svc: <input type="checkbox"/> AFSCME: <input type="checkbox"/> Other: Explain: _____			16. ESTIMATED COST OF TRIP:																						
15. TRAVEL AWARDS: Agencies are mandated to maintain records on employee accumulation of travel awards as reported on their travel expense detail sheets. Travel awards include, but may not be limited to airline frequent flyer miles and hotel or car rental frequent customer awards or miles.			Transportation: <u>\$90.00</u>																						
			Lodging: <u>\$183.80</u>																						
			Meals: <u>\$106.50</u>																						
			Car Rental: <u>\$0.00</u>																						
			Misc: <u><del>\$0.00</del> 30.00</u>																						
			TOTAL: <u>410.30</u> <u><del>\$380.30</del> 72m</u>																						
17. I certify that this trip is necessary and essential to the normal discharge of DEQ responsibilities; that required monies are budgeted and allotted for expenditure; that the trip meets all the requirements mandated by ORS 292.230, OAM Policy 40.10.00, and DEQ policy.																									
18. EMPLOYEE SIGNATURE <u>Dick Pedersen</u>			DATE: <u>10-24-09</u>																						
19. SUPERVISOR SIGNATURE <u>John Hume</u>			DATE: <u>11-5-09</u>																						
20. DA/EMT SIGNATURE _____			DATE: _____																						
21. MSD DA SIGNATURE _____			DATE: <u>11/3/09</u>																						

Email sent 11/5/09 KERRI L NELSON

**RA 10R0127253**  
**STATE OF OREGON**  
**TRAVEL EXPENSE DETAIL SHEET**



312/VPT 29959

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) December 2009-Medford Week	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift 8:00 am - 5:00 pm <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
7. Unrepresented <input type="checkbox"/> Management Servid <input type="checkbox"/> Executive Se <input type="checkbox"/> Board/Commissid <input type="checkbox"/> Volunte <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME		Other <input type="checkbox"/>	

8. Date 88 56	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	13. Individual Meal Reimbursement			14. Total Meals and Lodging
					Breakfast	Lunch	Dinner	
11/30/09	12:00pm		Medford	42.00		14.00	28.00	88.00
12/01/09				42.00	prov	14.00	28.00	88.00
12/02/09				56.00	14.00	14.00	28.00	88.00
12/03/09				42.00	14.00	prov	28.00	88.00
12/04/09		7:00pm	Return to Portland	56.00	14.00	14.00	28.00	56.00
15. Totals				238.00	42.00	56.00	140.00	352.00
								\$590.00

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-41004		Personal Vehicle Mileage		0.550		
7101	238.00	Room Tax 11/30				8.80
7106	387.20	Room Tax 12/1				8.80
		Room Tax 12/2				8.80
		Room Tax 12/3				8.80
Totals				625.20	23. Section Total	
					\$35.20	

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

25. REASON FOR TRAVEL: (Be specific.)  
Travel was to work out of the Medford Office. While there, meetings were held with Rep Esquivel, Sen Bates, Rep Buckley, along with Commissioner Uherbelau and a tour of Rogue Waste Systems and NW Shot.

26. Grand Total Amount		\$625.20
27. Travel Advance Amount		
28. Amount Due Employee/State	\$625.20	
29. Received Training	Conducted Training	
30. Signature of Employee	31. Title	Date
	Director	12/07/09
32. Approved By	33. Title	Date
	Deputy Director	12-7-09

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

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

312/VPT 29959

Figure 1. A schematic diagram of the experimental design. The subjects were divided into two groups: the control group and the experimental group. The control group received a standard training program, while the experimental group received a modified training program. The results of the training program were compared between the two groups.

