Mille Lacs Band of Ojibwe Office of Management and Budget (OMB) Policies and Procedures

- I. Introduction
- II. Procurement-

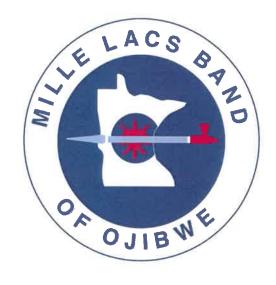
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| OMB STAFF | TITLE | PRIMARY RESPONSIBILITY |
|-----------------|--|---|
| Mel Towle | Commissioner of Finance | OMB Supervision |
| Chris Waite | Assistant to the Commissioner of Finance | Accounting, audit, special projects |
| Joni Wall | Financial Analyst | Contract review/budget changes/grants/fiscal audits |
| Katy Radunz | Finance Officer | Supervises day-to-day operations/staff |
| Kathy Heyer | Accountant | Minor Trust and Per Cap distributions |
| Deb Benthin | Accounts Payable Specialist | Process vendor payments/vendor issues |
| Pam Boyd | Loan Specialist | Manages Band loan programs/COH Processing/Travel |
| Valerie Thomas | Grants Reporting Specialist | Fiscal Reporting of Federal/State/Private Grants |
| Laurie Hartman | Grants Reporting Specialist | Fiscal Reporting of Federal/State/Private Grants |
| Vacant | Administrative Assistant | Insurance matters/financial processing |
| Jean Schaefer | Payroll Specialist | Processes Band payroll/PPAN entry |
| Tristan Davis | Purchasing/Cash Receipts | Process P.O.'s & cash receipts |
| Emily Wagner | Office Assistant | Receptionist, office assistant, discretionary loans |
| Nancy VanGeest | File Clerk | Filing/document retrieval |
| Alyssa Comey | Per Cap Assistant | Assist with Per Cap distribution |
| Vacant | Per Cap Assistant | Assist with Per Cap distribution |
| Stephanie Souer | Financial Assistant | Accounting projects |

Attachments:

Exhibit 1 - Blank requisition

Exhibit 2 - Sample completed requisition

Exhibit 3 - Sample purchase order

Exhibit 4 - Sample invoice attached to purchase order

Exhibit 5 - Blank check request

Exhibit 6 - Sample completed check request

Exhibit 7 - Sample invoice attached to check request

Exhibit 8 - Blank service contract

Exhibit 9 - Contract compliance cover sheet

Exhibit 10 - Sample completed service contract with check request and invoice

Exhibit 11 - Contract addendum form

Exhibit 12 - Blank travel expense statement

Exhibit 13 - Sample completed pre-trip report

Exhibit 14 - Sample trip support documentation

Exhibit 15 - Sample post-trip report with support documentation

Exhibit 16 - Rental car policy

Exhibit 17 - Blank monthly mileage report

Exhibit 18 - Sample completed monthly mileage form

Exhibit 19 - Mileage chart

Exhibit 20 - Sample monthly expenditure report

Exhibits 21-23 - Sample budget revision forms

Exhibit 24 - Suspension/Debarment Vendor Policy - "How to Check"

I. Introduction

- OMB seeks to promote the strong financial condition of the Band.
- OMB wants to provide good service to departments so you can do your jobs. Communication from departments helps OMB do a better job. If changes are occurring in which employee is handling a program please send a memo up to OMB so we know who to call to resolve problems if they occur.
- OMB does not enjoy rejecting transactions and pointing out mistakes as it takes more time to handle a transaction more than once. Please recognize that OMB handles a huge volume of transactions. OMB does not have the luxury to spend several minutes correcting problems with each item processed in OMB. We need your cooperation! Items correctly submitted to OMB the first time reduce the processing time and frustration for you and OMB.
- OMB faces numerous outside parties who want to review our financial information (auditors/grant monitors/Internal Revenue Service). This is why it is so important the Band's transactions are properly supported. Any transaction should be clear as to its purpose and how the amount is supported based on the attached documentation.

II. Procurement

Purchase Orders:

<u>Under Band Statute</u>, a requisition form must be filled out whenever you are purchasing merchandise or equipment from a vendor. The vendor's name and address need to be listed along with the date requested and by whom. The dollar amount needs of the transaction must be listed, including shipping, if there is any. The appropriate accounting code must be listed on the requisition. Then, the appropriate authorized signer must approve the requisition. Submit requisitions to Purchasing at the Government Center-Office of Management & Budget. Please note that under Band statute, before ordering items of value over \$5,000; three quotes from vendors must be obtained. Also under the Band Statute, sealed bidding procedures, which includes formal advertising, must be followed for those goods costing in the aggregate of more than \$25,000.

Copies of all quotes and bids should be attached to the requisition to demonstrate compliance with the bid process.

Purchasing will create a purchase order from your requisitions. A purchase order is important because it indicates to the vendor that the Band is committed to paying for merchandise. Our purchase order form also indicates our tax -exempt number so vendors will not charge us tax. Upon receiving the purchase orders from OMB, departments will mail, fax or give a copy to the vendor, depending on how staff wanted to handle the purchase order. If you are taking the actual purchase order to the vendor to pick up the merchandise, please make sure the vendor writes the purchase order number on the receipt/invoice. Attach the receipt/invoice to a copy of the purchase order. Once all merchandise on a purchase order has been received, sign off on the bottom line and return the copy and invoices to Accounts Payable in OMB.

Sometimes, the invoice is mailed directly to OMB. In this situation, OMB will send the invoice to the department for matching with the printed purchase order report. Once matched, the department should submit the packet to OMB for payment processing. Occasionally, an item listed on a purchase order is back ordered. If this the case and you have received an invoice for a partial shipment, please make a copy of the purchase order and mark it "Backordered items--do not liquidate balance of purchase order" and turn it in with the invoice. When the remainders of the items come in, turn the invoices in with a copy of the purchase order.

Blanket Purchase Orders

A blanket purchase order is a purchase order made out to a vendor that covers recurring purchases for a month. A blanket purchase order is used to set up a charge relationship when you may be able to anticipate the exact goods needed. (For an example, the elderly feeding program receives a blanket purchase order for Upper Lake's Foods each month since they do not know the exact food they will serving all month.) You will have to determine, depending on the needs of the program, as to the need for a blanket purchase order verses an itemized purchase order. Requisitions for blanket, purchase orders must be in no later than the first Friday of the month. After the end of the month, please attach all original invoices to a copy of the purchase order and turn into OMB for payment.

OMB does not payoff statements-invoices only to ensure duplicate payments are not made.

OMB's purchase requisition processing calendar is detailed below:

If proper paperwork is received by:Purchase Order ready by:Noon on WednesdayNoon on FridayNoon on FridayNoon on Tuesday

NOTE-Proper paperwork means legible requisition, complete requisition, signed off by an authorized signer, accounting code makes sense for transaction and funds are available in the budget to process the transaction. Please note, occasionally Band Holidays can disrupt the purchase order-processing calendar.

Emergency P.O.'s

If an item is needed for an emergency, please call OMB to obtain an emergency purchase order. We will do a manual PO for you to pick up or we will fax it to you. NOTE- failure to plan ahead does not constitute an emergency only unforeseen circumstance i.e. for some reason you are unable to reach OMB in an emergency, use good judgment in committing the Band to a purchase. Remember to indicate tax-exempt status to vendors. All other purchases made without a purchase order are done so without the confidence that the Band is committed to paying for the merchandise.

Check Requests

For items not paid to vendors through the purchase order process (i.e. phone bills, Fleege water deliveries, etc.), a check request is prepared to initiate payment. Check requests should indicate date, payee, amount, proper accounting code, and must be signed by a authorized signer. An employee may not sign check requests for himself/herself or for a close family member.

If the department would like the check back to personally deliver or mail to the vendor, please use a check request form with the notation "Return to Dept" on the bottom, or write a note as to where the check should go on the bottom of the check request. (See exhibit 6). If the check is an advance payment, please submit supporting invoices or receipts for OMB to attach to the check packet within five (5) days of the payment. A payment to McDonald's for a field trip is an example of an advance payment check.

Note: Checks for amounts over \$10,000.00 need to be approved by the Chief Executive and the Secretary Treasurer. This may add an additional processing time of one to two weeks for these larger checks.

OMB 's check processing calendar is detailed below

If proper paperwork is received by:Check is ready by:Noon on WednesdayNoon on FridayNoon of FridayNoon on Tuesday

Again, proper paperwork means legible check request, complete check request, signed by an authorized signer, accounting code makes sense for transaction and funds are available in the budget to process the transaction. Please note, that occasionally, Band Holidays can disrupt the check processing calendar.

Remember, if you use a purchase order to obtain an item, check requests are not necessary. Purchase orders are not needed for contracted items.

Contracting

Service contracts need to be completed and approved before an individual or company performs services to the Band. Service contracts protect the Band by establishing the scope of work and payment terms governing the transaction. Service contract language also protects the sovereignty of the Band. If you are in doubt as to the need for the completion of a service contract, please check with your supervisor. As required by Band Statute and contracting policies, OMB is required to review all contracts in advance to ensure that funds are available to pay the contractor. Contracts over \$5,000 must have three bids included, or a memo detailing that it is special procurement and three quotes are not available. In addition, contracts over \$5,000, must have the approval of the Band's Office of Solicitor General. Executive Branch contracts over \$5,000 must also be approved by the Administrative Policy Board.

Contracts over \$25,000, and all legal contracts must be ratified by the Band Assembly. See the attached contract processing check sheet. When a contractor is to be paid, complete a check request form to initiate payment and attach a copy of the fully signed contract and billing information.

Vendor Statements / Vendor Relations

If you receive a monthly statement *from* a vendor (i.e. listing that shows outstanding bills to be paid), please check your records to determine if you have submitted the proper, paperwork to initiate payment. Please help us prevent unnecessary spending on finance and interest charges for late payments. If you have any questions about outstanding bills, contact Accounts Payable in OMB.

Please do not hold vendor invoices when there is a problem (i.e. budget is exceeded, etc.). Take the necessary steps to fix the problems so we can pay the vendor as soon as possible. OMB does not want the Band to have the reputation as poor bill payers.

New Vendors can be used if a complete address, and billing information is sent to OMB. A purchase order is asking for credit, so ask if they will take ours. They may ask you to fill out a credit application first. Send this to the Accounts Payable Specialist in OMB.

Travel/Mileage:

Out of Town Travel

Out of town travel must be approved by your supervisor or Commissioner in advance of a trip. The traveler must complete a pre-trip travel report and submit it to OMB in order to receive funds for the travel. Pre-trips must be coded with an appropriate accounting code and signed by authorized signer. Non-local travel usually is coded to 4450-xxx-xxxx-x. Seminar registrations/training are coded to training, 5000-xxx-xxxx-x. Federal travel regulations must be followed. These regulations mandate if meals are included on a trip (i.e. as part of a seminar), then the per diem claim must be reduced to reflect such an item. Following these regulations also mandate the first and last calendar day of travel is calculated at 75%. See (Exhibit 13 cont.). Band policies require that a traveler must be gone more than 12 hours before eligible for per diem. Pre-trip requests must be accompanied by supporting documentation (i.e. seminar agenda, meeting notice etc.). Date and times of travel request should make sense given the timing of the meeting/seminar. If it is not obvious why a traveler is leaving early for a trip or staying late, please provide additional explanation. (Keep in mind auditors. program monitors, and the Internal Revenue Service review our records.)

Upon completion of the trip, the traveler completes an original post-trip report, attaches the appropriate supporting documentation (i.e. hotel, car rental invoice) and submits the post- trip report to OMB within 10 working days of the employee's return. Supervisors must approve both the pre-trip and post-trip reports. Additional travel advances shall not be prepared for an employee if he/she has more than two (2) outstanding pre-trips, and no completed post-trips.

Monthly Mileage

Monthly mileage shall be turned in by the first Friday of the following month. Mileage reports must be coded and signed by the appropriate supervisor. Monthly mileage should be coded to 4400-xxx-xxxx-x. Monthly mileage checks will be attached to your payroll check the following week. Mileage standards have been established for certain destinations-see attached. Check current federal regulations for the allowance per mile for reimbursement. Please make sure mileage forms are correctly completed prior to submission to OMB. NOTE: an employee will not be paid for mileage that is more than three months

after the mileage report due date.

Mileage will not be reimbursed for travel within the district reservation areas. Also, no mileage will be reimbursed for round trips of less than 10 miles. An employee may not sign travel/mileage requests for himself/herself or for a close family member.

III. Payroll

Timesheets

Spreadsheets summarizing employee time must be turned into OMB by 4:00 on Monday, along with the emailed electronic version.

