

Richter, Susan K.

From: efilimgmail@tylerhost.net
Sent: Friday, May 13, 2016 1:59 PM
To: Richter, Susan K.
Subject: Notification of Service for Case No. 18-2015-CV-00240 (Public Service Commission, et al. vs. Grand Forks Bean Company, Inc.)

This is a service filing for Case No. 18-2015-CV-00240, Public Service Commission, et al. vs. Grand Forks Bean Company, Inc..

Date Submitted: 5/13/2016 1:46:00 PM CDT
Filing Code: Exhibit
Filing Desc: Exhibit C - Sue Richter's Travel Expense Voucher
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340 GE-15-36 Filed: 5/13/2016 Pages: 4
E-file to Court – Exhibit C – Sue Richter's Travel
Expense Voucher

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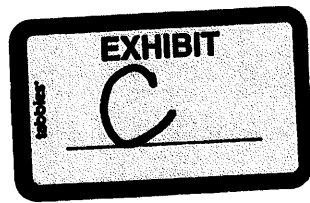
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VOUCHER ID 210279

TRAVEL EXPENSE VOUCHER

STATE OF NORTH DAKOTA
SFN 52785 (10-2004)

Month <u>January</u> <u>March</u>		Year 2016	Department Public Service Commission					Official Position Division Director							
Employee Name Susan Richter			Employee ID [REDACTED]		Business Unit 40800			Fiscal Month		Biennium					
Day	Points Covered By Travel	Hour (Show AM or PM)		Vehicle Miles	R e f	Comm'l Air Trans	R e f	Taxi & Other Air Trans.	R e f	Misc. Exp.	Meals in State	Meals Out of State	R e f	Lodging in State	Lodging Out of State
		Depart	Arrival												
13	Bismarck-Grand Forks	1:00 pm									17.50			88.10	
14	Grand Forks										35.00			88.10	
15	Grand Forks-Bismarck	7:00 pm									35.00				
Purpose of Travel and Explanation of Expenses: Attend Grand Forks Bean insolvency hearing. Case No. GE-15-36.												Lodging In State 52101		176.20	
												Lodging Out of State 521075		0.00	
												Meals in State 52102		87.50	
												Meals Out of State 521080		0.00	
												IRS Meals-Taxable 521035		0.00	
												Miscellaneous Expense		0.00	
												Other Transportation in State 521025		0.00	
												Other Transportation Out of State 521085		0.00	
												Air Transportation in State 521010		0.00	
												Air Transportation Out of State 521070		0.00	
												Vehicle Miles in State 0.00 X		521030	
												Vehicle Miles out of State 0.00 X		521090	
												Total Expenses		263.70	
												Ref. Doc. No. of Advance		Less Advance	
														0.00	
												Net Expenses		\$263.70	
Line	Due Date	Dept. ID	Account	Oper. Unit	Class	Fund	Project ID	Activity ID	Resource Type	Resource Category	Amount				
			[REDACTED]					15402036			176.20				
											87.50				
I hereby certify that the within itemized statement representing a claim for payment or per diem, mileage or travel expenses or combination thereof, truthfully and accurately states the days of service and the mileage traveled, and the purpose thereof.											TOTAL	21270			
Employee Signature <u>Sue Richter</u>								Date <u>3-16-17</u>		White -- OMB					
Department Approval <u>[Signature]</u>								Date <u>3/21/16</u>		Canary -- Agency					



 **Hilton
Garden Inn**
Grand Forks/UND

4301 James Ray Drive • Grand Forks, ND 58203
Phone (701) 775-6000 • Fax (701) 746-0298
Reservations
www.grandforksund.stayhgi.com or 1 877 STAY HGI

Name & Address

RICHTER, SUSAN
PUBLIC SERVICE COMMISSION
600 EAST BLVD DEPT 408
BISMARCK ND 58505
UNITED STATES OF AMERICA

Room 204/K1
Arrival Date 3/13/2016 6:06:00 PM
Departure Date 3/17/2016

Adult/Child 1/0
Room Rate 89.00
Rate Plan: GV
HH #
AL:
Car:

Folio

Confirmation Number: 3229890488

 HILTON
HHONORS

3/15/2016

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/13/2016	1555661	GUEST ROOM	\$89.00
3/13/2016	1555661	STATE TAX	\$4.45
3/13/2016	1555661	CITY TAX	\$4.45
3/14/2016	1555866	GUEST ROOM	\$89.00
3/14/2016	1555866	STATE TAX	\$4.45
3/14/2016	1555866	CITY TAX	\$4.45
3/15/2016	1555988	VS *9394	(\$195.80)
		BALANCE	\$0.00



ACCOUNT NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT
A FEE OF UP TO 150 USD WILL BE ASSESSED FOR SMOKING IN A
NON-SMOKING ROOM. PLEASE ASK AT THE FRONT DESK FOR
LOCATION OF DESIGNATED OUTDOOR SMOKING AREAS.

DATE OF CHARGE	FOLIO NO./CHECK NO.
	328449 A
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-195.80

MERCHANTS AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE REFUND OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT