Request for Disbursement of Contributions
Platte River Recovery Implementation Program

General Fund

To: Nebraska Community Foundation

From: The Governance Committee through the Executive Director

Subject: Disbursement of Contributions, Cooperative Agreement No. R12-AC-60020, Technical and Administrative Support to the Governance Committee and Executive Director for the Platte River Recovery Implementation Program

Request No: 556 Date: 12/12/2016

Please disburse contributions held for the Platte River Recovery Implementation Program, Platte River General Fund in the amount(s) shown below to the indicated parties:

	Payees	
1.	Doyle, Pat, Invoice No 2016-11-d	$5,000.00
2.	Platte River Recovery Implementation Foundation, Invoice No P201609-01	$18,052.29
3.	Cottonmill Enterprises, Inc., Invoice No 12911	$622.00
4.	Root, Tim, Invoice No 11216	$436.49
5.	Root, Tim, Invoice No 12816	$609.71
6.	Twin Rivers Testing and Environmental, LLC, Invoice No 14115890	$8,872.00
7.	Hahn Water Resources LLC, Invoice No 494	$2,025.00
8.	Tetra Tech Division, Invoice No 29124-yr5-7	$12,995.63
9.	Prairie Legacy, Inc., Invoice No 201621	$67,907.96
10.	CLS America, Invoice No CIN1611USA00150	$361.40

11.	Tenaya Water Resources, LLC from Edmund Andrews, Invoice No 16-4	$15,841.77
12.	Ecological Engineering International, LLC/Brian Bledsoe, Invoice No PRRIP02-2016	$8,426.37
	TOTAL	**$141,150.62**

For the following purposes(s)/reason(s):

1. PRRIP financial and accounting database management for Program Item Executive Director's Office, Task ED-2, Administrative and Other Support Services

2. Fees and costs for quarter ending 09/30/16 associated with Land Interest Holding Entity services for Program Item Land Plan Implementation, Task LP-3, Land Acquisition

3. Labor for mowing services on Property 2009003 ($361.00) & Property 2009002 ($261.00) for Program Item Land Plan Implementation, Task LP-4, Land Management

4. Chemicals and application fee for noxious weed control for Property 2009001 for Program Item Land Plan Implementation, Task LP-4, Land Management

5. Chemicals and application fee for noxious weed control for Property 2015001 for Program Item Land Plan Implementation, Task LP-4, Land Management

6. Professional Services for PPRIP Elm Creek geotechnical investigations for Program Item Water Plan Implementation, Task WP-4(b)ii, Broad Scale Recharge

7. Professional services as special advisor for geohydrology and ground water recharge for Program Item Water Plan Implementation, Task WP-8, Water Plan Special Advisors

8. Professional services for data collection and analysis for the period 10/31/16 - 11/27/16 for Program Item Adaptive Management Plan Implementation, AMP Integrated Monitoring and Research Plan Activities, Task G-5, Geomorphology/ In-channel Vegetation Monitoring

9. Professional services for protocol development, surveys, and reporting of vegetation research for Program Item Adaptive Management Plan Implementation, AMP Integrated Monitoring and Research Plan Activities, Task IMRP-2, AMP Directed Research Projects

10. Argos data collection and platform fees for November 2016 for Program Item Adaptive Management Plan Implementation, Adaptive Management Plan Integrated Monitoring and Research Plan Activities, Task WC-3, Whooping Crane Telemetry Tracking

11. Professional services and direct expenses for Edmund Andrews for Program Item Adaptive Management Plan Implementation, AMP Independent Science Review, Task ISAC-1, ISAC Stipends & Expenses

12. Professional services and direct expenses for ISAC member Brian P. Bledsoe for ISAC meeting October 18-20, 2016 for Program Item Adaptive Management Plan Implementation, AMP Independent Science Review, Task ISAC-1, ISAC Stipends & Expenses

Reviewed:

Jerry F. Kenny — Executive Director — 12/12/16 — Date

Bureau of Reclamation — 12/14/2016 — Date

RECEIVED 12/8/16

Pat Doyle

ED-2

Database Management

Invoice: 2016-11-d

Date: December 8, 2016

Platte River Recovery Inplementation Program
Box 83107
Lincoln, Nebraska 68501-3701

Description	Amount
Database Management:	
For month of November 2016	$5,000.00
Total Invoice	$5,000.00

Please remit to:
Pat Doyle
414 Cherokee Road
Lexington, Nebraska 68850

Platte River Recovery Implementation Foundation

LP-3

INVOICE

P201609-01

DATE: December 12, 2016

TO: Platte River Recovery Implementation Program
Attn: Jerry Kenny, Executive Director
4111 4th Avenue, Suite 6
Kearney, NE 68845

Fees pursuant to the land interest holding trust agreement for the quarter ended September 30, 2016:

Base monthly fees ($500 per mo.) Jul, Aug, Sep 2016	$ 1,500.00
Incremental monthly fees	
26 Parcels – Land Plan ($100 ea. per month) Jul, Aug, Sep 2016	$ 7,800.00
1 Parcel – Water Plan ($100 ea. per month) Sep 2016	$ 100.00
Transaction fees ($3,000 ea.)	
• Purchase of 16-5-N-Morrill-11-20-52W-Osborne	$ 3,000.00

Expense reimbursement pursuant to the land interest holding trust agreement for expenses paid through September 30, 2016:

Insurance	
• Inv. #B 66720046 – Gen. Liability – Annual Renewal	$ 3,792.00 ✓
• Inv. #628273 – Management Liability– Annual Renewal	$ 1,814.00 ✓
Legal	$ 0.00
Shipping	
• FedEx Invoice #5-575-97280 (Osborne closing documents)	$ 26.29 ✓
Wire Transfer Fees Paid to Bank	
• Osborne closing 9/12/2016	$ 20.00
Other	$ 0.00
Balance Due	**$ 18,052.29** L