If an employees hours are not on the spreadsheet, the employee will not be paid that week. If Monday is a holiday, then time sheets are due at 4:00 p.m. the Friday before. Spreadsheets must be signed by the appropriate commissioner or department supervisor. Spreadsheets must include the number of hours regular time, overtime, vacation, sick, and holiday. Spreadsheet totals should be mathematically correct. Timesheets for employees should accompany the spreadsheet. Timesheets must be signed by the employee and his/her supervisor.

Paychecks are mailed Thursday mornings. (See Nov. 6, 2019 Memo below)

November 06, 2019

Starting with the Payroll of December 06, 2019, Pay Checks will no longer be distributed by Department or District. All Pay checks will be mailed and Pay Stubs will be mailed or sent by Electronic email. As you may have noticed, you have been receiving a DD Form with your check each week. Although we do encourage you to go to Direct Deposit, we are not forcing you to do so.

This is what you need to verify prior to Dec. 02, 2019. If you have all of the following done, there is nothing for you to do at this time.

- 1. Is my address correct on my Pay Check (If you want check Mailed)
- 2. A completed DD Form turned in to OMB (If you want Direct Deposit)
- 3. A personal email address sent to OMB (If you want Electronic Email, only available w/DD)

Any earlier check release must be approved in writing by the appropriate supervisor and communicated to the Finance Manager, in OMB. Early check releases should only be approved for employees on travel, vacation status on Friday or in case of an emergency. Early check releases are disruptive for OMB-please be courteous. Also, keep in mind, that checks are not dated until Friday~banks really should not cash early checks.

Hiring of Staff/Terminating Staff

Is now a Human Resource Function. Refer to personnel policies. Payroll now handles only payroll functions such as timesheets, annual and sick leave, workers compensation rates, and taxes.

Staff Changes

The department code for an employee determines which department budget will be charged for an employee's wages. If you have an employee moving between departments, which may just be funding sources (i.e. Indian Child Welfare State Grant - department 4800 vs. Indian Child Welfare Grant Federal Self-Governance Grant - department 4820).

Human Resources must receive a Personnel Payroll Action Notice, (PPAN) which will be forwarded to OMB. It is much easier if the wages go to the correct department from the beginning rather that moving the wages manually on the accounting system after the fact to the correct department.

Authorized Deductions

Authorized deductions are processed five days after the last pay period of the month and they will be attached to your check the following week. Deductions are limited to court ordered and Band related entities only.

IV. Cash Receipts

If any staff collects monies, the payee must be issued a pre-numbered receipt. Under Commissioner's Order #01-99, all funds must be remitted to OMB within ten (10) working days of receipt. This includes both the receipt copy and the cash to the OMB Staff that collects cash receipts.

Money Laundering

Money laundering is conducting or attempting to conduct a financial transaction knowing that the transaction is designed in whole or in part to conceal or disguise the nature, location, source, ownership, or control of the proceeds of specified unlawful activity. To assist the federal government in detecting, preventing and eradicating criminal and terrorist financing and activity, the Mille Lacs Band of Ojibwe (MLB) will evaluate all financial transactions and take all necessary steps to comply with applicable anti-money laundering laws and regulations.

All funds received by any department should be deposited with the MLB Office of Management and Budget (OMB) within 10 working days in accordance with the MLB OMB's <u>Cash Receipts Policy</u>. Concerns regarding transactions that are unusually large or that appear suspicious and questions regarding money laundering in general should be directed to the MLB OMB Office at 320-532-7471. Potential violations of this policy should be reported to the MLB Commissioner of Finance at 320-532-7475.

Related Information:

31 U.S.C. §5311 et seq., §5326 and §5331 31 C.F.R. §103.11 et seq. §103.20-30 and §103.125 Bank Secrecy Act, 12 U.S.C. §1951, et seq. Money Laundering Control Act of 1986 USA PATRIOT Act, Public Law 107-56, §314(a)-(b)

V. Grants Management

When a grant has been awarded, please make sure OMB's Grant Reporting Specialist, gets a complete grant package including full proposal, award letter, and modifications in a timely manner.

Remember new grants must go through the appropriation process.

Please read and know your grant and what are allowable costs. Grants often have restrictions regarding administrative costs. Monitor and complete Progress Reports as necessary. Forward a copy of this report to the Grants Reporting Specialist. Financial Status Reports, when applicable, need to report in-kind/match costs. This information needs to be completed either on a quarterly, bi-annual, or annual basis, -- however it is required on the Grant Award Documents. Please send match information to OMB - preferably before the end of the reporting period or within 15 days after.

Grant periods do not often coincide with the Band's fiscal year. Since Band Statutes mandate that appropriations lapse 9/30 (fiscal year end), there are often carryover procedures that need to be considered for grants by OMB. Grants will be reconciled and dollars added to the next fiscal year when appropriate.

On a monthly basis, expenditure reports are distributed to appropriate staff to monitor the spending of their grants. This is to prevent cost overruns, and allows budget grant monies to last until the end of the project. Work with OMB to spend all grant monies <u>before</u> the grant period is done. After review of the expenditure reports, budget modifications may need to be submitted. These modifications must go to the Financial Analyst after they have been prepared and approved by the correct supervisor or commissioner.

Remember, many of the grantors request grant extensions to be submitted two month's previous to the grant end date, and requests for revised budgets before the dollars are spent. It could take several weeks on the granting agency's part to approve your request, so make sure to use proactive steps to alleviate headaches later. (See more in the next section.)

VI. - Monthly Financial Statements/Budgeting

OMB strives to have monthly expenditure reports out by the 3rd week of each month. Please review your reports for reasonableness and budget overages. Please correct budget overages within the month if possible. Also, work to project out expenses to the end of the year. If you suspect a budget shortage is eminent - work with OMB to determine a solution as soon as possible rather than waiting for a crisis.

If you ever need additional detail on what has been charged to a particular accounting code, call OMB for a detailed Trial Balance report. Also, if you have any questions regarding the financial status of your program, OMB would be happy to spend time reviewing your particular situation. For best results, call OMB and make an appointment for your financial review session.

The Mille Lacs Band approves a biennial budget for two year periods beginning with even numbered fiscal years (FY22 & FY23, FY 24 & FY25, and so on). The budget includes all operations of the Band. No expenditure can be made unless it has been appropriated. In addition, revenues of the Band must be appropriated.

A Budget Revision is the movement of budgeted dollars from one line item to another line item, within a program. A Budget Transfer is the movement of budgeted dollars from one program to another program.

Budget Transfers of any amount, must receive final approval by Band Assembly.

All budget revisions and transfers must be allowable under grant provisions, if applicable, and sufficient funds must be available. All revisions of the indirect cost budget will not be processed by OMB, without OMB concurrence that the change is allowable.

A budget revision form is attached.

Executive Branch: Budget revisions, other than the Chief Executive's Office, of up to and including \$10,000 may be made upon the approval of a Commissioner. Approval of budget revisions over \$10,000 is delegated to the Administrative Policy Board for revisions within programs of up to 50% of the total program's budget within a given budget line if the program is under \$100,000 and up to

20% if the program is \$100,000 or greater. Revisions in excess of these thresholds must be ratified by Band Assembly. Chief Executive's Office budget revisions up to \$10,000 may be made upon the approval of the Chief Executive. Chief Executive's Office budget revisions in excess of \$10,000 must be ratified by Band Assembly.

Legislative Branch: Budget revisions of up to and including \$10,000 may be made upon the approval of the Secretary/Treasurer, District Representative, or Commissioner of Finance for their respective budgets. Changes over \$10,000 must be ratified by the Band Assembly.

Judicial Branch: Budget revisions of up to and including \$10,000 may be made upon the approval of the Chief Justice. Changes over \$10,000 must be ratified by the Band Assembly.

VII. Fiscal Year End Procedures

The Band's fiscal year (the accounting year) ends September 30 of each year. In order to report our financial activities in accordance with required governmental accounting standards, the following fiscal year end procedures must be followed.

Purchase Orders-Purchase orders must be dated before 9/30 in order to encumber funds for that given fiscal year. According to generally accepted accounting principles, supplies, and equipment must actually be received before 9/30 in order to be considered expenditures of that fiscal year. Shipments received after 9/30 will be considered expenditures of the next fiscal year even though a purchase order was received prior to 9/30 – unless special circumstances are discussed with OMB in advance.

Check Requests-In order to achieve a proper cut-off of expenditures at the fiscal year end, check requests that are for service or activities that occurred prior to 9/30 must be charged back to that fiscal year. OMB continues to charge expenses back to the previous fiscal year until October 31.

To help ensure the proper cut-off, please mark which fiscal year the item should be charged to until the October 31 cut-off date has passed. For example, if a phone bill for September 2018 comes in on October 2, 2018, the check request should be marked FY2018 to help OMB code the transaction properly. Conversely, if a phone bill for October 2018 comes in on November 2018, the check request should be marked FY2019.

Note: cut-off for contract health expenditures is 90 days due to the billing lag.

Vacation -Per the personnel policies, all regular employees may carryover up to 80 hours of annual leave at the end of the fiscal year, 9/30. If a commissioner deems appropriate, he/she can request a payout of accrued annual leave in excess of 80 hours to the employee. Payout requests should be sent to OMB no later than the first Friday of October. OMB will notify commissioners of which employees are over the vacation limit in late September.

Receivables-If a department is aware of any amounts due to them at 9/30, please advise OMB so that we may record the applicable receivables.

Similar closeout procedures exist for when some grants are closed during the fiscal year. Contact the Grants Reporting Specialist for specific closeout procedures on your grants.

VIII. Insurance

If a department obtains a new vehicle, deletes a vehicle or makes changes to a building, please notify the Administrative Assistant in OMB, so we can update our insurance coverage as necessary. For vehicle additions, we need to know department #, vehicle identification number, make, model, year, color, and estimated dollar value. We also need to be notified of transfers of equipment between departments to update insurance records.

If you need to report an insurance claim, please call the Administrative Assistant in OMB. For vehicle losses, the insurance company needs the vehicle identification number, a memo detailing the nature of the accident/claim, police report (if applicable) and proposed plan for fixing or replacing vehicle. For larger claims, the insurance company will send out an insurance adjuster to review the damage. Typically, the insurance company would like us to have two bids before having work performed. The department then usually pays for the costs of the repair and the insurance proceeds, which is net or the deductible, is credited to the department's account.

IX. Credit/Debit Card Receipt Procedures

The Office of Management and Budget has put together credit/debit card receipt guidelines. Please note the following:

All receipts for credit card or debit card transactions must be process through the Band's Bank, Woodlands National Bank. The receipts transactions must be deposited into a separate bank account at Woodlands National Bank designated by OMB for the purpose. Currently account #600032 is designated for that purpose.

Departments processing credit card or debit cards will need to keep track of these receipts much like they do with cash receipts. The best way to do this would be for EACH department to daily log each receipt onto an Excel spreadsheet, noting the date of receipt, amount and general ledger account to which it should be coded. A printout of these spreadsheets should be sent to OMB on a weekly basis, with other bank deposits that need to be made.

Credit card and debit card receipts deposited need to be identified separately from other cash receipts on the spreadsheet. At the end of each calendar month, these spreadsheets should be reconciled by the Assistant to the Commission of Finance into a monthly spreadsheet, so they can be reconciled.

Each month, when the bank statement is received from Woodlands bank, the Assistant to the Commissioner of Finance will reconcile the statement and validate that all receipts are properly coded. Per the agreement with Woodlands National Bank, we will be charged \$0.25 per transaction. At the time of reconciling the statement, OMB will allocate the processing fees to the departments that processed the receipts.

X. Suspension/Debarment Search Procedures

There are conditions for using Federal Compact or Federal Grant funds for dollar amounts equal to or greater than \$25,000, for a vendor contract or a purchase of supplies. We are required to search the Federal Data Base (SAM) for vendors that have been suspended or disbarred, for our use of these funds.

Follow the directions in Exhibit 24.

Also it would be acceptable to check this site for all vendors and all funding streams.

Important: Keep a dated record of your searches and results for your files.