FINAL COPY

[illegible][illegible]

OTHER ADJUSTMENTS, BASED ON NUMBER OF INCIDENTS:

LEAVE BALANCES

# OF DAYS  
WORKED:

**FINAL**

SIGNED, CERTIFYING TRUE AND ACCURATE

EMPLOYEE:

176.0

**FULL TIME  
HOURS**

END DATE 31/09

START DATE  
/01/09 01

TIME SHEET

SUPERVISOR

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OREGON STATE PAYROLL SYSTEM

EMPLOYEE MONTHLY TIMESHEET

FINAL COPY

PAYROLL AGENCY #	PERSONNEL AGENCY #	SHIFT	CHECK DISTRIBUTN	EMPLOYEE ID #	CLASS	PAY BASIS	APPT TYPE	WORK SCHED	TIME SHEET #
34000	34000	1	11000	OR0127253	MEAH 27014	S	P	AA7	2-0
START TIME	BEN PKG	COST CENTER DISTRIBUTION	PERIOD ENDING						
0800 NE XX	094100414010	100.00	02/28/09						
			%						

LINE	DATE - DAY																			MISC HRS
	PAY TYPE	REG HRS	LWOP	REG HRS	HO	CTSS	RG	HO	CTSS	VA	SL	CTL	PB	LD	OT	HP	SDE	CTA		
01	RG																			
02	HO																			
03	CTSS																			
04	RG																			
05	HO	8																		
06	CTSS																			
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08	VA	4																		
09	SL																			
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19	CTA																			
20																				
PRELIMINARY AND FINAL TOTALS																				

OTHER ADJUSTMENTS, BASED ON NUMBER OF INCIDENTS:

LEAVE BALANCES AS OF:

TIME SHEET	START DATE	END DATE	FULL TIME HOURS	EMPLOYEE	SIGNED, CERTIFYING TRUE AND ACCURATE	SUPERVISOR	FORECAST	PRELIM	FINAL
	02/01/09	02/28/09	160.0				19		



# OREGON STATE PAYROLL SYSTEM

## EMPLOYEE MONTHLY TIMESHEET

FINAL COPY

FORM # AD-743

PAYROLL AGENCY #	PERSONNEL AGENCY #	SHIFT	CHECK DISTRIBUTN	EMPLOYEE ID #	CONC JOB	POSITION #	CLASS	PAY BASIS	APPT TYPE	WORK SCHED	TIME SHEET #
34000	34000	1	11000	OR0127253	1	0000001	MEAH	S	P	AA7	3-0
START TIME	END DATE	PERIOD	PERIOD ENDING								
0800	03/01/09	XX	03/31/09								

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		DATE - DAY														REG HRS		LWOP		MSG HRS	
		PAY TYPE	RG	HO	CTSS	RG	HO	CTSS	VA	SL	CTL	PB	LD	OT	HP	SDE	CTA				
LINE		SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU			
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PRELIMINARY AND FINAL TOTALS																					
Item B																					

OTHER ADJUSTMENTS, BASED ON NUMBER OF INCIDENTS:

LEAVE BALANCES

AS OF:

START DATE	END DATE	FULL TIME HOURS
03/01/09	03/31/09	176.0

SIGNED, CERTIFYING TRUE AND ACCURATE

SUPERVISOR

FORECAST

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FINAL

*Justine*

*Kevin*

EMPLOYEE:

176.0

03/31/09

03/01/09

176.0

03/31/09

03/01/09

176.0

00049

# OREGON STATE PAYROLL SYSTEM

## EMPLOYEE MONTHLY TIMESHEET

FINAL COPY

FORM # AD1743

PAYROLL AGENCY #	PERSONNEL AGENCY #	SHIFT	CHECK DISTRIBUTION	EMPLOYEE ID #	CONC JOB	POSITION #	CLASS	PAY BASIS	APPT TYPE	WORK SCHED	TIME SHEET #
34000	34000	1	11000	DR0127253	1	00000001	MEAH Z7014	S	P	AA7	2-C
START TIME	BEN PKG	COST CENTER DISTRIBUTION	PERIOD ENDING								
0800 NE	XX	094100414010	04/30/09								
100.00 %			%			%					

Attachment C  
February 18-19, 2010 FOC meeting  
Page 45 of 53

	DATE - DAY																			REG HRS	LWOP	MISC HRS
	PAY TYPE	RG	HO	CTS	RG	HO	CTS	VA	SL	CTL	PB	LD	OT	HP	SDE	CTA						
1	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE
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PRELIMINARY AND FINAL TOTALS																						