Tax ID: 26-2433808

Please remit payment to: Platte River Recovery Implementation Foundation
c\o Diane Wilson, Executive Director
PO Box 83107
Lincoln, NE 68501-3107

Source Document for Quarterly PRRIF Billing

Parcel#	Acquire Date	Dec-16		Nov-16		Oct-16	
2008001 - Wyoming	8/25/2008(by lease) 2/18/2013(by deed)	1		1		1	
2008002 - Cottonwood	05/11/09	1	Lessee / NPPD sub-lease	1	Lessee / NPPD sub-lease	1	Lessee / NPPD sub-lease
2009001 - Fox	04/10/09	1		1		1	
2009001-14001/14002	09/12/14		*Hickory Point*		*Hickory Point*		*Hickory Point*
2009002 - Bartels	04/15/09	1		1		1	
2009003 - Beau Hunter	05/27/09	1	NPPD / Easement	1	NPPD / Easement	1	NPPD / Easement
2009003-10001	06/16/10		*Carlson Exchange*		*Carlson Exchange*		*Carlson Exchange*
2009003-10002	06/16/10		*Carlson Exchange*		*Carlson Exchange*		*Carlson Exchange*
2009003-12001	02/29/12		*Carlson 2nd Exchange*		*Carlson 2nd Exchange*		*Carlson 2nd Exchange*
2009003-Maji	10/10/12		*Boundary Clarification*		*Boundary Clarification*		*Boundary Clarification*
2009004 - Hostetler	05/29/09	1		1		1	
2009004-10001	09/08/10		*Burr Exchange*		*Burr Exchange*		*Burr Exchange*
2009004-10002	09/08/10		*Burr Exchange*		*Burr Exchange*		*Burr Exchange*
2009005 - McCormick	06/26/09	1		1		1	
2009006 - Stall	11/12/09	1		1		1	
2009007 - CNPPID	11/24/09	1		1		1	
2009007-12002	02/29/12		*Carlson 2nd Exchange*		*Carlson 2nd Exchange*		*Carlson 2nd Exchange*
2009008 - Broadfoot	12/30/09	1	Royalty Agmt	1	Royalty Agmt	1	Royalty Agmt
2009008-Snyder	08/23/10		*Boundary Clarification*		*Boundary Clarification*		*Boundary Clarification*
2009008-11001	11/29/11		*Spargo Exchange*		*Spargo Exchange*		*Spargo Exchange*
2009008-11002	11/29/11		*Spargo Exchange*		*Spargo Exchange*		*Spargo Exchange*
2009008-11003/11004	12/08/11		*Lentz Exchange*		*Lentz Exchange*		*Lentz Exchange*
2009008-14001/14002	07/25/14		*Sale to Follmer*		*Sale to Follmer*		*Sale to Follmer*
2009008-15001	11/04/15		*NGPC Exchange/Blue Hole*		*NGPC Exchange/Blue Hole*		*NGPC Exchange/Blue Hole*
2010001 - Crane	02/19/10	1		1		1	
2010002 - Broadfoot Sand	06/10/10	1	Lessee	1	Lessee	1	Lessee
2010003 - Sherrerd Conservation Easement	12/09/10	1	Easement	1	Easement	1	Easement
2010004 - Binfield	12/29/10	1	WCT Easement	1	WCT Easement	1	WCT Easement
08 - Foote & Osborne Agmt	03/20/13		*Land Use Agmt*		*Land Use Agmt*		*Land Use Agmt*
07 - WCMT	7/2010-12/31/19		*Land Use Agmt*		*Land Use Agmt*		*Land Use Agmt*
2011001 - Leaman	06/08/11	1	Easement / Land Use Agmt	1	Easement / Land Use Agmt	1	Easement / Land Use Agmt
2011001-Pilot Travel	11/27/12		*Easement Termination*		*Easement Termination*		*Easement Termination*
2011001-14001/14002	03/20/14		*Sale to Rother*		*Sale to Rother*		*Sale to Rother*
2011002 - Follmer/Whitney	12/29/11	1	Royalty Agmt	1	Royalty Agmt	1	Royalty Agmt
2012001 - WCT/Sullwold (Purchased w/2012002)	04/20/12	1		1		1	
2012001-OK Lazy B	09/15/14		*Boundary Clarification*		*Boundary Clarification*		*Boundary Clarification*
2012001-OK Lazy B	01/27/16		*Boundary Clarification*		*Boundary Clarification*		*Boundary Clarification*
2012002 - WCT/Johns (Purchased w/2012001)	04/20/12	1		1		1	
2012002-12001/12002	08/29/12		*Meier Exchange*		*Meier Exchange*		*Meier Exchange*
2012002-WCT	1/2013 - 12/31/19		*Land Use Agmt*		*Land Use Agmt*		*Land Use Agmt*
2012002-13001/13002	10/11/13		*Dealey Exchange*		*Dealey Exchange*		*Dealey Exchange*
2012002-15001			*BELF Exchange*		*BELF Exchange*		*BELF Exchange*
2012002-15002			*No Build Land Right*		*No Build Land Right*		*No Build Land Right*