REQUISITION

| | s Reservation Purchas | ing Supply | 2. DATE OF R | EQUISITION |
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| | TIMENT US | 15, 5 | 15. SHIPPING & HANDLING 16. M.L.R. SALES TAX - 3% 17. TOTAL GOST TIMENT USE ONLY SIGNATURE OF PURCHASING AGENT ROER PLACED DAT | 15. SHIPPING & HANDLING 16. M.L.R. SALES TAX - 5% 17. TOTAL COST TIMENT USE ONLY SIGNATURE OF PURCHASING AGENT RDER PLACED DATE ORDER COMP |

| 1. / VENDORS NAME & AD | DRESS: | | 2. DATE OF REQUIS | ITION: |
|-------------------------------------|----------------------|------------------------------|---------------------|-----------------------------------|
| Royal Tire Brainerd, MN | 56401 | | 4/5/2018. | |
| 3. DELIVER TO DEPARTM Bus Garage | MENT OR PROGRAM: | | | |
| 6400-203-326 | | | | |
| . REQUESTED BY: Julie Benjamir | | APPROVE | BY: | 9 |
| 9. 10. CATALOG | PAGE # DES | SCRIPTION: es for Bus #22 | 13. UNIT PRICE: | 14. TOTAL PRICE: \$1,377.63 |
| | | | | |
| | | 15. SHIPPING | & HANDLING; | |
| | | 16. M.L.R. SAL | LES TAX - 5% | |
| GGESTED VENDORS(ATTACH | LIST OF ADDITIONAL 1 | 17. TOTAL: | | \$1,377.63 |
| DERED FROM: | | DEPARTMENT USE ON | | |
| | | | SIGNATURE OF PURCHA | |
| RCHASE ORDER NO. | DATE | ORDER PLACED | DATE ORDER CO | MPLETED |





Mille Lacs Band of Ojibwe Indians 43408 Oodena Drive Onamia, MN 56359 USA

Exhibit 3

30396

Page Number Date

1 of 1 PO0006173-1

4/10/2018

Purchase order PO0006173-1

ROYAL TIRE

615 WASHINGTON ST BRAINERD, MN 56401 USA

Telephone

320-532-4181

Fax

Vendor No.

Requested by

SHIP TO: Nay Ah Shing Upper School - Bus Garage

Transportation Dept. 43651 Oodena Drive Onamia, MN 56359

USA

| Line | item | | | | | |
|--------|--------|--------------------------------------|-----------|----------|------------|----------|
| number | number | Description | Delivery | Quantity | Unit price | Amount |
| 1 | | Tires for Bus #22 6400-203-3260-4 | 4/10/2018 | 1,377.63 | 1.00 | 1,377.63 |

| | Sales | |
|----------|----------|----------|
| | subtotal | |
| Currency | amount | Total |
| USD | 1,377.63 | 1,377.63 |

SALES TAX EXEMPT NUMBER: 24084

Our Order Number must appear on all invoices, packages, etc. Please notify us immediately if you are unable to ship complete order by the date specified.

| ACCOUNTANT | TO | |
|------------|----|--|
| FINANCE | | |
| RECEIVING | | |

PROVISIONS:

- 1. Change Clause Give Mille Lacs Band the right to change within reason, cannot issue a cardinal change. Can change scope of purchase order (unilateral change).
- 2. Termination for convenience The Mill Lacs Band may terminate this order at any time prior to deliver of the requested product or service if such action would be in the best interest of the Band.
- 3. Termination for default The Mille Lacs Band may, in addition to any other remedy it may have, terminate this order for default, if the supplies or equipment delivered are not received on the due date(s) or are defective.



Brainerd Commercial 1902 SE 13th St Brainerd, MN 56401

Phone: (218) 829-9700

| REMIT PAYMENT TO: Royal Tire Inc |
|-------------------------------------|
| NW7828 |
| PO BOX 1450 |
| MINNEAPOLIS MN 55495 7000 |

Sold To:

CASH SALE

Ship To:

Invoice Date

04/05/2018

License: Mileage: 0

Exhibit 3 cont.

Order No.

317 - 38512

Page

1/1

involce No.

Cust No.

300

| Purchase Ord. No. | Sales Person | Main Phone | Other Phone | Ship Via | | Tern | ns: CASH SALE | S |
|----------------------|-----------------|----------------------------------|-------------|----------------|----------------|--------|---------------|---------------|
| 14 | 199 | | | | | | | |
| Item No. | | D | escription | Qty Ordered | Qty Shipped | F.E.T. | Price | Net Extension |
| 03363 | MICH > | LINE ENERGY Z L | RG 11R22.5 | 2 | 2 | 25.23 | 565.46 | 1,181,38 |
| MNC25 TP3041 | 4 | T/DISMT & SWITCH | | 2 | 2 | | 40.00 | 80.00 |
| ΓP3600 | 10 | I MED/LONG META IRU VALVE CAP | LSTEM | 2 | 2 | | 6.15 | 12.30 |
| SHOPSCML | | | 24.44.41 | 2 | 2 | | 1.65 | 3.30 |
| JI TO TOOME | CIVVING | D FEES/SHOP S- CO | JMM.F | 1 | 1 | | 6.40 | 6.40 |

DO NOT PAY. THIS IS A QUOTE.

Sub-Total Parts: 1,203.38

Sub-Total Labor: 80.00

Non-Taxable Amount: 86.40

Taxable Amount: 1,196.98

Tax 7.875%: 94.25

> Total: 1,377.63

A FINANCE CHARGE OF 1.5%/MONTH (18%/ANNUAL RATE) WILL BE CHARGED ON ALL PAST DUE ACCOUNTS.

| CUSTOMER SIGN | ATURE | |
|---------------|-------|--|
| × | | |
| | | |



Mille Lacs Band of Ojibwe Indians 43408 Oodena Drive Onamia, MN 56359

Exhibit 4

Page Number

Date

30396

PO0006173-1 4/10/2018

Telephone

Fax

Vendor No. Requested by

Purchase order PO0006173-1

TO: **ROYAL TIRE**

> 615 WASHINGTON ST BRAINERD, MN 56401

USA

320-532-4181

SHIP TO: Nay Ah Shing Upper School - Bus Garage

Transportation Dept. 43651 Oodena Drive Onamia, MN 56359

USA

| Line | ltem | | _ | ` | | | | | |
|--------|--------|--------------------------------------|---|---|----|-----------|----------|------------|----------|
| number | number | Description | | | } | Delivery | Quantity | Unit price | Amount |
| 1 | | Tires for Bus #22 6400-203-3260-4 | | | ** | 4/10/2018 | 1,377.63 | 1.00 | 1,377.63 |

| | Sales | |
|----------|----------|----------|
| | subtotai | |
| Currency | amount | Total |
| USD | 1,377.63 | 1,377.63 |



SALES TAX EXEMPT NUMBER: 24084

Our Order Number must appear on all invoices, packages, etc. Please notify us immediately if you are unable to ship complete order by the date specified.

ACCOUNTANT FINANCE RECEIVING

PROVISIONS:

- 1. Change Clause Give Mille Lacs Band the right to change within reason, cannot issue a cardinal change. Can change scope of purchase order (unilateral change).
- 2. Termination for convenience The Mill Lacs Band may terminate this order at any time prior to deliver of the requested product or service if such action would be in the best interest of the Band.
- 3. Termination for default The Mille Lacs Band may, in addition to any other remedy it may have, terminate this order for default, if the supplies or equipment delivered are not received on the due date(s) or are defective.



Exhibit 4 cont.

INVOICE

| Invoice Date | Cust No. | Order No. | Page | Invoice No. |
|--------------|----------|-------------|------|-------------|
| 04/12/2018 | 701085 | 317 - 38581 | 1/1 | 317 - 31449 |

License: Mileage: 0

Time in 2:45 PM

Brainerd Commercial 1902 SE 13th St Brainerd, MN 56401 Phone: (218) 829-9700 REMIT PAYMENT TO: Royal Tire Inc NW7828 PO BOX 1450 MINNEAPOLIS, MN 55485-7828

Sold To: 32608

NAY AH SHING SCHOOLS 43651 OODENA DRIVE ONAMIA, MN 56359 Ship To:

GOVTSALES NAY AH SHING SCHOOLS 43651 OODENA DRIVE ONAMIA, MN 56359

| Purchase Sales Main Phor | | Main Phone | Other Phone | Ship Via | | | Terms: 1ST 10Th | 1 | |
|--------------------------|-----------|------------|--------------------|------------|----------------|----------------|-----------------|--------|---------------|
| 1 | 0006173-1 | 137 | (320) 532-4695 | | | | | | |
| te | em No. | | De | escription | Qty Ordered | Qty Shipped | F.E.T. | Price | Net Extension |
| - | 3363 | | X LINE ENERGY Z LI | | 2 | 2 | | 464.00 | 928.00 |
| | NC25 | TRK M | IT/DISMT & SWITCH | ON VEHICLE | 2 | 2 | | 40.00 | 80.00 |

| TOTAL TOTAL | Description | Ordered | Shipped | F.E.T. | Price | Net Extension |
|-------------|----------------------------------|---------|---------|--------|--------|---------------|
| 03363 | MICH X LINE ENERGY Z LRG 11R22.5 | 2 | 2 | | 464,00 | 928.00 |
| MNC25 | TRK MT/DISMT & SWITCH ON VEHICLE | 2 | 2 | | 40.00 | 80.00 |
| TP3041 | 570/574 MED/LONG METAL STEM | 2 | 2 | | 6.15 | 12.30 |
| TP3600 | FLO-THRU VALVE CAP | 2 | 2 | | 1.65 | 3.30 |
| 99995010 | COUNTERACT - 10 OZ BAG (FCP=40) | 2 | 2 | | 19.50 | 39.00 |
| | *BUS 22 | 1 1 | | | ,0.00 | 39.00 |
| | *LICENSE NASB11 | | | | | |
| | *106,201 MILES | | | | | |
| SHOPSCML | ENVIRO FEES/SHOP S- COMM'L | 1 | 1 | | 6.40 | 6.40 |

Sub-Total Parts:

989.00

Sub-Total Labor:

80.00

Non-Taxable Amount:

1,069.00

Taxable Amount:

0.00

Total:

1,069.00

A FINANCE CHARGE OF 1.5%/MONTH (18%/ANNUAL RATE) WILL BE CHARGED ON ALL PAST DUE ACCOUNTS.

CUSTOMER SIGNATURE

0

CHECK REQUEST

| TO: | Office of Management and Budget | |
|-----------------|---|--|
| FROM: | · · | |
| | Date: | |
| PLEASE N | MAKE CHECK PAYABLE TO: | |
| IN THE A | MOUNT OF: | |
| ACCOUNT | TNG CODE. | |
| | 216 CODE. | |
| | | |
| | | |
| | | |
| | | |
| DESCRIPTIO | ON OF TRANSACTION: | |
| | | |
| | | |
| | | |
| Commissioner/S | Supervisor Signature | |
| | - Portion Digitature | |
| Commissioner of | f Finance/Finance Officer | |
| on OMB Have | | |
| or OMB Use: | | |
| PACKET PR | | |
| | ACCURACY CHECKED BY: APPROVED FOR PAYMENT: PACKET CONTENTS: | |
| | PACKET CONTENTS: REQUISITION: P.O. RECEIVING REPORT: | |
| | Account coding Dollar Amount | |
| | | |

| DATE: | 4/10/2018 | | | | | | | |
|------------|---|-----------------|-------------------|----------|----------|--------------------------------|--------------------------|--|
| TO: RE: | Office of Management and Budget Request for Payment | | | | | | | |
| Make Ch | neck Payable to: | Lakes Gas Co | | | | | | |
| Address | | 919 1St SW | | | | | | |
| | | PO Box 185 | | | | | | |
| | | Corsby, MN 564 | 41 | | | | | |
| | | 33132y, WIT 004 | 11 | | | | | |
| | Mail Check to Ad | dress Shown | | х | Forward | Check to D | epartment | |
| | Descriptio | n | <u>.</u> <u>u</u> | Acco | unt Code | | Amount | |
| Account | | | 10700 | 280 | como | 4 | \$1,298.25 | |
| 6-12 | s Payment | | | | | | Ψ1,230.23 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | \$1,298.25 | |
| | | | | | | <u> </u> | ¥1,200.20 | |
| Calle | rification Attached | Sienature | 4/16/18 | x | | ill from Vend as proof of e | lor expenditure(s) | |
| | Officer/Commissioner of I | | | | | | | |
| *** | ******** | ************* | ****** | ***** | ***** | ****** | ************* | |
| FOR OMB U | | ared/ | | | | | | |
| | Approved for | Payment By: | | | | | | |
| | | | | | | | | |



LAKES GAS CO. - B004 919 1ST ST SW

PO BOX 185

CROSBY, MN 56441-0185

03/31/18

ACCOUNT NUMBER: 16769

CUSTOMER ID:

MILLA6

BILLING INQUIRIES: (218) 546-5527

CURRENT OVERALL BALANCE: CURRENT AMOUNT:

1298.25

1216.10

INVOICE

DELIVERED TO:

MLB DEPT OF LABOR 43408 OODENA DRIVE ONAMIA, MN 56359-

YOU CAN PAY YOUR BILL ON-LINE WITH A DEBIT OR CREDIT CARD. GO TO www.lakesgasco.com AND CLICK ON PAY YOUR

| DATE REFERENCE # LOCATION | ITEM DESCRIPTION (| CHARGE AMOUNT | PAYMENT AMOUNT AMOUNT DUE |
|---------------------------|--|---------------|---------------------------|
| BAL FWRD | Balance Forward | 80.94 | 80.94 |
| | 16769 SHAWBOSHKUNG DR. Bulk LP NonTax New Fin Chrg | 1216.10 | 1297.04 1298.25 |
| | | | |

| CURRENT 31-60 DAYS | 61-90 DAYS | 04 420 DAVO |
|---|-------------|-----------------------------|
| 1216.10 80.94 | | 91-120 DAYS PAY THIS AMOUNT |
| te payment fee of 1.5% % Per Month which is | 189 % par 8 | 1,298.25 |

may be Charged on Balances over 30 Days Old.

