

## Fahn, Patrick J.

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**From:** Morman, Aaron A.  
**Sent:** Tuesday, July 09, 2013 5:01 PM  
**To:** Fahn, Patrick J.  
**Subject:** FW: Attached Image  
**Attachments:** 0070\_0001.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

These did not make it into the file for Granville's training sessions for case GS-11-687. Can they still be added? There is another one to follow.

Aaron A Morman  
State of North Dakota  
Public Service Commission  
Pipeline Safety Inspector  
Program Manager  
Cell: 701-220-5779  
Fax: 701-328-2410  
[aarmorman@nd.gov](mailto:aarmorman@nd.gov)

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**From:** City of Granville [<mailto:granville@srt.com>]  
**Sent:** Wednesday, April 24, 2013 10:24 AM  
**To:** Morman, Aaron A.  
**Subject:** Fw: Attached Image

NDPA Training Expense's for Lindsey Anderson (City auditor) Training was held Feb 25 and 26th in Fargo at Expressway Suites!

**From:** [granville@srt.com](mailto:granville@srt.com)  
**Sent:** Wednesday, April 24, 2013 10:22 AM  
**To:** [Granville](#)  
**Subject:** Attached Image

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11 **GS-11-687** Filed: 4/24/2013 Pages: 5  
**Invoices for training and expenditures**

**CITY OF GRANVILLE  
REQUEST FOR REIMBURSEMENT**

Effective August 3, 2009

Employee: Shirley Anderson

Reason/Event: NDGPA Training

Mileage: # 514 x \$0.50/mile = \$ 257.<sup>00</sup>

Reimbursement will be for actual expenses when receipts are provided.  
Otherwise, per diem rates will apply as follows:

Breakfasts: # \_\_\_\_\_ x \$ 5.00/meal = \$ \_\_\_\_\_

Lunches: # \_\_\_\_\_ x \$ 7.50/meal = \$ \_\_\_\_\_

Suppers: # 3 x \$12.50/meal = \$ 37.50

Lodging: # \_\_\_\_\_ x \$55.00/night = \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL REQUESTED:** \$ 294.50

I do hereby certify that the within bill, claim, or demand is just and true; that the money therein charged was actually paid for the purpose therein stated; that the services therein charged were actually rendered and that no part of such bill, claim, account or demand has been paid; that the goods therein charged were actually delivered and were of the value charged.

Signature:  Date: 3/5/13

Reimbursed Check #: 11503 Date: 3/5/13

pd 3/5/13

panel 119113

# ND Propane Gas Association

1025 N 3rd Street • PO Box 1956 • Bismarck, ND 58502-1956  
701-223-3370 • fax 701-223-5004  
www.ndpropane.org



## INTRA-STATE 2013 DUES INVOICE Statement Date: December 26, 2012

**Nancy Mueller Karlain Drader**

**City of Granville**

**PO Box 39**

**103 3rd Street SW**

**Granville, ND 58741-0039**

**Phone 701-728-6369**

**Fax 701-728-6333**

**Email: Granville@srt.com**

### National Propane Gas Association Dues Worksheet:

1st – 2nd Bulk Plant or Headquarters \$382

Example: A company with two bulk plants would pay \$382 in NPGA dues

3rd – 5th Bulk Plant (Additional combined price) \$207

Example: A company with five bulk plants would pay \$589 (\$382 + \$207)

6th – 500th Bulk Plant (per bulk plant) \$197

Example: A company with 30 bulk plants would pay \$5,514  
(plants 1-5 would be \$589, plants 6-30 would be \$4,925 (25 x \$197))

Greater than 500 Plants (per bulk plant) \$99

**Total Bulk Plants: \_\_\_\_\_ = \$ \_\_\_\_\_ NPGA Dues**

**PROPANE**  
EXCEPTIONAL ENERGY®

<input type="checkbox"/>	<b>National Propane Gas Association Dues (from above worksheet)</b>	\$ _____
<input type="checkbox"/>	<b>North Dakota Propane Dealer 1-2 Plants \$206</b>	\$ _____
	Each additional plant _____ Bulk Plants x \$51.50	\$ _____
<input type="checkbox"/>	<b>Cylinder Filling Only Dues – No bulk plant \$128.75</b>	\$ _____
	<b>Total</b>	\$ <u>382.00</u>

Make Check Payable To:

North Dakota Propane Gas Association  
PO Box 1956  
Bismarck, ND 58502-1956

The North Dakota Propane Gas Association is affiliated with the National Propane Gas Association and complies with the purposes, conditions and obligations as stated in the most recent approved NPGA Constitution and By-Laws. In accordance with federal regulations requiring disclosure of lobbying efforts, 55% of the above dues are not deductible by your business as a business expense.

**“The Association Is Your Voice -- You Need To Be A Part Of The Team”**



City of Granville  
Attn: Lindsey Anderson  
P.O. Box 39  
Granville ND 58741  
United States

Date : 03-01-13  
A/R Account Number : 7017286369

Amount Paid : \$ \_\_\_\_\_

Page Number : 1

Date	Inv. No.	Bill No.	Description	Debit	Credit	Balance
02-26-13	5588	52691	Anderson, Lindsey	227.51		227.51
Page Total						227.51
Balance Due						<b>227.51</b>

Aging Summary :

Up to 30	31 - 60	61 - 90	91 and Over
227.51	0.00	0.00	0.00



PA  
3/13/13  
11515

Accounts past due 30 days will be charged a 1 1/2% interest rate.

Expressway Suites  
4303 17th Avenue South  
Fargo, ND 58103  
Phone 701.239.4303  
Fax: 701.356.6712  
Toll Free 877.239.4303  
[www.expresswaysuitesfargo.com](http://www.expresswaysuitesfargo.com)



Friend / Like us on Facebook



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 4303 17th Avenue South  
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 Fax 701.356.6712  
 Tollfree 877.239.4303  
 www.expresswaysuitesfargo.com

City of Granville  
 P.O. Box 39  
 Granville ND 58741  
 United States

Anderson, Lindsey

**INVOICE**

A/R Number 7017286369  
 Group Code 1302NDPROP  
 Company Name City of Granville

Room No. 403  
 Arrival 02-24-13  
 Departure 02-26-13  
 Page No. 1 of 1  
 Folio No. 52691  
 Conf. No. 394539  
 Cashier No. 1025

Date	Text	Charges	Credits
02-24-13	Room	77.95	
02-24-13	Room Tax	8.18	
02-25-13	Room	77.95	
02-25-13	Room Tax	8.18	
02-26-13	Room	50.00	
		Day Stay 2/26	
02-26-13	Room Tax	5.25	
<b>Total</b>		<b>227.51</b>	<b>0.00</b>
		<b>Balance</b>	<b>227.51 USD</b>

**SIGNATURE**

Thank you for staying at the Expressway Suites,  
 We look forward to seeing you in the future

Your Friends,

The Expressway Suites Staff



Friend / Like us on Facebook