Source Document for Quarterly PRRIF Billing

Parcel#	Acquire Date	Dec-16		Nov-16		Oct-16	
2012003 - CCP/Blessing	10/31/12	1		1		1	
2012003-15001			*BELF Exchange*		*BELF Exchange*		*BELF Exchange*
2012003-15002			*No Build Land Right*		*No Build Land Right*		*No Build Land Right*
2012004 - DeBoer	10/31/12	1		1		1	
2012005 - Leaman2	01/04/13	0	No Build Land Right	0	No Build Land Right	0	No Build Land Right
2012005-15001/15002	02/26/15		*Spiedel Exchange*		*Spiedel Exchange*		*Spiedel Exchange*
2013001 - Liehs	04/22/13	1		1		1	
2013002 - Hoskins	09/11/13	1		1		1	
2014001 - Younkin	06/25/14	0	Audubon owned and managed property	0	Audubon owned and managed property	0	Audubon owned and managed property
2014002 - Volentine	12/19/14	1		1		1	
10 - P Broadfoot	10/05/16		*Land Use Agmt*		*Land Use Agmt*		
2015001 - Spiedel	02/26/15	1		1		1	
2015002 - BELF	05/29/15	1		1		1	
2015002-16001	06/09/16		*Sale to Sterling*		*Sale to Sterling*		*Sale to Sterling*
2015003 - Blue Hole East	11/04/15	1	*NGPC Exchange/Blue Hole*	1	*NGPC Exchange/Blue Hole*	1	*NGPC Exchange/Blue Hole*
#N/A - Elm Creek Complex		0		0		0	
01 - Aten Family	7/10 - 12/31/19		*Land Use Agmt*		*Land Use Agmt*		*Land Use Agmt*
03 - G. Hubbard	7/10 - 12/31/19		*Land Use Agmt*		*Land Use Agmt*		*Land Use Agmt*
02 - D. Johnson	7/10 - 12/31/19		*Land Use Agmt*		*Land Use Agmt*		*Land Use Agmt*
04 - NGPC	7/10 - 12/31/19		*Land Use Agmt*		*Land Use Agmt*		*Land Use Agmt*
06 - NPPD	7/10 - 12/31/19		*Land Use Agmt*		*Land Use Agmt*		*Land Use Agmt*
#N/A - Blessing	N/A	0	PRRIF is Tenant for use of hay/pasture	0	PRRIF is Tenant for use of hay/pasture	0	PRRIF is Tenant for use of hay/pasture
Land Plan - Total Parcels a/o 12/31/16		Total	26		26		26
16-S-N-Morrill-11-20-52W-Osborne	09/12/16	1	*Land for Water*	1	*Land for Water*	1	*Land for Water*
16-G-N-Buffalo-12-8-19W-Lindstrom	11/30/16	1	*Land for Water*	1	*Land for Water*		
Water Plan - Total Parcels a/o 12/31/16		Total:	2		2		1

Notes QE 12/31/16:

16-G-N-Buffalo-12-8-19W-Lindstrom *- Purchased 382.06 acres from Florence Lindstrom Trust on 11/30/16. This property was acquired for water plan objectives*

COPY

EMC INSURANCE

PLATTE RIVER RECOVERY
IMPLEMENTATION FOUNDATION
PO BOX 83107
LINCOLN NE 68501-3107

COMMERCIAL ACCOUNT

Account: 3X76524
Invoice: B-66720046
Date: 06/20/16

Account Term: 07/28/16 to 07/28/17

Starting Account Balance	Payments Received	New Activity	Fees and Adjustments	Current Balance	Minimum Due 07/28/16
$0.00	$0.00	$3,792.00	$0.00	$3,792.00	$321.00

Activity Summary

Policy	Transaction Date	Transaction Type	New Activity	Current Balance	Minimum Due
General Liability (Occurrence)					
3D76524 - 17	07/28/16	Renewal	$3,554.00	$3,554.00	$296.17
Business Auto					
3E76524 - 17	07/28/16	Renewal	$238.00	$238.00	$19.83
		Subtotal	$3,792.00	$3,792.00	$316.00
Account					
	06/20/16	Installment Fee		$0.00	$5.00
		Pay In Full/Minimum Due		**$3,792.00**	**$321.00**

Any change made to your account after the issue date of this invoice will be reflected on the next invoice and on the Projected Billing Schedule. The estimated minimum due in the Projected Billing Schedule may include an installment fee. You will not receive an invoice if the minimum due is less than $10.00, unless it is the final balance.

Projected Billing Schedule (based on current balance)

Due Date	Est. Min. Due	Due Date	Est. Min. Due	Due Date	Est. Min. Due
08/28/16	$321.00	12/28/16	$321.00	04/28/17	$321.00
09/28/16	$321.00	01/28/17	$321.00	05/28/17	$321.00
10/28/16	$321.00	02/28/17	$321.00	06/28/17	$321.00
11/28/16	$321.00	03/28/17	$321.00		

COPY

INSPRO INSURANCE

EMPLOYEE OWNED

P.O. Box 6847
Lincoln, NE 68506
(402) 483-4500

Wahoo, NE 68066
(402) 443-3742

Fremont, NE 68025
(402) 721-9707

Omaha, NE 68154
(402) 333-5700

West Des Moines, IA
(515) 226-9565

West Point, NE 68788
(402) 372-2139

RECEIVED
SEP 12 2016
By

INVOICE

Platte River Recovery Implementation
Foundation
P. O. Box 83107
Lincoln, NE 68501-3107

Invoice Date	06/29/16
Invoice No.	628273
Bill-To Code	PLATT21
Client Code	PLATT21
Inv Order No.	1*455211

Named Insured: Platte River Recovery Implementation

Amount Remitted: $

Please return this portion with your payment.

Make checks payable to: INSPRO, Inc.