MILLE LACS BAND OF OJIBWE SERVICE CONTRACT

The parties to this Contract shall be referred to as follows:

The Mille Lacs Band of Ojibwe Indians, a federally recognized Indian Tribe, shall be referred to as the "Band." **name of person or company doing the work.** shall be referred to as the "Contractor."

- 1. The Contractor shall perform the following services: **description of work**, at the following location (if applicable): **where the work will be done**.
- The Band appoints <u>Commissioner of XXXXXXX</u>, as Contracting Officer to represent the Band in its dealings with the Contractor. This Contracting Officer may accept or reject, in whole or in part, the work performed under this Contract.
- 3. The Contractor shall perform the above services by the <u>10th</u> day of <u>May</u>, <u>2013</u>. The Band may terminate this Contract upon the Contractor's refusal or inability to perform the services outlined herein.
- 4. The Contractor shall return to the Band any property of the Band that has come into the Contractor's possession during the term of this Contract upon request by the Band or at the termination of this Contract.
- 5. The Contractor agrees that all information and knowledge pertaining to this Contract and the services to be rendered are the property of the Band and no such information or knowledge shall be divulged to anyone other than the Band.
- 6. The Contractor agrees that all rights, titles, and interests in and to any and all work products arising out of this Contract are the property of the Band.
- 7. The Contractor agrees that during and subsequent to the term of this Contract it will without further consideration assign all rights, titles, and interests in any copyrightable material produced in connection with this Contract to the Band, and shall assist in every proper way, entirely at its own expense, to secure, maintain, and defend for the Band's benefit copyrights and any extensions and renewals thereof on any and all such materials produced.
- 8. The Contractor shall abide by all applicable Band, Federal, and State laws pertaining to the work performed.
- 9. In consideration for the services to be performed by the Contractor, the Band agrees to pay the sum of: not to exceed \$ One Hundred-Fifty and no /00 Dollars (\$150.00) to the Contractor on the following terms: upon completion of work and submission of necessary documents for payment, and with the apporval of the Commissioner of XXXXXXX or his/her designee. All invoices are subject to OMB processing schedule.

All payments will be issued in conformance with the policies and procedures of the Band's Office of Management and Budget (OMB).

- 10. All contracts require OMB approval; contracts over \$5,000 require approval from the Solicitor General and the Administration Policy Board; and contracts over \$25,000 require the approval of Band Assembly. If such approval is not obtained, this Contract is not binding on the Band.
- 11. The Contractor shall hold the Band harmless of any liabilities arising out of the performance of the services contained in this Contract.

- 12. It is expressly understood and agreed by the parties that the Contractor is an independent contractor and shall in no event be considered an employee of the Band. The Band will not withhold any State or Federal taxes on the payment to be made hereunder and will not provide any fringe benefits to the Contractor.
- 13. The Contractor is an independent contractor and has no authority to incur any expenses or obligations on behalf of the Band.
- 14. It is prohibited to assign any rights, interests or obligations under this Contract without the written approval of the Contracting Officer.
- 15. The Contractor agrees that any and all disputes which arise under this Contract will be adjudicated in the Court of Central Jurisdiction for the Mille Lacs Band and that said Court has personal jurisdiction over the Contractor. The Contractor agrees that all interpretations of this Contract will be based upon the laws of the Band.

| CONTRACTOR | | | MILLE LACS BAND C | F OJIBWE INDIANS |
|---|-----------------------------|----------------|------------------------------|------------------------------|
| Signature of Contracto | r Date | | Contracting Officer | Date |
| name of contractor Name of Contractor | | | | |
| use if needed Title | | | | |
| street address City, State, Zip cod Address | <u>e</u> | | | |
| phone number Phone | | | Line It | em: <u>full account code</u> |
| must have this num SS# / FED ID # | nber! | | | |
| | | | | |
| | OMB REVIEW | Initial & Date | OSG REVIEV Over \$5,000 | |
| | CONTRACT# | - | = | |
| | APB REVIEW_ Over \$5,000 | Initial & Date | BAND ASSEMI Over \$25,000 | |

Contract Cover Sheet

This is a checklist of requirements needed for each contract.

| Contract Total Amount: | Account Code: |
|---------------------------------------|---|
| | |
| Date Approved: | 727 |
| .1 | OMB Approval *** <u>All contracts</u> *** |
| | · · · · · · · · · · · · · · · · · · · |
| | Contractor Sign Off |
| | Office of Solicitor General ** Contracts greater than \$5,000. |
| | Administrative Policy Board ** Contracts greater than \$5,000. |
| : : : : : : : : : : : : : : : : : : : | Band Assembly ** Ratifies contracts greater than \$25,000. |
| | Contracting Officer Sign Off |

MILLE LACS BAND OF OJIBWE SERVICE CONTRACT

The parties to this Contract shall be referred to as follows:

The Mille Lacs Band of Ojibwe Indians, a federally recognized Indian Tribe, shall be referred to as the "Band." **SCR.** shall be referred to as the "Contractor."

- 1. The Contractor shall perform the following services: Replace burner orifices to improve burn, at the following location (if applicable): Nay Ah Shing High School.
- 2. The Band appoints **Commissioner of Education**, as Contracting Officer to represent the Band in its dealings with the Contractor. This Contracting Officer may accept or reject, in whole or in part, the work performed under this Contract.
- 3. The Contractor shall perform the above services by the <u>31</u> day of <u>January</u>, <u>2018</u>. The Band may terminate this Contract upon the Contractor's refusal or inability to perform the services outlined herein.
- The Contractor shall return to the Band any property of the Band that has come into the Contractor's
 possession during the term of this Contract upon request by the Band or at the termination of this
 Contract.
- 5. The Contractor agrees that all information and knowledge pertaining to this Contract and the services to be rendered are the property of the Band and no such information or knowledge shall be divulged to anyone other than the Band.
- 6. The Contractor agrees that all rights, titles, and interests in and to any and all work products arising out of this Contract are the property of the Band.
- 7. The Contractor agrees that during and subsequent to the term of this Contract it will without further consideration assign all rights, titles, and interests in any copyrightable material produced in connection with this Contract to the Band, and shall assist in every proper way, entirely at its own expense, to secure, maintain, and defend for the Band's benefit copyrights and any extensions and renewals thereof on any and all such materials produced.
- 8. The Contractor shall abide by all applicable Band, Federal, and State laws pertaining to the work performed.
- 9. In consideration for the services to be performed by the Contractor, the Band agrees to pay the sum of: not to exceed \$ One Thousand Three Hundred Eighty Eight and 86 /100 Dollars (\$1,388.86) to the Contractor on the following terms: upon completion of work and submission of necessary documents for payment, and with the apporval of the Commissioner of Education or his/her designee. All invoices are subject to OMB processing schedule.

All payments will be issued in conformance with the policies and procedures of the Band's Office of Management and Budget (OMB).

10. All contracts require OMB approval; contracts over \$5,000 require approval from the Solicitor General and the Administration Policy Board; and contracts over \$25,000 require the approval of Band Assembly. If such approval is not obtained, this Contract is not binding on the Band.

- 11. The Contractor shall hold the Band harmless of any liabilities arising out of the performance of the services contained in this Contract.
- 12. It is expressly understood and agreed by the parties that the Contractor is an independent contractor and shall in no event be considered an employee of the Band. The Band will not withhold any State or Federal taxes on the payment to be made hereunder and will not provide any fringe benefits to the Contractor.
- 13. The Contractor is an independent contractor and has no authority to incur any expenses or obligations on behalf of the Band.
- 14. It is prohibited to assign any rights, interests or obligations under this Contract without the written approval of the Contracting Officer.
- 15. The Contractor agrees that any and all disputes which arise under this Contract will be adjudicated in the Court of Central Jurisdiction for the Mille Lacs Band and that said Court has personal jurisdiction over the Contractor. The Contractor agrees that all interpretations of this Contract will be based upon the laws of the Band.

| CONTRACTOR | | | MILLE LA | CS BAND O | F OJIBWE | INDIANS |
|---|-----------------------------|----------------|------------|------------------------------|------------------|---------------------|
| Signature of Contractor | r Date | | Contractin | g Officer | D | ate |
| Name of Contractor | | | | | | |
| Title | | | | | | |
| 604 Lincoln Avenue St. Cloud, MN 5630 4 Address | NE 4 | | | | | |
| 320-251-6861 Phone | | | Li | ne Item: <u>430</u> | <u>0-203-325</u> | 50-4 |
| 41-1816633 SS# / FED ID # | | | | | | |
| | | | | | | |
| | OMB REVIEW_ | Initial & Date | _ | DSG REVIEW Over \$5,000 | | ate |
| | CONTRACT# | | | | | |
| | APB REVIEW_ Over \$5,000 | Initial & Date | | BAND ASSEMB Over \$25,000 | | / Initial & Date |

Exhibit 10 cont.



MILLE I ACC DAND OF O HOWE

| 188 | MILLE LACS BA | MD OL O'IBME |
|----------------|-----------------------------------|---|
| 10 STAT. 116 | CHECK R | EQUEST |
| TO: | Office of Management & Budget | Date: 4/24/18 |
| FROM: | Stacy Boyd | |
| RE: | Check Request | \sim \sim \sim |
| Please make | e check(s) payable to: Saint Clar | id Rehidgeration |
| Address: | 7674 College Rd. Sur | ed Refridgeration He 115 Baxter MN 36425 |
| | 9 | |
| In the amoun | t of: \$ 1,388,86 | |
| | • | #0003711 |
| Accounting C | ode: 4300-203-3250-4 | |
| Description of | transaction: Completion C | on Contract Inv# W18/28 |
| 1 1 | | |
| leeb /) | m | |
| Commission | er/Supervisor signature | |
| dan . | | |
| Commissione | er of Finance/Finance Officer | |
| | | |
| | | |
| - | 2 | |
| For OMB Use | | |
| | Account Coding De | |
| | Account Coding Do | ollar Amount |
| | CheckConte | ents |
| | Approved for payment by: | 2 |



Sold To: BNAY001

MLB NAY AH SHING SCHOOL DIST 1

ATT: JULIE BENJAMIN 43651 OODENA DRIVE

ONAMIA MN 56359

218.825.4966

Job Location:

MLB NAY AH SHING HIGH SCHOOL

43651 OODENA DR

ONAMIA MN 56359

3205324695

INVOICE

Invoice Number:

invoice Date:

W18128 Apr 18/18

Terms:

15

Customer Code:

6113

Reference:

Called By:

0003711

City -

Customer Order: Work Order #:

17-0009601

JULIE BENJAMIN

IA A AINI

Price

Description

Work Performed

12/29/17 QUOTE TO REPLACE ALL BURNER ORIFICES TO IMPROVE BURN APPROVED BY JULIE BENHAMIN CONTRACT# 0003711

#6368 ORIFICES

1-11-18

Removed all old offices and installed new ones. Boiler is making a loud vibrating noise. Could be a flow issue through heat exchanger.

Wouldn! have noticed it before with as little heat as the other offices were producing.

Will need to return to diagnose

1-15-2018

I took apart boiler #2. Inspected and cleaned the heat exchanger but did not find any problems. Put the boiler back together and then isolated it from the system. Attached boiler drain out fittings to boiler #2 and then ran ferroclean through the boiler to clean the inside of the heat exchanger. Flushed the boiler multiple times and then put the boiler back into operation. Boiler was still making noise whenever the gas pressure was set above 2.5I wc. The temp rise on the boiler set at 2.3I wc was 22-23 degrees. Checked the boiler piping and found that because of the way the boilers are piped the water flow to boiler 2 is not enough now that we have the correct size burner orifices installed. Verified by closing off a valve on boiler 1 and the temp difference on #2 dropped to 14 degrees very fast and then I could adjust the gas pressure up to 3.50 wc and the boiler would not make any noise at all. I left boiler 2 gas pressure set at 2.30 wc with a TD around 23 degrees. This is about as high as we can get it without



7674 COLLEGE ROAD SUITE 115 BAXTER MN 56425 218.828.4337 218.825.4966

| doing something about the boiler piping. I will write something up to have Brendan go down and checl | | | |
|---|-----------------------|----------------------|------------------------------|
| what could be done with the boiler piping at the upper | (| | |
| school. | | | |
| COMPLETE - QUOTE WILL NEED TO BE SUBMITTED & AI ANYTHING CAN BE DONE. | PPROVED BEFORE | | |
| Materials 350077F #48 ORIFICES 3/4"MIP BOILER 3/4" GALV COUPLING | 59.00 2.00 1.00 | 0.00 0.00 0.00 | 0.00 |
| 1X3/4" GALV COUPLING FERROCLEAN Total Material Labor | 1.00 1.00 | 0.00 0.00 0.00 | 0.00 0.00 0.00 0.00 |
| Total Labor | | | 0.00 |
| Total Truck Charge Other | | | 0.00 |
| FREIGHT QUOTED PRICE Total Other | 1.00 1.00 | 0.00 1,388.86 | 0.00 1,388.86 1,388.86 |
| CONDITIONS - | Subtotal Discount | | 1,388,86 |
| | Sales Tax | | |
| | Total Invoice | _ | 1,388.86 |



7674 College Rd Suite 115 Baxter, MN 56425 Phone 218-828-4337 Fax 218-825-4966

ATTN:

Julie Benjamin

COMPANY: FAX/email

Nay Ah Shing High School

FROM: DATE:

Nancy Hudalla

December 29, 2017 1

PAGES:

Equipment:

Raypak Boiler #2

Description of Services:

Quote to replace burner orifices to improve burn.