OTHER ADJUSTMENTS, BASED ON NUMBER OF INCIDENTS:

LEAVE BALANCES

AS OF:

START DATE 04/01/09 END DATE 04/30/09 FULL TIME HOURS 176.0

EMPLOYEE:

SUPERVISOR

PRELIM

FINAL

FORECAST 22

# OF DAYS WORKED:

SIGNED, CERTIFYING TRUE AND ACCURATE

Item B 000050

**OREGON STATE PAYROLL SYSTEM**

# EMPLOYEE MONTHLY TIMESHEET

PAYROLL AGENCY #	PERSONNEL AGENCY #	SHIFT	CHECK DISTRICT	EMPLOYEE ID #	CONC JOB	POSITION #	CLASS	PAY BASIS	APPT TYPE	WORK SCHED	TIME SHEET #
0800	34000	1	11000	OR0127253	1	0000001	MEAH P7014	S	P	AA7	2-0
COST CENTER DISTRIBUTION				PERIOD ENDING							
0800	NE	XX	094100414010	100.00	%	05/31/08					

## Attachment C

February 18-19, 2010 EOC meeting

2 | Page

LINE	DATE - DAY							REG HRS	LWOP	MISC HRS
	PAY TYPE	REG HRS	LWOP	MISC HRS						
01	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU
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PRELIMINARY AND FINAL TOTALS										

**OTHER ADJUSTMENTS, BASED ON NUMBER OF INCIDENTS:**

**LEAVE BALANCES**

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# OF DAYS  
WORKED.

FORECAST

**FINAL**

TIME SHEET

START DATE

**END DATE**

FULL TIME

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**SIGNED. CERTIFYING TRUE AND ACCURATE**

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PAYROLL AGENCY #	PERSONNEL AGENCY #	SHIFT	CHECK DISTRIBUTION	EMPLOYEE ID #	CONC JOB	POSITION #	CLASS	PAY BASIS	APPT TYPE	WORK SCHED	TIME SHEET #
34000	34000	1	11000	090127253	1	0000001	MEAH Z7014	S	P	AA7	
COST CENTER DISTRIBUTION				<div> <div>PERIOD ENDING</div> <div>06/30/2006</div> </div>							
0800	NE	XX	094100414010	100.00	%	<div> <div>4-Created</div> <div>Page 006</div> </div>					

L I N E	DATE - DAY							PAY TYPE	REG HRS	LWOP	MISC HRS
	1	2	3	4	5	6	7				
01	MO	TU	WE	TH	FR	SA	SU	RG			
02								HO			
03								CTS			
04								RG			
05								HO			
06								CTS			
07											
08								VA	27		
09								SL			
10								CTL			
11								PB			
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13											
14								LO			
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16								OT			
17								HP			
18								SDE			
19								CTA			
PRELIMINARY AND FINAL TOTALS											

OTHER ADJUSTMENTS, BASED ON NUMBER OF INCIDENTS;

2 LEAVE BALANCES  
AS OF:

**SIGNED, CERTIFYING TRUE AND ACCURATE**

EMPLOYEE:

HOURS

END DATE  
/30/09

6010/90

**Abstract**

# OF DAYS WORKED	FORECAST	PRELIM	FINAL

SUPERVISOR

DAYS: \_\_\_\_\_  
 FORECAST: \_\_\_\_\_  
 PRELIM: \_\_\_\_\_  
 23

**FINAL**

EMPLOYEE MONTHLY TIMESHEET

OREGON STATE PAYROLL SYSTEM

FORM # AD1743

PAYROLL AGENCY #	PERSONNEL AGENCY #	CHECK DISTRIBUTION	SHIFT	EMPLOYEE ID #	CONC. JOB	POSITION #	CLASS	PAY BASIS	APPT TYPE	WORK SCHED	TIME SHEET #
34000	34000	1	1	OR0127253	1	00000001	MEAH Z7014	S	P	AA7	2-C
START TIME	BEN PKG	COST CENTER DISTRIBUTION									
0800 NE XX		094100414010									
100.00 %											
07/31/09											