Effective Date	Policy Period	Coverage Description	Transaction Amount
07/28/16	07/28/16 to 07/28/17	Chubb Group of Insurance Companies Policy No. 82104967 *Renewal - Management Liability	1,814.00
		Invoice Number: 628273 Amount Due:	1,814.00

OK to pay from PRRIP

Submitted 9/14/16

*Premiums Due and Payable on Effective Date

TAW Page: 1 ORIGINAL INVOICE

FedEx

COPY

Invoice Number	Invoice Date	Account Number	Page
5-575-97280	Oct 13, 2016	2439-9693-7	3 of 3

FedEx Express Shipment Detail By Payor Type (Original)

Ship Date: Sep 12, 2016 | Cust. Ref.: NO REFERENCE INFORMATION | Ref.#2:
Payor: Shipper | Ref.#3:

- Fuel Surcharge - FedEx has applied a fuel surcharge of 2.00% to this shipment.
- Distance Based Pricing, Zone 2

		Sender	Recipient		
Automation	USAB	DINNE WILSON	PATTY BECFFKENER		
Tracking ID	804468307199	NEBRASKA COMMUNITY FOUNDATION	TRI COUNTY TITILE		
Service Type	FedEx Priority Overnight	3833 SOUTH 14TH ST	1464 27TH AVE		
Package Type	FedEx Envelope	LINCOLN NE 68502 US	COLUMBUS NE 68602 US		
Zone	02				
Packages	1				
Rated Weight	N/A				
Delivered	Sep 13, 2016 11:27	Transportation Charge			21.77
Svc Area	AM	Fuel Surcharge			0.52
Signed by	C.CHRISTI	Courier Pickup Charge			4.00
FedEx Use	025696550/186/_	Total Charge		USD	$26.29

Ship Date: Oct 06, 2016 | Cust. Ref.: NO REFERENCE INFORMATION | Ref.#2:
Payor: Shipper | Ref.#3:

- Fuel Surcharge - FedEx has applied a fuel surcharge of 2.00% to this shipment.
- Distance Based Pricing, Zone 3

		Sender	Recipient		
Automation	USAB	REGGI LARLSON	C/O MCPHERON SKILES LOOP CPA		
Tracking ID	804468307188	NEBRASKA COMMUNITY FOUNDATION	111 W D ST		
Service Type	FedEx Priority Overnight	3833 SOUTH 14TH ST	MC COOK NE 69001 US		
Package Type	Customer Packaging	LINCOLN NE 68502 US			
Zone	03				
Packages	1				
Rated Weight	15.0 lbs, 6.8 kgs	Transportation Charge			67.21
Delivered	Oct 07, 2016 11:47	Courier Pickup Charge			4.00
Svc Area	PM	Fuel Surcharge			1.47
Signed by	C.DEAL	DAS Comm			2.45
FedEx Use	028061574/1508/_	Total Charge		USD	$75.13
			Shipper Subtotal	**USD**	**$101.42**
			Total FedEx Express	**USD**	**$101.42**

Closing Docs - Osborne

LP-4

Invoice

Cottonmill Enterprises, Inc.

Craig & Kammy Ostermeyer
77 La Platte Rd.
Kearney, NE 68845
308-234-6563 or 440-5067

RECEIVED 12-12-16

Date	Invoice #
11/28/2016	12911

Bill To
Headwater Corp. Attn: Tim Tunnel 4111 4th Ave Suite 6 Kearney, NE 68845

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
	9/27	280.00	280.00
2009003	Mowed South Overton cabin & Bensight		
	27 miles x 3	81.00	81.00
			361
	Mowed Boxwood Rd cabin	180.00	180.00
2009002	27 miles x 3	81.00	81.00
	Sales Tax	5.50%	0.00
			$261

Thank you for your business.

Total $622.00

Tract 2009001
CP-4

RECEIVED 12-12-16

Invoice

INVOICE 11216
DATE 12/08/2016

TIM ROOT

Tim Root
42610 DRIVE 755
LEXINGTON NEBRASKA, 68850
Phone 308-325-4840
[e-mail] timroot@drakesnesthuntingclub.com

Commercial Applicator ID NEB 084185
Licensed Thru 4/15/19
Licensed Categories
01, 05

Fox Tracked. Downey Broam, NXweed
PLATEAU EPA Reg.No. 241-365
PLOTTER EPA Reg.No. 83100-3-83979
Padlock drift control
AMS,MSO

BILL To
Headwaters Corporation
4111 4th Ave, Suite 6
Kearney, NE 68845

N40*39.638 W098*58.752

DATE	DESCRIPTION	QUANTITY	PRICE	AMOUNT
11/02/16	Aplication fee with Gator UTV 2 hours at $85.00 per hour			$170.00
	Cost of chemicals 100 gallons of mix			$159.68
	Sales Tax paid on chemical			$11.18
	Mobilization including truck fuel 55 miles at $1.65 per mile loaded includes fuel 5.5 gallon of diesel ($2.82 paid on Diesel fuel tax) mobilization may be shared with other jobs.			$90.75
	Spray Rig Gas 2 gallon at $2.439 ($.90 paid on fuel tax)			$4.88

	CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	AMOUNT DUE
	$436.49					$436.49

REMITTANCE	
INVOICE	11216
DATE:	
Amount due:	$436.49
Amount Enclosed:	

Make all checks payable to Tim Root
THANK YOU !!