Note: If initial repair reveals further hidden issues, matters will be quoted.

Quantity

Part/Description

59

Orifice Natural Gas

Labor 1st Tech Truck Charge Shipping & Handling

Grand Total

\$1,388.86

Thank You! Nancy Hudalla Commercial Dispatcher SCR - Northern 7674 College Road Suite 115 Baxter, MN 56425 nancy.hudalla@scr-mn.com Phone: 218-828-4337

Contract Addendum

| Date: | | 9 3 |
|---|------------------------------|----------------------|
| Addendum: | | TE LAGE TO |
| Description/Vendor: | | 95 |
| Contract #: | | |
| Tracking (if used) #: | | COAL |
| Vendor #: | | 18 |
| Line Account Item #: | | |
| | | |
| The parties hereby agree to the following | ng changes: | |
| 1. Additional \$xxxx added to this of | contract. Making total contr | act amount \$xxxxxx. |
| OR | | |
| 2. Date Extension to xxxxxxxxx. | | |
| | ž. | |
| Signature of Contractor; | Date: | |
| Signature of Contracting Officer: | Date: _ | * |
| | | |
| OMB REVIEW | OSG REVIEW | |
| Initial & Date | Over \$5;000 Initial & | Date |
| APB REVIEW | BAND ASSEMLBY REV | - |
| Over \$5,0000 Initial & Date | Over \$25,000 | Initial & Date |



Travel Expense Statement

Exhibit 12

| Name of Traveler: | | | | | | | | |
|--|---|--|---|--|---------------------|----------------|---|--|
| - | _ | | | | | | Program: | |
| Purpose of Travel: | | | | | | | Acct: | |
| Location of Travel | | | | | Dates of | Travel: | | |
| Schedule A: Point | s of Travel | | DDE_TI | RIP REPORT | - | | | |
| Date | From | Hour | | | | 101. (| Acct: | |
| Date | TIOIII | Tioui | Odomet | er Arrival A | t Hour | Odomet | er # of Mile: | |
| | _ | | + | | | | | 0 |
| | | | | | | | | 0 \$ |
| Dates | Motol | Manta | Territoria | In | - · · | - | Acct: | |
| Dates | Hotel | Meals | Tips | Fare, Toll | Parking | Baggage | | nses Claimed |
| | | | | | | | \$ | - |
| Quarters | E Ma | - O.W. | 7.0 | | - | | Acct: | |
| 12:01am - 6:00 am | 5-Ma | ar 6-Ma | ar 7-M | lar 8-N | lar 9-N | ar | | |
| | _ | - | - | - | | | | Total Quarte |
| 6:01 am - 12:00 pm | + | | | | | | | Claimed |
| 12:01 pm - 6:00 pm | - | | - | | | | | |
| 6:01 pm - 12:00 am | | | | | | | | 0 |
| Fransportation by E | | | 0 | miles @ | 0.54 | 5 per mile | Schedule A | |
| N ADDITION OR IN | -11- | 7 | | | | | Schedule B | \$ - |
| Per diem claimed at | | Per Day | | | | | | |
| lumber of Quarters | Claimed | 0 | Х | \$ - | Per Quart | er | Schedule C | \$ - |
| | | Pre -Trip | Total Amo | unt Requested | l: | | | \$ |
| nat payment for the a | mount claimed na | s not been red | Date | - | Signature | of Commiss | sioner | Date |
| certify that this state that payment for the a signature of Travele | r | s not been red | Date | | | of Commiss | sioner | Date = |
| signature of Travele | of Travel | s not been red | Date POST-TI | RIP REPORT | Г | of Commiss | sioner Acct: | Date = |
| signature of Travele | r | Hour | Date | E-10 | | of Commiss | | Date ==================================== |
| nat payment for the a | of Travel | s not been red | Date POST-TI | | Г | | Acct: | |
| signature of Travele schedule A: Points | of Travel | Hour | POST-TI Odometer | Arrival At | Г | | Acct: | |
| signature of Travele chedule A: Points | of Travel | Hour | POST-TI Odometer | Arrival At | Г | | Acct: | Claimed |
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Transportation by Employees car:

Per diem claimed at:

Number of Quarters Claimed

IN ADDITION OR IN LIEU OF PER DIEM

Travel Expense Statement Exhibit 13 Pre-Trip Report Post - Trip Report (Please Check One) John Traveler Name of Traveler: Program: HHS **Purpose of Travel:** Medicine Wheel & 12 Steps for Men and Women Acct. 222-4090-2 Location of Travel: Colorado Springs, CO Dates of Travel: 3/5/18 - 3/9/18 Schedule A: Points of Travel PRE-TRIP REPORT Acct: 4400-222-4090-2 Date Hour Odometer Arrival At Hour Odometer # of Miles Claimed 3/5/2018 Brainerd, MN Mpls. MN 110 3/9/2018 Mpls. MN Brainerd, MN 110 220 Acct: 4450-222-4090-2 Dates Hotel Meals Tips Fare, Toll Parking Baggage **Total Expenses Claimed** 50.00 \$ 50.00 Acct: 4450-222-4090-2 Quarters 5-Mar 6-Mar 7-Mar 8-Mar 9-Mar 12:01am - 6:00 am Х X X X Total Quarters 6:01 am - 12:00 pm X X X X Claimed 12:01 pm - 6:00 pm X X X X 6:01 pm - 12:00 am X Х Х 16 Transportation by Employees car: 220 miles @ 0.545 per mile Schedule A \$ 119.90 IN ADDITION OR IN LIEU OF PER DIEM Schedule B 50.00 Per diem claimed at: Per Day **Number of Quarters Claimed** 16 \$ 14.75 Per Quarter x Schedule C 236.00 Pre -Trip Total Amount Requested: 405.90 I certify that this statement, the amount claimed, and attachments are true, correct and complete to the best of my knowledge and belief, and that payment for the amount claimed has not been received Signature of Travele Date Signature of Commissioner Schedule A: Points of Travel POST-TRIP REPORT Date From Hour Odometer Arrival At Hour Odometer # of Miles Claimed 0 Schedule B: Expenses claimed in addition to or in lieu or per diem allowance: Dates Hotel Meals Tips Fare, Toll Parking Other **Total Expenses Claimed** Schedule C: Quarters Claimed Quarters Date Date Date Date Date Date Date 12:01am - 6:00 am **Total Quarters** 6:01 am - 12:00 pm Claimed 12:01 pm - 6:00 pm 6:01 pm - 12:00 am 0

Net Amount Due Traveler (Credit) or Agency (Debit) (PreTrip Payment - Post Trip Claimed): 405.90 I certify that this statement, the amount claimed, and attachments are true, correct and complete to the best of my knowledge and belief, and that payment for the amount claimed has not been received.

\$

miles @

0.55 per mile

Per Quarter

Schedule A

Schedule B

Schedule C

0

0

\$

0

Post -Trip Total Amount Claimed:

Per Day

| Signature of Traveler | Date | Signature of Commissioner | Date | |
|-----------------------|------|---------------------------|------|--|

From GSA.gov

FY 2016 Meals and Incidental Expenses (M&IE) Breakdown

The separate amounts for breakfast, lunch and dinner listed in the chart are provided should you need to deduct any of those meals from your trip voucher. For example, if your trip includes meals that are already paid for by the government (such as through a registration fee for a conference), you will need to deduct those meals from your voucher. Refer to Section 301-11.18 of the Federal Travel Regulation for specific guidance on deducting these amounts from your per diem reimbursement claims for meals furnished to you by the government. Other organizations may have different rules that apply for their employees; please check with your organization for more assistance.

The table lists the six M&IE tiers in the lower 48 continental United States (currently ranging from \$51 to \$74). If you need to deduct a meal amount, first determine the location where you will be working while on official travel. You can look up the location-specific information at www.gsa.gov/perdiem. The M&IE rate for your location will be one of the six tiers listed on this table. Find the corresponding amount on the first line of the table (M&IE Total) and then look below for each specific meal deduction amount.

The table also lists the portion of the M&IE rate that is provided for incidental expenses (currently \$5 for all tiers).

| Total | Continental Breakfast/ Breakfast | Lunch | Dinner | IE |
|-------|--|-------|--------|-----|
| \$51 | \$11 | \$12 | \$23 | \$5 |
| \$54 | \$12 | \$13 | \$24 | \$5 |
| \$59 | \$13 | \$15 | \$26 | \$5 |
| \$64 | \$15 | \$16 | \$28 | \$5 |
| \$69 | \$16 | \$17 | \$31 | \$5 |
| \$74 | \$17 | \$18 | \$34 | \$5 |

Important:



This table lists the amount federal employees receive for the <u>first and last calendar day of travel</u>. The first and last calendar day of travel is calculated at 75 percent.

| Total | First & Last Day of Travel | | | |
|-------|----------------------------|--|--|--|
| \$51 | \$38.25 | | | |
| \$54 | \$40.50 | | | |
| \$59 | \$44.25 | | | |
| \$64 | \$48.00 | | | |
| \$69 | \$51.75 | | | |
| \$74 | \$55.50 | | | |

Men and Women: 3/6/2018 - 3/8/2018: Colorado Spring... Page 1 of 2

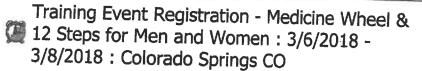
Exhibit 14

Log Off



Training Event Registration









Register For Training

Training Event

Training Program:

Medicine Wheel & 12 Steps for Men and Women

Price \$550.00

Location: Event Status:

Colorado Springs CO Open

Dates

3/6/2018

Start Date/Time: 8:00:00

AΜ

3/8/2018 End Date/Time: 5:00:00

Training

Train facilitators to implement this video-based curriculum in their communities. The Medicine Wheel and 12 Step program was developed to provide a culturally appropriate 12 Step program for Native American people. This program was developed by White Bison, Inc. based on the Teachings of the Medicine Wheel, Cycle of Life and the Four Laws of Change,

24 Continuing Education Hours are available through NAADAC with this training.

Price \$550.00

Policies

Payment and Cancellation Policy:

Payment is due in full 14 days before the start of the training or your registration will be cancelled.

Participants must cancel their reservation more than 3 weeks before the start of the training to receive a refund. If you cancel your reservation and have already paid, White Bison will retain a \$50 administrative fee for processing. White Bison, Inc. reserves the right to cancel trainings 3 weeks in advance if there are not 15 paid participants.