DATE - DAY	PERIOD ENDING											
	PAY TYPE	REG HRS	LWOP	MISC HRS	DATE - DAY	DATE - DAY	DATE - DAY	DATE - DAY	DATE - DAY	DATE - DAY	DATE - DAY	DATE - DAY
01	RG	3			01	02	03	04	05	06	07	08
02	HO	8			09	10	11	12	13	14	15	16
03	CTF				17	18	19	20	21	22	23	24
04	RG				25	26	27	28	29	30	31	
05	HO	8										
06	CTF											
07												
08	VA											
09	SL											
10	CTL											
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OTHER ADJUSTMENTS, BASED ON NUMBER OF INCIDENTS:				PRELIMINARY AND FINAL TOTALS			
LEAVE BALANCES AS OF:				SIGNED, CERTIFYING TRUE AND ACCURATE			
07/01/09				07/31/09			
184.0				184.0			
EMPLOYEE:				SUPERVISOR:			
[Signature]				[Signature]			
TIME SHEET				FORECAST			
00053				22			
FINAL				FINAL			

EMPLOYEE MONTHLY TIMESHEET

OREGON STATE PAYROLL SYSTEM

FORM # AD1743

PAYROLL AGENCY #	PERSONNEL AGENCY #	CHECK DISTRIBUTION	SHIFT	EMPLOYEE ID #	CONC JOB	POSITION #	CLASS	PAY BASIS	APPT TYPE	WORK SCHED	TIME SHEET #
34000	34000	1	1	OR0127253	1	0000001	MEAH Z7014	S	P	AA7	1-C
START TIME	OT	BEN PKG	COST CENTER DISTRIBUTION	PERIOD ENDING							
0800	NE	XX	114100414010	08/31/09							
100.00 %				%				%			

	DATE - DAY																			MISC. HRS
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
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OTHER ADJUSTMENTS, BASED ON NUMBER OF INCIDENTS:

LEAVE BALANCES AS OF:	START DATE	END DATE	FULL TIME HOURS	EMPLOYEE:	SUPERVISOR:	# OF DAYS WORKED:	FORECAST:	FINAL
	08/01/09	08/31/09	168.0			21		

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**OREGON STATE PAYROLL SYSTEM**

EMPLOYEE MONTHLY TIMESHEET

FINAL COPY

PRIMARY AND FINAL TOTALS

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LEAVE ONLY 1000

**SIGNED, CERTIFYING TRUE AND ACCURATE**

WOMAN  
OF THE YEAR

**FORECAST**

PRELUM	FIRCU
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**SUPERVISOR**

attached

62-20-09



# EMPLOYEE MONTHLY TIMESHEET

**OREGON STATE PAYROLL SYSTEM**

FOHM # AD1743

PAYROLL AGENCY #	EMPLOYEE	CONC JOB	POSITION #	CLASS	PAY BASIS	APPT TYPE	WORK SCHED	TIME SHEET #
34000	PEDERSEN, RICHARD J	1	0000001	MEAH 27014	S	P	AA7	1-C
<div> <div>PERIOD ENDING</div> <div>11/30/80</div> </div>								

LINE	DATE - DAY							REG HRS	LWOP	MISC-HRS
	SU	MO	TU	WE	TH	FR	SA			
01								RG		
02								HO		
03								CT'S		
04								RG		
05								HO 16		
06								CT'S		
07										
08								VA 4		
09								SL		
10								CTL		
11								PB		
12								GO'S Leave		
13								LA 8		
14								LO		
15										
16								OT		
17								HP		
18								SDE		
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26										
27										
28										
29										
30										
31										
PRELIMINARY AND FINAL TOTALS										

OTHER ADJUSTMENTS, BASED ON NUMBER OF INCIDENTS:

**LEAVE BALANCES**

7 LEAVE B

LEAVE BALANCES AS OF:	START DATE 11/01/09	END DATE 11/30/09	FULL TIME HOURS	168.0	EMPLOYEE:
TIME SHEET					

EMPLOYEE:

SIGNED, CERTIFYING TRUE AND ACCURATE

# OF DAYS WORKED	
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WIT

**FINAL**