Tract 2015001
CP-4

RECEIVED 12-12-16

Invoice

TIM ROOT

INVOICE 12816
DATE 12/08/2016

Tim Root
42610 DRIVE 755
LEXINGTON NEBRASKA, 68850
Phone 308-325-4840
[e-mail] timroot@drakesnesthuntingclub.com

Commercial Applicator ID NEB 084185
Licensed Thru 4/15/19
Licensed Categories
01, 05

Speidell Tracked.Brush, NXweed
DEFY LV-6 EPA Reg.No. 66222-220
PLOTTER EPA Reg.No. 83100-3-83979
Padlock drift control
MSO

N40*43.096 W099*44.341

BILL To
Headwaters Corporation
4111 4th Ave, Suite 6
Kearney, NE 68845

DATE	DESCRIPTION	QUANTITY	PRICE	AMOUNT
10/22/16	Aplication fee with Gator UTV 4 hours at $85.00 per hour			$340.00
11/02/16	Cost of chemicals 200 gallons of mix			$158.17
	Sales Tax paid on chemical			$11.07
	Mobilization including truck fuel 55 miles at $1.65 per mile loaded includes fuel 5.5 gallon of diesel ($2.82 paid on Diesel fuel tax) mobilization may be shared with other jobs.			$90.75
	Spray Rig Gas 4 gallon at $2.439 ($1.81 paid on fuel tax)			$9.72

	CURRENT	*1-30 DAYS PAST DUE*	*31-60 DAYS PAST DUE*	*61-90 DAYS PAST DUE*	*OVER 90 DAYS PAST DUE*	*AMOUNT DUE*
	$609.71	√				$609.71

REMITTANCE	
INVOICE	12816
DATE:	
Amount du	609.71
Amount Enclosed:	

Make all checks payable to Tim Root
THANK YOU !!

T R
T E

TWIN RIVERS TESTING AND ENVIRONMENTAL, LLC.

REMIT TO:
Twin Rivers Testing
602 East Walker Road
North Platte, NE 69101

RECEIVED 11/29/16

WP-4 (b)ii

INVOICE No. 14115890

DATE: 11/29/2016

CLIENT No.: 5877

PROJECT No.: 2016-176

PROJECT INFORMATION:
PRRIP Elm Creek - 5 Holes

ATTN: Dr. Jerry Kenny
4111 4th Ave, Suite 6
Kearney NE 68845

Questions - Phone #308-534-5131
Federal Tax ID No. 27-1101618

DATE OF SERVICES	REPORT OR REF.NO	DESCRIPTION	UNITS	RATE	AMOUNT
10/11/16	L-1	AGGREGATE GRADATION	8.00	$ 45.00	$ 360.00
10/11/16	L-2	AGGREGATE GRADATION	8.00	$ 45.00	$ 360.00
10/11/16	L-3	AGGREGATE GRADATION	8.00	$ 45.00	$ 360.00
10/11/16	L-4	AGGREGATE GRADATION	8.00	$ 45.00	$ 360.00
10/11/16	L-1	DRILLING	39.00	$ 18.00	$ 702.00
10/11/16	L-2	DRILLING	42.00	$ 18.00	$ 756.00
10/11/16	L-3	DRILLING	47.00	$ 18.00	$ 846.00
10/11/16	L-4	DRILLING	42.00	$ 18.00	$ 756.00
10/11/16	L-1	SOIL UNIT WT, SAT & POROSITY	1.00	$ 275.00	$ 275.00
10/11/16	L-2	SOIL UNIT WT, SAT & POROSITY	1.00	$ 275.00	$ 275.00
10/11/16	L-3	SOIL UNIT WT, SAT & POROSITY	1.00	$ 275.00	$ 275.00
10/11/16	L-4	SOIL UNIT WT, SAT & POROSITY	1.00	$ 275.00	$ 275.00
10/11/16	S-1	AGGREGATE GRADATION	9.00	$ 45.00	$ 405.00
10/11/16	S-1	DRILLING	44.00	$ 18.00	$ 792.00
10/11/16	S-1	SOIL UNIT WT, SAT & POROSITY	1.00	$ 275.00	$ 275.00
10/11/16		MOBILIZATION/DEMOB.,LUMP SUM	1.00	$ 1,600.00	$ 1,600.00
10/11/16		ANALYSIS & REPORT PREPARATION	1.00	$ 200.00	$ 200.00
TOTAL AMOUNT DUE					**$ 8,872.00**

Terms: Total invoice amount due upon receipt. Accounts not paid within 30 days after the invoice date are subject to 1-1/2% late charge per month.

Client Copy

HAHN WATER RESOURCES, LLC

6589 Elaine Road
Evergreen, CO 80439
720.242.8639
HahnWaterResources@gmail.com

RECEIVED 12/02/16

Invoice

Date	Invoice #
12/1/2016	494

WP-8

Bill To
Headwaters Corporation 4111 4th Avenue, Suite 6 Kearney, NE 68845-2883

Billling Period November 2016			HWR Proj. No.	P.O. No.
			PR-127	
Item	Description	Quantity	Rate	Amount
Professional Services	Broadscale groundwater recharge: evaluate yield of alternative diversion structures (infiltration gallery, Ranney collector); conceptual layout of gallery and collector; coordination w/ Program staff There was no work performed in Nebraska during this billing period.	13.5	150.00	2,025.00

Total $2,025.00

Tetra Tech, Division

3801 Automation Way, Suite 100
Fort Collins, CO 80525
970.223.9600

RECEIVED 12/09/16

AMP/IMRP Act
G-5

CLIENT: Platte River Recovery Implementation Program
Headwaters Corporation
4111 4th Avenue, Suite 6
Kearney, NE 68845
Attn: Dr. Jerry Kenny

DATE: December 5, 2016
PROJECT NO.: T29124_Year5
PERIOD COVERED: 10/31/16 - 11/27/16
INVOICE NO.: 29124-Yr5-7

PROJECT NAME: **Platte River Geomorphology and Vegetation Monitoring and Data Analysis**
Contract Value: Year 5 = $512,981