Location

MCM Elegante 6450 N Academy Blvd Colorado Springs, CO 80918 USA

> WhiteBison1 Version 1.1.1

6455 N. Union Blvd, Ste 102 | Colorado Springs CO 80918 | Toll Free 877-871-1495



Travel Expense Statement

Date

| Name of Traveler: | John Travele | 7 | | | | | Program: | H | 45 |
|--|--|---|---|--|-------------------------|--------------------------------|--|---|--|
| Purpose of Travel: | Medicine Who | eel & 12 Ster | s for Men a | nd Women | | | Acct. 222- | _ | |
| Location of Travel: | | | Springs, CC | | Dates of T | ravol | 3/5/18 - 3/9 | | |
| | | 00101000 | opinigo, oc | | Dates Of I | Idvei. | 3/0/16 - 3/9 | /10 | |
| Schedule A: Points | of Travel | | PRE-TRI | P REPORT | | | Acct: | 4400- | 222-4090 |
| Date | From | Hour | Odometer | Arrival At | Hour | Odometer | | | Claimed |
| 3/5/201 | 8 Brainerd, MN | | | Mpls. MN | | _ | 1 | 10 | |
| | 8 Mpls. MN | | | Brainerd, MN | | | 7 | 10 \$ | 220 |
| | | | | | | | - | _ |)-222-409 |
| Dates | Hotel | Meals | Tips | Fare,Toll | Parking | Baggage | Total Expen | | |
| | | | | | | \$ 50.00 | 1 | 000 0 | 50. |
| V | | | | • | | | 4 | : 4450 | -222-409 |
| Quarters | 5-Mar | 6-Mar | 7-Mar | 8-Mar | 9-Ma | | 1 | | 122 400 |
| 12:01am - 6:00 am | | Х | Х | Х | X | | | | al Quarte |
| 6:01 am - 12:00 pm | | Х | Х | Х | X | | | | ai Quarie imed |
| 12:01 pm - 6:00 pm | Х | Х | Х | Х | | | | - | iniou |
| 6:01 pm - 12:00 am | Х | Х | Х | Х | | | | - | 16 |
| Transportation by Em | nployees car: | | 220 | miles @ | 0.545 | per mile | Schedule A | \$ | 119. |
| IN ADDITION OR IN L | IEU OF PER DIE | M | | - G | | por mine | Schedule B | \$ | 50. |
| Per diem claimed at: | | Per Day | | | | | Donedale B | Ť | 50. |
| Number of Quarters (| Claimed | 16 | х | \$ 14.75 | Per Quarte | r | Schedule C | \$ | 236. |
| | | Pre -Trin 1 | Total Amous | nt Requested: | . or diameter | | Tochedule O | \$ | 405.9 |
| Signature of Travelse | | | D-4- | y 14 | | | | | |
| Signature of Traveler | | | Date | y . | Signature o | f Commissi | oner | Date | e |
| Signature of Traveler | | | Date | y - 3 | Signature o | f Commissi | oner | Date | 9 |
| Schedule A: Points of | | | POST-TR | P REPORT | Signature o | | | = | |
| Schedule A: Points of | | | | P REPORT | Signature o | | | = | 2-4090-2 |
| Schedule A: Points of | | | POST-TR | P REPORT | | | Acct: 4 | = 450-22 | 2-4090-2 |
| Schedule A: Points of Date | From | Hour (| POST-TRI Odometer | P REPORT Arrival At | | | Acct: 4 | = 450-22 | 2-4090-2 |
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ePark .

| | . I ty |
|-------------------------|----------------------------|
| Tr ansact ion id | 648845-13920 2030759686 |
| Ticket-Nr | 2030759686 |
| Entry Date/Time | 3/5/2018 10:01 AM |
| Exit Date/time | 3/9/2018 3 30 PM |
| Duration dd hh:mm | 4 05 29 |
| Lane | 16 |
| Plate # | 10 |
| Cashier | shewainesh.t |
| Parking Fees | \$ 105 42 |
| Adjustments | \$ 0.00 |
| MN Sales Tax %7 525 | \$ 8.58 |
| Total Due: | \$ 114.00 |
| CREDIT CARD | \$ 114.00 |
| Total Paid: | \$ 114.00 |
| MASTERCARD X | (XXXXXXXXXX |
| Auth: | 153058 |
| | |

Cardholder agrees to pay the above total amount according to the card issuer agreement

Receipt

INTEROFFICE MEMORANDUM

To: Rebecca St Germaine / Nicole Anderson

From: John Travelle

Subject: Airport Parking

Date:

March 13, 2018

Requesting reimbursement for \$114.00 airport parking cost during wellbriety training in Colorado.

Attached is the receipt.

Miigwech





MILLE LACS BAND OF OJIBWE GOVERNMENT Non-Senior Executive Staff Rental Car Policy

Travel/Mileage reimbursement for employees traveling on behalf of the Mille Lacs Band of Ojibwe Government, are outlined in the Office of Management and Budget (OMB) Policy and Procedure manual, available in OMB.

This policy is specific to the <u>rental of vehicles</u> while MLBO Government employees are traveling on MLBO Government related business and <u>does not apply to Senior Executive Staff</u> (SES) as travel policies applicable to SES are detailed in Mille Lacs Band of Ojibwe Statute Title #6, Chapter #3.

While traveling for MLBO Government business purposes, MLBO employees will NOT be reimbursed for rental car expenses, with few exceptions as detailed below.

When traveling for business and no personal automobile is available, MLBO Government employees are expected to travel by taxical from the airport to their hotel or conference destination. This airport transfer cost is reimbursable to the MLBO employee upon their return, with submission of a post-trip report and taxical receipt.

However, in the travel situations where it is more costly to travel by taxicab to the MLBO employee's hotel or conference destination, it is permissible to rent a car for such transfer. This rental car cost (less taxes) is reimbursable to the MLBO employee upon their return, with submission of a post-trip report, rental car receipt and documentation proving that the taxicab ride would have cost more than the rental car expense.

In some instances several MLBO employees will travel to the same conference location. If the combined cost of those employees sharing taxicabs from the airport to the conference location is more expensive than the cost of a rental car(s) for the group of MLBO employees, renting a car is acceptable. However, upon their return from travel, with submission of a post-trip report, rental car receipt and documentation proving that the taxicab rides would have cost more than the rental car expense, the rental car expenses (less taxes) will be paid to the vendor or reimbursable to the employee if paid for personally.

If no documentation of cost savings is submitted with a pre-trip or post-trip report that is requesting payment for a rental car, those expenses will not be reimbursed to the MLBO employee or paid for by the MLBO Government. Reimbursement of rental car expenses will only be paid to the MLBO Government employee that is listed on the rental car agreement.

If rental car arrangements are being made for an MLBO Government employee by the Administration department, it is the employee's responsibility to provide the Administration department with documentation to prove the rental car option is a cost savings for the MLBO Government, prior to the rental car arrangements being made.

| | Travel | Expense | Statemen | t | |
|---------------------------|------------------|------------------|---------------------|----------|--------------|
| Name of Traveler: | | | | Program: | |
| Address: | | | | - Togram | |
| Phone Number: | | | | | |
| Purpose of Travel: | | 10 | | Acct. # | |
| Purpose of Travel: | | | | Acct. # | |
| Location of Travel: | Purpose | | Dates of Travel: | Miles | Amount |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |
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| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |
| | 0.0545 | | - - 1 :: | | |
| Rate per mile 1/1/18 | \$ 0.545 | | Total miles= | - | |
| | | Tatal assault | 6 | | |
| | | ı otal expen | ses for reimbursen | nent= | \$ - |
| I certify that the forego | | | | | |
| DATE | Signature of Emp | oloyee | | | |
| DATE | Signature of Sup | ervisor | | | |
| DATE | Signature of Con | nmissioner | | | |
| DATE | Cianatura of C | roton/Troccure | | | |
| DATE | Signature of Sec | retary/Treasurer | | | |
| | | | | | |

| STAT. IT | | | | 0 | - | | |
|--|---|------------|-------------------|----------------------|------------|-----|-----------|
| Name of Traveler: | Suzie Social Worker | | LP. 11. M. 44 | | Program: | | ic Health |
| Purpose of Travel: | April 2018 Monthly Miles | | ublic Health- \$1 | 53.00 | Acct. # 44 | | |
| Purpose of Travel: | April 2018 Monthly Milea | | /IC- \$77.00 | | Acct. # 44 | -10 | |
| Location of Travel: | | rpose | - | Dates of Travel: | Miles | - | Amount |
| Mille Lacs to Hinckley | Band Assembly - PH | | | 4/1/2010 | 53 | \$ | 28.89 |
| Hinckley to Mille Lacs | Return from Band Asse Client Visit - WIC | embly - PH | | 4/1/2010 4/9/2010 | 53 77 | \$ | 28.89 |
| Mille Lacs to Lake Lena | Return from Client Visit | MIC | | 4/9/2010 | 77 | \$ | 41.97 |
| Lake Lena to Mille Lacs | Mtg. at Urban Office - F | | | 4/28/2010 | 100 | \$ | 54.50 |
| Mille Lacs to Mpls. Mpls. to Mille Lacs | Return from Mtg PH | 11 | | 4/28/2010 | 100 | \$ | 54.50 |
| IVIPIS. TO IVIIIIE Lacs | rtetain nom wig i m | | | 472072010 | 100 | \$ | J-1.00 |
| | | | | | | \$ | |
| | | | | | | \$ | |
| | | > | | | | \$ | - |
| / | | | | | | \$ | - |
| | | | | | | \$ | - |
| | Notice how differe | ent proa | ram are bro | ken out | 1 | \$ | - |
| | | | | | | \$ | - |
| | | | | / | | \$ | - |
| | | | | | | \$ | - |
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| | | | | | | \$ | - |
| | | | | | | \$ | - |
| | | | | | | \$ | - |
| | | | | | | \$ | |
| | | | | | | \$ | • |
| Rate per mile 1/1/18 | \$ 0.545 | | | Total miles= | 460 | | |
| | | | | | | | |
| | | | Total expense | es for reimbursem | ent= | \$ | 250.70 |
| | | | | | 41 6 | | |
| | egoing information is | | | | | _ | |
| activities to the des | t of my knowledge an | iu that tr | ie ciaimed an | nount has not be | en receiv | ea. | |
| DATE MAIN 5 2018 | 0: | Facultié | lusi | 2 Soundage | - | | |
| DATE 9164 5,2018 | Signature of | ⊨mployee | STATIO | c somey | | | |
| DATE 5/6/18 | Signature of | Superviso | or ool | 23 | | | |
| 111- | | | 0 | 900 | | | |
| DATE 5/10/18 | Signature of | Commiss | ioner Aug | thell | | | |
| 5/1/18 | Cinnature of | Finance (| 75 | Allmun | | | |
| DATE | Signature of | rinance (| Jilicer | 1 the me | | | |

| Standard Mileage | Reimburse | ment | | | ed 11/19/ | 2009 | | |
|-------------------------------|-----------|------------|----------------|---------------|------------|-------|---------------------|------------|
| Starting-location | Gov't C | tr. I.E.La | ke i isle | i J Hincki | ey i Ek Læ | na Mr | ols / Duluth | Breine |
| Destination City | | | .] | 1 . 3 | 1 | : T . | | 4 |
| Altkin | | | 28 3 | | 70 | | 128 8 | |
| Albert Lea | | 2 1 | 13 19 14 13 | | | | 95 24 | |
| Anoka | | 8 1 | | | | | 196 21 ¹ | |
| Baraboo, Wi | 32 | | | | | | 27 154 227 288 | |
| Baxter | 1 3 | | 0 52 | | | | 134 178 | _ |
| Bemidji | 12 | | | | | | 28 152 | |
| Bloomington | 10 | 8 12 | | | | | 12 186 | |
| Brainerd | 3 | 2 6 | 8 50 | 1 | 15 1 | 1 1 | 35 115 | |
| Breazy Point | 4 | 6 | 3 65 | 15 | 0 1 | 24 1 | 48 120 | 1 |
| Cambridge | -6 | | | | | 54 | 48 111 | |
| Cariton | 400 | | | | | | 36 21 | |
| Cass Lake | 7148 | | | 16 | | | | . 4 |
| Chicago | 501 | | | 47 | | | | 52 |
| Clouquet | 102 | - | | | | | | |
| Detroit Lakes | 124 | | | - 47 | | | | .4 |
| Duluth | 110 | _ | | 7. | | | | 11 |
| East Lake | 57 | | - | 135 | 24 10 | | | :.6 |
| Fargo, ND | 189 | 196 | | 22 | | - | | 13 |
| Fergus Falls | 132 | 158 | | 184 | | - | | 10 |
| Fond Du Lac | 95 | 46 | | 18 | | _ | | ,D |
| Fortune Bay | 164 | 134 | | 142 | | | | 18 |
| Fort Snelling | 198 | 126 | 109 | 87 | | | 160 | 14: |
| Garrison Count Bostons | - | -47 | 27 | 62 | - | | | 2 |
| Grand Portage Grand Rapids | 264 | .212 | 247 98 | 128 | | | 1.10 | 281 |
| Granite Falls | - | 187 | 184 | | | | - | . 82 |
| Green:Bay, WI | 372 | 394 | 374 | 172 | | - | | 161 |
| Hinokley | 53 | 59 | 3/4 | 343 | .302 | | | 415 |
| wie . | 18 | 40 | .0 | 0 35 | 24 | 102 | | 82 |
| ittle Falls | 48 | .90 | 52 | 87 | 717 | 105 | | 48 |
| ake Lone | 777 | .53 | 59 | :24 | 7,17 | 105 | | 32 |
| lähnomen | 159 | 186 | 17.7 | 212 | :263 | 244 | .221 | 1D5 128 |
| ic Gregor | 52 | 5 | .45 | -64 | 788 | 122 | 84 | 120 |
| Allaca | 34 | 67 | 35 | 42 | -86 | 67 | 115 | 54 |
| Aliwaukee, WI | 430 | 458 | 431 | 401 | 367 | 336 | 397 | 488 |
| /Innewawe | 58 | 14 | 53 | 73 | 96 | 131 | 64 | 80 |
| lora | 43 | :47 | 26 | 22 | -45 | 71 | 95 | 74 |
| linneapolls | 100 | 115 | OB | 82 | 106 | 0 | 186 | 132 |
| inneapolis Airport | 110 | 142 | 111 | 85 | 108 | 8 | 158 | 140 |
| lett Linke | 169 | 130 | 170 | 177 | 200 | 257 | 128 | 217 |
| orth Branch | 78 | 94 | 63 | 37 | 81 | 46 | 110 | 107 |
| nania | -12 | .53 | 13 | 49 | 72 | -90 | 115 | -43 |
| equot Lakes | 53 | 58 | 70 | 106 | 129 | 153 | 125 | 22 |
| illager | 45 | 72 | 63 | 110 | 122 | 135 | 128 | - 14 |
| ine Center | 1.0 | 59 | .28 | 62 | 86 | 110 | 136 | .22 |
| ine City | 65 | 72 | 47 | 15 | 35 | 69 | 88 | 95 |
| rincaton | 46 | 87 | 47 | 64 | 78 | 55 | 127 | 76 |
| rior Lake-Mystic Lk | 113 | 141 | 114 | 108 | 131 | 26 | 180 | 148 |
| ed Lake | 164 | 161 | 152 | 217 | 241 | 263 | 186 | 132 |
| ed Wing | 148 | 1801 | 140 | 123 | 146 | 64 | 196 | 186 |
| ochester | 182 | 211 | 183 | 154 | 178 | 86 | 233 | 219 |
| ttledge-Immerator Gras | 60 | 48 | 42 | 20 | 43 | 100 | .58 | 89 |
| andstone | .61 | 49 | 43 | 111 | 30 | 91 | 66 | 83 |
| wyer | 83 | 35 | 75 | 631 | 87 | 143 | 31 | 84 |
| nakopee | 108 | 149 | 109 | 105 | 129 | 24 | 178 | 143 |
| sseton, SD | 218 | 244 | 248 | 225 | :248 | 220 | 301 | 186 |
| Cloud | 65 | 98 | 66 | 73 | .971 | 74 | 146 | 82 |
| Paul | 104 | 135 | 105 | 781 | 101 | 91 | 151 | 143 |
| perior | 118) | 86 | 100 | 74 | 63. | 164 | .5 | 114 |
| wer larbors | 165 | 135 | 170 | 143 | 167 | 223 | 93] | 172 |
| ro narbors | 160 | 107 | 142 | 102 | 95 139 · | 182 | 27 | 142 |
| ahkon | 14 | 43 | 3 | 38 | 62 | 196 | 105 | 156 |
| elch | 144 | 175 | 146 | 118; | 142 | 50! | 191 | 183 |
| alte Parth | | | 4-4.0.5 | 1,147 | 144 | NA: | 1541 | 100 |



Memorandum

from the Office of Management & Budget

TO:

All Budget Users

FROM:

OMB Accounting Staff

DATE:

8/17/17

RE:

New Accounting System for OMB

Aaniin,

OMB is using our new accounting system: AX by MicroSoft.

We will be able to better serve Band Member, Vendors and Employees with this new accounting software. We appreciate your patience while all OMB staff are trained on this system. At this time only OMB staff have access to this new system.

You will have new accounts, with a different look, that we are requiring to be on <u>all items</u> submitted to OMB for processing:

4300 - 101 - 2100 - 5

Use this full code on your items

Account code - Fund - Department - Funding Source

This example:

Contracting - 101 Fund - OMB Dept. - 5 IDC Revenue Funding

** Notice that your Department Code just gained a 0 at the end and it is now a 4 digit Department Code. Each account also has a 3 digit Fund number that is a part of your account string.

The last number will be one of six funding sources:

- 0 Other/Misc. Funding
- 1 Federal Funding
- 2 State Funding
- 3 Private Grant Funding
- 4 Self-Governance Compact Funding
- 5 IDC Revenue Funding

Important Note: These Budget to Actual reports are current for today. You may notice some unusual line names, and accounts that have been condensed or are missing. OMB will be adjusting your budgets and addressing these issues soon!

Please call any staff in OMB if you have questions.

Chi Miigwech for your patience!

SAMPLE BUDGET



MILLE LACS BAND OF CLIBWE INDIANS
Budget vs. Actual
5490 - FIRE PREPAREDNESS
For the Eleven Months Ending Thursday, August 31, 2017

8/9/2017 9:56 AM

New Account: #

251-5490-4

| | | August | = | | Fiscal) | ear to Date | | | |
|--------------|--|-----------------|--------------|------------------------|--------------------|---------------|-------------------------|-------------------|--------------|
| | | | | | | Budget | | | |
| | | MTD Actual | Encumbrances | Actual | Original | Revisions | Revised | Revised to Actual | % Used |
| | Revenues | | | | | | _ | | |
| 3300 | FEDERAL GRANT REVENUE | | _ | | \$20,000.00 | (#On non on) | | | |
| 3305 | SELF GOVERNANCE REVENUE | | | 175,484.00 | 175,484.00 | (\$20,000.00) | 175,484.00 | - | 40000 |
| 3306 | CARRY OVER SELF GOV REV | - | - | 60,851.00 | - | 60,851.00 | | - | 100% 100% |
| 3800 | MISCELLANEOUS REVENUE | | - | | 50,000.00 | (50,000.00) | - | | 10076 |
| 8030 | NET REVENUE | | | - | 247,440,30 | : | 247 <u>.440.30</u> | (247,440.30) | |
| | Total revenues | | | 236,335.00 | 492,924.30 | (9.149.00) | 483,775.30 | (247,440:30) | 49% |
| | Expenditures | | | | | \ <u></u> | | (24114-0.00) | 45% |
| | | | | | | | | | |
| 4000 | SALARIES | 4,355.22 | | 154,339.58 | 238,511.65 | (20,000,00) | 218,511.65 | 64,172,07 | 71% |
| 4105 | HEALTH INSURANCE | (120.00) | - | 56,452.09 | 102,171.60 | (40,000.00) | 62,171.60 | 5,719,51 | 91% |
| 4106 | LIFE INSURANCE | | - | 683.68 | 1,309.93 | | 1,309.93 | 626.25 | 52% |
| 4107 4108 | DISABILITY INSURANCE | | - | 2,020.33 | 3,994.15 | - | 3,994.15 | 1,973,82 | 51% |
| 4109 | DENTAL INSURANCE WORKERS COMPENSATION | (18.35) | • | 2,337.75 | 3,801.60 | - | 3,801.60 | 1,463.85 | 61% |
| 4110 | UNEMPLOYMENT TAX | 113.23 | - | 4,012.64 | 5,168.32 | - | 5,168.32 | 1,155.68 | 78% |
| 4111 | RETIREMENT | 57.04 210.81 | | 2,664.65 | 4,762.10 | - | 4,762.10 | 2,097.45 | 56% |
| 4112 | EMPLOYERS FICA | 322.58 | | 7,030.28 | 13,141.77 | - | 13,141.77 | 6,111.49 | 53% |
| 4300 | CONSULTING_CONTRACTING | 344.00 | • | 11,486,25 24,152,57 | 18,246.14 | - | 18,246.14 | 6,759.89 | 63% |
| 4400 | LOCAL MILEAGE | | - | 1.166.54 | 1,800.00 243.00 | 37,052.57 | 38,852.57 | 14,700.00 | 62% |
| 4450 | NON LOCAL TRAVEL | | | 5,419,40 | 4,200.00 | 1,000.00 | 1,243.00 | 76.46 | 94% |
| 4550 | POSTAGE | | | 50.62 | 4,200.00 | 21.88 | 4,200.00 21.88 | (1,219.40) | 129% |
| 5000 | TRAINING | ⊊ | | 1,030.00 | 1,500.00 | 21.00 | 1.500.00 | (28.74) | 231% |
| 5700 | MISCELLANEOUS EXPENDITURES | | | 503.25 | 1,000.00 | 375.00 | 375.00 | 470.00 | 69% |
| 6120 | VEH_GEN LIAB_PROP INSURANCE | - | | 2,660,39 | _ | 070.00 | 373.00 | (128.25) | 134% |
| 6300 | PRINTING_COPYING | | - | | 150.00 | (150.00) | | (2,660.39) | • |
| 6400 | PROGRAM SUPPLIES | • | 580.00 | 9,272.47 | 6,500.00 | 10,500,00 | 17,000.00 | 7,147.53 | 55% |
| 6720 | VEHICLE MAINTENANCE | 523.79 | 900.00 | 25,586.17 | 16,900.00 | 14,073,43 | 30,973.43 | 4,487.26 | 83% |
| 7000 | SMALL EQUIPMENT | • | • | 2,739.40 | 1,000.00 | 3,300:00 | 4,300.00 | 1,560.60 | 64% |
| 7100 | EQUIPMENT | • | - | 8 | 10,500.00 | (5,321.88) | 5,178.12 | 5,178.12 | V-1/0 |
| 9010 | INDIRECT COST | | | 28,916.49 | 59,024.04 | (10,000.00) | 49,024.04 | 20,107.55 | 59% |
| | Total expenditures | 5,444.32 | 1,480.00 | 342,524.55 | 492,924.30 | (9,149.00) | 483,775.30 | 139,770.75 | 71% |
| | Revenue over(under) expenditures | (\$5,444:32) | (\$1,480.00) | (\$106,189,55) | | , | Secretary of the second | - | 7.170 |
| | and the second s | | (31,400.00) | (9100, 185.33) | | | - | (\$107,669.55) | |
| | | 4 | | 1 | | | | 1 | |
| | | | | | | | | | |
| | | Month To | | Year To | | | Current | Unspent | |
| | | | | | | | | | |
| | | Date | | Date | | | Budget | And | |
| | | Expense | | Expense | | | | Available | |

| Mille Lacs Band | Ollowe | | | Date | | | |
|----------------------|------------------|-------|----------------|-----------------------|---------|---------------------|--------------------|
| Budget Revision | | - | | | | | |
| Department Acct: | | | | | - | | |
| Program Name : | | | | | | | |
| Program Name . | | | | | - | | |
| | | Check | | - | 1 | | |
| Source of Revenue | | Off | Amount | | Check | D | |
| oodice of Neverine | Federal Grant | OII | Amount | | Off | Revision Type | |
| | State Grant | | - | - | | Increase in Revenue | e and Expenditures |
| | Net Revenue | | - | | + | Contingency Fund U | |
| | Carryover | | - | | - | Increased Expenditu | |
| | Program Transfer | | - | | - | Increase in Reve | nue |
| | | | - | | | | |
| | Income | | • | | | | |
| | Total Changes | | - | | | | |
| Expenditures: | Account Code | | Current Budget | Increase | | Decrease | Revised Amour |
| Salaries | 4000 | | | | | | |
| Health | 4000 | | - | - | 4 | | |
| _ife | 4105 | | - | - | - | | |
| | 4106 | | - | • | | - | |
| Disability | 4107 | | | - | | | |
| Dental | 4108 | | • | - | | - | |
| Work Comp | 4109 | | | - | | - | |
| Jnemployment | 4110 | | - | - | | - | |
| Retirement | 4111 | | - | _ | | - | |
| FICA E/S | 4112 | | • | - | | - | |
| Pera | 4113 | | - | - | | - | |
| Contract Services | 4300 | | • | - | | - | |
| ocal Mileage | 4400 | | - | | | - | |
| lon- Local Travel | 4450 | | • | - | | - | |
| Communication | 4500 | | - | - | | - | |
| ostage | 4550 | | - | - | | | |
| raining | 5000 | | | - | | - | |
| lisc. | 5700 | | - | - | | - | |
| Contingency Acct. | 5799 | | | - | | - | |
| Office Supplies | 6100 | | - | - | | - | - |
| surance | 6120 | | - | - | | | |
| upplies | 6200 | | - | - | | - | |
| rint/copy | 6300 | | - | - | | - | - |
| rogram supplies | 6400 | | | | | | |
| | | | | - | | - | _ |
| quip./Lease Repair | 6500 | | - | - | | - | |
| uilding Maint. | 6600 | | - | - | | | |
| rogram Activities | 6800 | | - | <u>-</u> | | | - |
| tilities | 6700 | | • | - | | - | - |
| ehicle/Equip. Maint. | 6720 | | - | | | - | |
| mall Equip. | 7000 | | - | - | | | |
| quipment | 7100 | | - | - | | - | |
| onstruction | 7200 | | - 1 | | | - | |
| | | | - | - | | | |
| С | 9010 | | - | | | | - |
| tals: | | \$ | _ | \$ - | | t | |
| | | 4 | _ | \$ - | | - | - |
| | | | | | | | |
| | - | | | | | | |
| mmissioner Signature | D | ate | | Administration Police | v Roard | | Date |