See attached task summary

LABOR	**Rate:**	**Hours:**		**Total:**
Principal Geomorphologist/Engineer	$256.78	5.0	$	1,283.90
Senior Biologist	$198.81	0.0	$	-
Statistical Ecologist	$175.64	0.0	$	-
Sr. Engineer/Scientist/Geomorphologist	$129.27	10.0	$	1,292.70
Engineer/Scientist/Geomoporphologist	$119.97	28.0	$	3,359.16
Jr. Engineer/Scientist/Geomorphologist	$111.87	0.0	$	-
Staff Biologist	$106.07	57.0	$	6,045.99
Staff Biologist Technician	$99.70	0.0	$	-
GIS Technician	$77.10	12.0	$	925.20
Clerical	$88.68	1.00	$	88.68
Total Labor:		**113.00**	**$**	**12,995.63** ✓

OTHER DIRECT COSTS

ODC Subtotal:		**$**	-
G&A	0.1479 %	$	-
Total ODC:		**$**	-
		$	**12,995.63** L

Year 5 - Contract Amount	$	512,981.00
PREVIOUS BILLING:	$	396,222.75 ✓
CURRENT INVOICE:	$	12,995.63
TOTAL INVOICED TO DATE:	$	409,218.38
CONTRACT REMAINING:	**$**	**103,762.62**

THANK YOU. WE APPRECIATE YOUR BUSINESS!

PLEASE REMIT TO:
TETRA TECH INC
3801 AUTOMATION WAY, SUITE 100
FORT COLLINS, CO 80525
ATTN: BONNIE VAIL

Tetra Tech, Division

3801 Automation Way, Suite 100
Fort Collins, CO 80525
970.223.9600

CLIENT: Platte River Recovery Implementation Program
Headwaters Corporation
4111 4th Avenue, Suite 6
Kearney, NE 68845
Attn: Dr. Jerry Kenny

DATE: December 5, 2016
PROJECT NO.: 100-SWW-T29124 - Year 5
PERIOD COVERED: 10/31/16 - 11/27/16
INVOICE NO.: 29124-Yr5-7

PROJECT NAME: **Platte River Geomorphology and In-channel Monitoring and Data Analysis**
Contract Value: Year 5 = $512,981

MONTHLY PROGRESS REPORT

Tasks		Task Total	Percent Spent*	Current Invoice	Budget Remaining	Work Completed during Current Month
Task 100	Project Initiation and Management	$13,917.00	52.9%	$1,184.43	$6,551.86	Project management, preliminary evaluation to update monitoring protocols
Task 200	Field Monitoring	$389,100.00	92.8%		$27,928.56	Ongoing data reduction and analysis
Task 300	Data Analysis	$69,229.00	58.8%	$11,811.20	$28,547.19	Ongoing data reduction and analysis
Task 400	Reporting	$40,735.00	0.0%		$40,735.00	
Total		**$512,981.00**	**79.8%**	**$12,995.63**	**$103,762.61**	

TOTAL CURRENT CHARGES:

Amd 5: YEAR 5 CONTRACT AMOUNT:	$512,981.00
PREVIOUS BILLING:	$396,222.75
CURRENT INVOICE:	$12,995.63
TOTAL INVOICED TO DATE:	$409,218.38
CONTRACT REMAINING:	**$103,762.62**

Anticipated Work for Next Month

Tasks		Anticipated Activities
Task 100	Project Initiation and Management	Ongoing project management
Task 200	Field Monitoring	Continued reduction of field data and initial analysis
Task 300	Data Analysis	Continued reduction of field data and initial analysis
Task 400	Reporting	

IMRP-2

RECEIVED 12-7-16

PRAIRIE LEGACY INC.

3910 S. 32 Place
Lincoln, NE 68502
22, Nov 2016

Dr. David Baasch
Headwaters Corporation
Kearney Nebraska

**RE: Invoice – Grassland Vegetation Monitoring Design and Implementation-
Platte River Recovery Implementation Program**

Dear Dr. Baasch
Please find enclosed invoice number one in the amount of 67,907.96 for the vegetation monitoring and reporting during the 2016 season. A detailed report was submitted on 11/21/2016; any additional work requested on the report will be billed separately.

Sincerely,

Kay L Kottas

Kay Kottas, Ph.D.
President, Prairie Legacy Inc.

Prairie Legacy, Inc.
3910 S. 32 Place
Lincoln, NE 68502
info@prairielegacyinc.com

INVOICE	
Date	Number
11/29/2016	201621

Ship To:

Consulting Services
Provided For

David M Baasch
Headwaters Corporation
Platte River Recovery Implementation Program

Job No.	Date	Description	hours	crews	rate	miles	Total
201621	6/20/2016	survey data collection, id, data entry, related	172.75	2	$140.00		$48,370.00
	through	report (assembly, analysis, report, document transfer)	116.5	1	$75.00		$8,737.50
	11/29/2016	drive time	14	2	$70.00		$1,960.00
		miles			$0.54	699	$377.46
		Weekly perdiem $2775, 3 weeks)					$8,325.00
		direct expenses (paper, ink, batteries, pen drive, etc)					$138.00

Report submitted 11/21/2016
Any additional work requested on the report will be billed separately.