| Mille Lacs Band | of Ojibwe | | | Date | | 5/2/2018 | |
|----------------------------|------------------|-------|---------------|----------------------|---------|---------------------|---|
| Budget Revision | | | | | | | |
| Department Acct: | 104-1330-4 | | | | | | |
| Program Name : | Roads | | | | | Sampl | 8 |
| rogiani ranio : | Nouce | 1 | | _ | | 2011-1 | |
| | | Check | | | Check | | |
| Source of Revenue | | Off | <u>Amount</u> | | Off | Revision Type | |
| | Federal Grant | | - | | | Increase in Revenue | ∋ and Expenditures |
| | State Grant | | - | | | Contingency Fund L | |
| | Net Revenue | | - | | | Increased Expenditu | res without |
| | Carryover | | - | | | Increase in Reve | nue |
| | Program Transfer | | - | | | | |
| | Income | | | | | | |
| | Total Changes | | | | | | |
| Expenditures: | Account Code | | Current Budge | t <u>Increase</u> | | Decrease | Revised Amount |
| Salaries | 4000 | | 05 000 0 | | | | |
| Health | 4105 | | 95,000.00 | | | 5,000.0 | 90,000.00 |
| Life | 4105 | | | • | | • | • |
| Disability | 4107 | | • | - | - | - | - |
| Dental | 4108 | | - | - | - | - | • |
| Work Comp | 4109 | | | - | | - | - |
| Unemployment | 4110 | | - | - | | - | - |
| Retirement | 4111 | | | - | | <u>-</u> | |
| FICA E/S | 4112 | | | <u> </u> | | - | • |
| Pera | 4113 | | - | _ | | - | • |
| Contract Services | 4300 | | 2,000.00 | | | - | 5 000 00 |
| ocal Mileage | 4400 | | | | | - | 5,000.00 |
| Non- Local Travel | 4450 | | - | _ | | - | |
| Communication | 4500 | | - | - | | | |
| Postage | 4550 | | _ | - | | - | _ |
| raining | 5000 | | 7,000.00 | - | | 2,000.00 | 5,000.00 |
| Misc. | 5700 | | 3,000.00 | - | | 1,000.00 | -, |
| Contingency Acct. | 5799 | | - | - | | _ | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Office Supplies | 6100 | | - | | | - | - |
| nsurance | 6120 | | | - | | - | _ |
| Supplies | 6200 | | - | - | | - | |
| rint/copy | 6300 | | - | - | | | |
| rogram supplies | 6400 | | | - | | - | - |
| | | | - | - | | - | - |
| quip./Lease Repair | 6500 | - | - | - | | _ | <u> </u> |
| uilding Maint. | 6600 | _ | - | - | | | - |
| rogram Activities tilities | 6800 | | _ | - | | - | - |
| ehicle/Equip. Maint. | 6700 | | - | - | | - | |
| mall Equip. Maint. | 6720 7000 | - | - | - | | - | - 1 |
| quipment | 7100 | | | - | | | - |
| onstruction | 7200 | - | 45,000.00 | 5,000.00 | | - | • |
| onou dollon | 7200 | | 45,000.00 | 5,000.00 | | • | 50,000.00 |
| C | 9010 | | - | - | | | - |
| otals: | | \$ | 152,000.00 | \$ 8,000.00 | | \$ 8,000.00 | 152,000.00 |
| 0 .00 | N A | | A 5/1 | | | \ / | |
| | nm. Devel | Ü | N 12/18 | | | Na | |
| ommissioner Signature | D | ate | 110 | Administration Polic | y Board | 1 | Date |
| | | | | | | | |

| Mille Lacs Band of Budget Revision | of Ojibwe | | | Date | - | 5/2/2018 | |
|------------------------------------|------------------|-------|----------------|-----------------------|-------|--------------------------|----------------|
| Budget Revision | | | | | | | |
| Department Acct: | 104-1330-4 | | | | | -ale | |
| Program Name : | Roads | | | | | Sample | |
| | | | | | | | |
| Source of Revenue | | Check | Amount | | Check | Revision Type | |
| Source of Revenue | Federal Grant | Off | Amount - | | Off | Increase in Revenue an | d Evacaditures |
| | State Grant | - | - | | - | Contingency Fund Utiliza | |
| | Net Revenue | | | | | Increased Expenditures | |
| | Carryover | | - | | | Increase in Revenue | |
| | Program Transfer | | - | | | morease in Neveriue | |
| | | | | | | | |
| | Income | | - | - | - | | |
| | Total Changes | | | | | | |
| Expenditures: | Account Code | | Current Budget | Increase | | <u>Decrease</u> | Revised Amount |
| Salaries | 4000 | | 95,000.00 | - | | 20,000.00 | 75,000.00 |
| Health | 4105 | | | - | | - | - |
| Life | 4106 | | _ | - | | - | |
| Disability | 4107 | | - | _ | | | - |
| Dental | 4108 | | _ | - | | - | - |
| Work Comp | 4109 | | - | - | | _ | - |
| Unemployment | 4110 | | _ | - | | - | - |
| Retirement | 4111 | | - | - | | | - |
| FICA E/S | 4112 | | - | - | | - | - |
| Pera | 4113 | | | | | _ | |
| Contract Services | 4300 | | 2,000.00 | 5,000.00 | | - | 7,000.00 |
| Local Mileage | 4400 | | | - | | _ | |
| Non- Local Travel | 4450 | | - | - | | - | - |
| Communication | 4500 | | - | _ | | | |
| Postage | 4550 | | - | - | | - | |
| Training | 5000 | | 7,000.00 | _ | | 2,000.00 | 5,000.00 |
| Misc. | 5700 | | 3,000.00 | - | | 1,000.00 | 2,000.00 |
| Contingency Acct. | 5799 | | - | - | | | - |
| Office Supplies | 6100 | | - | _ | | - | |
| Insurance | 6120 | | - | - | | | _ |
| Supplies | 6200 | | | - | | | |
| Print/copy | 6300 | | - | - | | | - |
| Program supplies | 6400 | | | - | | - | - |
| | | | - | - | | - | - |
| Equip./Lease Repair | 6500 | | _ | - | | | - |
| Building Maint. | 6600 | | - | - | | - | |
| Program Activities | 6800 | | - | | | - | - |
| Jtilities | 6700 | | - | - | | - | - |
| /ehicle/Equip. Maint. | 6720 | | - | - | | - | - |
| Small Equip. | 7000 | | - | - | | - | |
| Equipment | 7100 | | - | - | | | |
| Construction | 7200 | - | 45,000.00 | 18,000.00 | | - | 63,000.00 |
| DC | 9010 | | | - | | - 1 | - |
| otals: | 00.0 | | \$ 152,000.00 | | | \$ 23,000.00 | 450 000 00 |
| otals. | | - 1 | ψ 102,000.00 | ψ 23,000.00 | | Ψ 23,000.00 | 152,000.00 |
| Somm of Com | n Developm | ent | 9/18 | Chai | perso | man 3/14 | 1/18 |
| Commissioner Signature | | Date | | Administration Police | 1 | 1 | ate |
| 1 | Note: Over | \$10 | 000 must | go to APR- | (Admi | nistrative Policy Bo | nard) |



Memorandum

From the Office of Management & Budget

TO:

Directors, Coordinators, and Managers of Federal Funds

DATE:

3/15/19

FROM:

Joni Wall, Financial Analyst

RE:

A Requirement for Using Federal Dollars - Yearly Notice

Hello.

This is your Yearly Notice of the Requirements for using Federal Compact or Federal Grant Funds for dollar amounts equal to or greater than \$25,000, for a vendor contract or a purchase of supplies.

You will need to perform a search of the Vendor on the <u>Excluded Parties List System</u> on the Federal Government Web Site.

The documentation has to be in your grant file, as to your result, the date, etc. A print screen can be used, or other documentation that you looked up your vendor and have proof that they are not disbarred, or excluded from use.

Of course - if they are listed as excluded, you cannot use that vendor!

How to do this:

Go to www.sam.gov

***You do not need to enroll in anything.

Three choices are given, - go to the third one on the right - Search Records.

Search by Name, DUNS Number or use the "Advanced Search" Features. Try different variations of the Vendor Names(s).

Print your results and keep this documentation in your file. For our yearly audit, the auditors may want to review this information.

Please add this requirement to your contracting and purchasing procedures before you make a contract with a vendor or make a purchase.

Call me with any questions on this.

Thank you.

Jone Wall

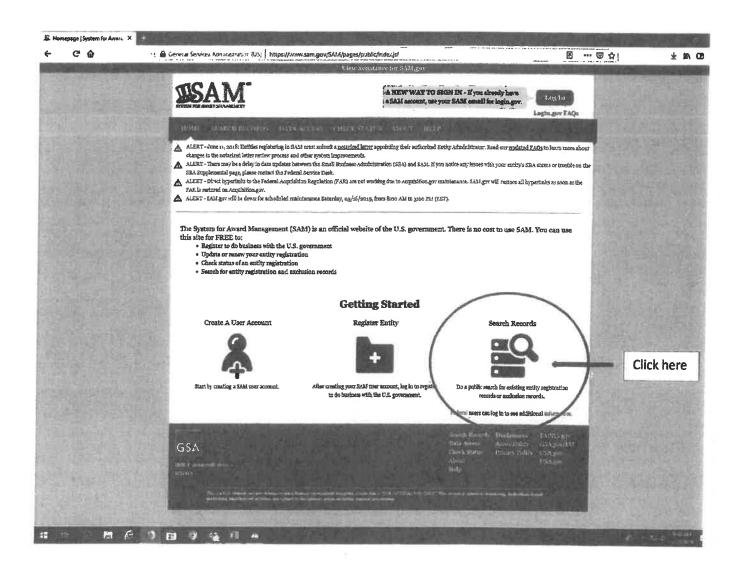
Required for Federal and all Grant Awards:

Suspension/Debarment: The Award Recipient agrees to ensure that all sub recipients or vendors are neither excluded nor disqualified under the Suspension and Debarment rules found at 7CFR sec. 3017.300.

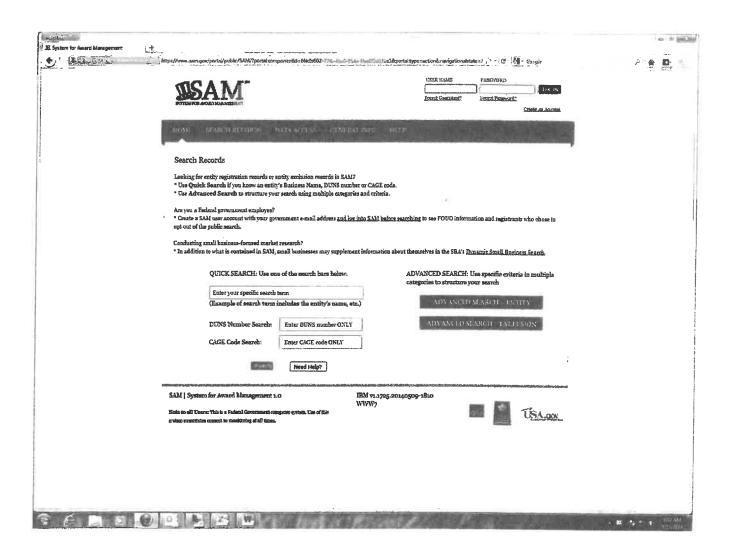
Do this by Checking the System for Awards Management (SAM).

This information can be found at www.sam.gov

You do not need to create a username or log-in.



Follow the Steps Below:

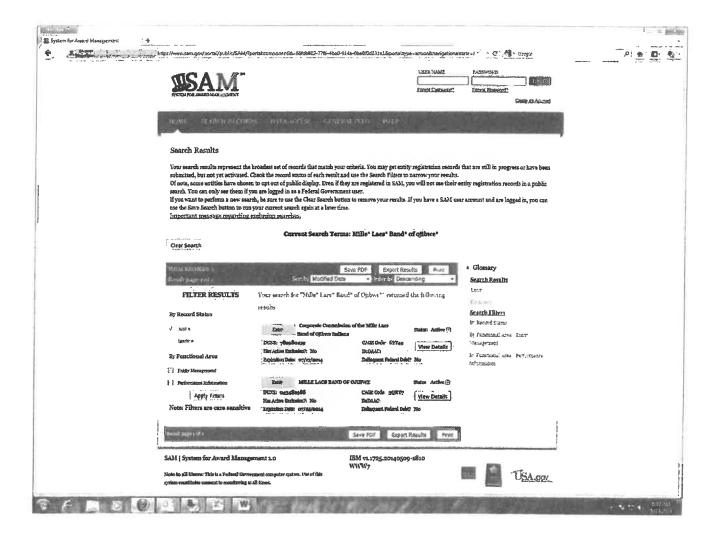


Hint: Use several ways of spelling your Vendor Name for the Search:

Make a Print Screen Copy of your results. Save for your file.

Print Screen: With the window open you want to make a copy of, hit your <u>PrtScn</u> button on the top of your keyboard. Open Word, right click and choose Paste. Save and Print for the file.

Results for the File:



Important: Sign and Date your Results!