Subtotal	$67,907.96
Shipping	
Total	$67,907.96

WC-3

CLS AMERICA INVOICE # CIN1611USA00150

Date: Nov-30-2016

CLS AMERICA

Customer ID **161136**

Your sales administration contact: Linda MORRIS

E-mail : dcs@clsamerica.com

RECEIVED 12-7-16

Customer

HEADWATERS CORPORATION
Attn: Jerry Kenny
4111 4th Ave., Suite 6
Kearney, NE 68845
UNITED STATES

CLS America reference: 2381

Products and Services

Reference	Description	Period	Qty	Unit Price	Total w/o Tax
	Contract : **2381**				
	Prog : **12154**				
DAJ01625	ARGOS LOCATION & COLLECTION FOR ANIMALS	Nov. 2016	38.00	6.95	264.10 ✓
DAM00007	MONTHLY ACTIVE PLATFORM FEE	Nov. 2016	7.00	13.90	97.30 ✓

Terms of payment: 30 days EOM

1.5% per month (18% annual rate) service charge on past due accounts.
Payment in US dollars to the order of CLS America, Inc.
Federal ID Number: 52-1469996
Credit card payments can be made online from our website: www.clsamerica.com

TOTAL W/O TAX	USD	361.40 ✓
VAT (0,00%)	USD	0.00
TOTAL	USD	**361.40**

INVOICING DETAIL

Order N°	Prog N°	PTT ID		Period	Reference	Description	Qty
2381	12154	134344		01/11/2016	DAJ01625	ARGOS LOCATION & COLLECTION	5,75
2381	12154	134346		01/11/2016	DAJ01625	ARGOS LOCATION & COLLECTION	5,75
2381	12154	134348		01/11/2016	DAJ01625	ARGOS LOCATION & COLLECTION	5,75
2381	12154	119242		04/11/2016	DAJ01625	ARGOS LOCATION & COLLECTION	4,75
2381	12154	134351		04/11/2016	DAJ01625	ARGOS LOCATION & COLLECTION	5,00
2381	12154	134352		04/11/2016	DAJ01625	ARGOS LOCATION & COLLECTION	5,50
2381	12154	134355		04/11/2016	DAJ01625	ARGOS LOCATION & COLLECTION	5,50
			Total	**12154**	**DAJ01625**	**Nov. 2016**	**38,00** ✓
2381	12154	134344		01/11/2016	DAM00007	MONTHLY ACTIVE PLATFORM FEE	1,00
2381	12154	134346		01/11/2016	DAM00007	MONTHLY ACTIVE PLATFORM FEE	1,00
2381	12154	134348		01/11/2016	DAM00007	MONTHLY ACTIVE PLATFORM FEE	1,00
2381	12154	119242		04/11/2016	DAM00007	MONTHLY ACTIVE PLATFORM FEE	1,00
2381	12154	134351		04/11/2016	DAM00007	MONTHLY ACTIVE PLATFORM FEE	1,00
2381	12154	134352		04/11/2016	DAM00007	MONTHLY ACTIVE PLATFORM FEE	1,00
2381	12154	134355		04/11/2016	DAM00007	MONTHLY ACTIVE PLATFORM FEE	1,00
			Total	**12154**	**DAM00007**	**Nov. 2016**	**7,00** ✓

Please include this reference for payment: **CIN1611USA00150**

CLS AMERICA
CLS America
4300 Forbes Boulevard, Suite 110, Lanham, MD 20706, United States
Tel : +1 301-925-4411 - Fax : +1 301-925-8995

Nov. 27, 2016
ISAC-1
AMP/Ind Sci Rvw

Dear Jerry,

You will find attached an invoice for $15841.77, which includes the ISAC review of pallid sturgeon issues, preparation for, and attendance at the AMP Reporting Session in Omaha, NE , Oct 17-20, 2016

Respectfully

Edmund D. Andrews

Tenaya Water Resources, LLC

766 Grant Place
Boulder Colorado 80302
303-939-9398
ned_andrews@att.net

INVOICE

Date: Nov. 27, 2016
Invoice No.: 16-4

To:	
Company Name	Headwaters Corp.
ATTN:	Dr. Jerry Kenny
Address 1	Headwaters Corp.
Address 2	4111 4th Avenue, Suite 6
City, State, Zip	Kearney, Nebraska, 68845
Phone	308-237-5728
Fax	
Email	kennyj@headwaterscorp.com

Project: Platte River Recovery Implementation Program: AMP Reporting Session, Omaha, NE Oct 17-20, 2016

Description		Rate	Totals
Hours Worked Edmund D. Andrews	~~84.25~~ 84.54 hours	$ 175./hour	$ 14,793.91
Travel Expenses	Airfare		**$410.00***
	Lodging		**498.72** ✓
	Meals & Incidentals		**51.64**
	Rental Car		**n/a**
	Gasoline		**n/a**
	Parking		**28.00**
	POV 84 miles	$.575/mile	**48.30**
	Postage		n/a
	Road Tolls		**11.20**
Supplies Purchased			n/a
maps			
		Total Due	**$15,841.77**

Explanation of Hours: ISAC pallid sturgeon review and preparation for AMP Reporting Session (52.25 hours), Attend AMP Reporting Session as an ISAC representative, Omaha, NE, Oct.17-20, 2016 (34 hours).

* Price of an economy airfare on day that ticket was purchased.

Nebraska Department of REVENUE

Nebraska Withholding Certificate for Nonresident Individuals

• Use Federal Forms 1099-MISC or 1042-S.

FORM **W-4NA**

PAYOR'S NAME AND LOCATION ADDRESS	PAYEE'S NAME AND LOCATION ADDRESS
Name of Nebraska Payor: Nebraska Community Foundation	Payee's First Name and Initial: Edmund D. Last Name: Andrews
Address (Number and Street, or Rural Route and Box Number): P.O. Box 83107	Address (Number and Street, or Rural Route and Box Number): 766 Grant Pl
City, Town, or Post Office: Lincoln State: NE Zip Code: 68501-3107	City, Town, or Post Office: Boulder State: CO Zip Code: 80302
Nebraska ID Number: 21—	Social Security Number: 550-72-0184

•Lines 1 and 2, and 6 through 10 must be completed by the PAYOR.

1 Dates the services were performed in Nebraska ..... 1 11-17-2016 to 11-20-2016

2 Total payments for the personal services performed in Nebraska ..... 2 4,200 —

•Lines 3 through 5 and line 11 may be completed by the PAYEE (attach additional schedule if necessary).

3 List the types and amounts of **ordinary and necessary business expenses** reasonably related to Nebraska income (see instructions):

Type of Expense	Amount

Enter total line 3 amount here 3

4 List the **names, addresses, Social Security numbers, and amounts paid** to others for performances or appearances and other fees reasonably related to Nebraska income (see instructions):

Name	Address	Social Security No.	Amount Paid

Enter total line 4 amount here 4

5 Total business expenses and payments for which you are claiming an expense deduction (total of lines 3 and 4) 5

6 50% limitation on expense deduction (**line 2 amount** multiplied by .50) 6

7 Enter the amount from line 5 or line 6, whichever is less 7

8 Payments subject to Nebraska income tax withholding (line 2 minus line 7) ..... 8 4,200 —

9 If the amount on line 8 is **less than $28,000,** multiply the amount by .04 and enter the result on line 9—**the amount to be withheld** 9 168 00

10 If the amount on line 8 is **$28,000 or greater,** multiply the amount by .06 and enter the result on line 10—**the amount to be withheld** 10

•Allocation to partners, shareholders, or members subject to Nebraska income tax (attach additional schedule if necessary).

11 Enter in the space provided the partner's, shareholder's, or member's name, Social Security number or federal ID number, percent of allocation, and the amount of Nebraska income tax withholding allocated to each partner, shareholder, or member.

Names of Partners, Shareholders, or Members	Social Security Number or Federal ID Number	Percent of Allocation	Allocation Amount
	TOTALS	100%	

Under penalties of perjury, I declare that I have been authorized to make this statement and that the information disclosed in determining the amount of individual income tax to be withheld and allocated from the payment received for personal services performed in Nebraska is, to the best of my knowledge and belief, correct and complete.

sign here ▶ Signature of Payee or Authorized Agent

Nov 27, 2016 — Date

303-939-9398 — Telephone Number

▶ Signature of Preparer Other than Payee — Date

City — State — Zip Code

6-442-1988 Rev. 11-2012
Supersedes 6-442-1988 Rev. 1-2011

EXPENSE VOUCHER
Platte River Recovery Implementation Program
Independent Scientific Advisory Committee

Jerry F. Kenny, Ph. D.
Executive Director for the Governance Committee

4111 4th Avenue, Suite 6
Kearney, Nebraska 68845

Phone (308) 237-5728, Fax (308) 237-4651
Email: kennyj@headwaterscorp.com

Purpose of Trip: Attend AMP Reporting Session, Omaha, NE Oct 17-20, 2016

Individual Requesting the Trip: Edmund D. Andrews

2/2	Travel From	Travel To		Per Diem Rate (enter under Brkfast) or Actual Expenses				Mileage				
Date	Location	Location	Lodging	Brkfast	Lunch	Dinner	Other Expenses	Miles	Rate	Amount	Air Fare	Tota
10/20	Omaha NE	Boulder CO			31.00 ✓		28.00 ✓	42	0.575	24.15	205	
Totals			498.72		31.00	20.64 ✓	39.20			48.30	410	

IMPORTANT: One form is required for each trip. Travel must be itemized for each day. Receipts must be attached for all expenses, excluding mileage or per diem. This approval form and all receipts should be sent to the Executive Director, Jerry F. Kenny, at 4111 4th Avenue, Suite 6, Kearney, NE 68845.

Signature of Claimant

Nov. 27, 2016
Date

E.D. Andrews, c/o TWR, 766 Grant Pl. Boulder, CO 80302
Remittance Address

Approval

Executive Director

Date

EXPENSE VOUCHER

Platte River Recovery Implementation Program

Independent Scientific Advisory Committee

Jerry F. Kenny, Ph. D.
Executive Director for the Governance Committee

4111 4th Avenue, Suite 6
Kearney, Nebraska 68845

Phone (308) 237-5728, Fax (308) 237-4651
Email: kennyj@headwaterscorp.com

Purpose of Trip: Attend AMP Reporting Session, Omaha, NE, Oct 17-20, 2016

Individual Requesting the Trip: Edmund D. Andrews

	Travel From	Travel To		Per Diem Rate (enter under Brkfast) or Actual Expenses				Mileage				
Date	Location	Location	Lodging	Brkfast	Lunch	Dinner	Other Expenses	Miles	Rate	Amount	Air Fare	Tota
10/17	Boulder CO	Omaha NE	166.24	✓		20.64	11.20	42	0.575	24.15	205	
10/18			166.24	✓								
10/19			166.24	✓								
Totals												

IMPORTANT: One form is required for each trip. Travel must be itemized for each day. Receipts must be attached for all expenses, excluding mileage or per diem. This approval form and all receipts should be sent to the Executive Director, Jerry F. Kenny, at 4111 4th Avenue, Suite 6, Kearney, NE 68845.

Signature of Claimant

Date

Remittance Address

Approval

Executive Director

Date

Hilton Garden Inn
Omaha Downtown/Old Market Area

1005 [illegible]dge Street • Omaha, NE 68102
Phone ([illegible]341-4400 • Fax (402) 341-5200
Reservations
www.hil[illegible]gardeninn.com or 1 877 STAY HGI

Name & Address

ANDREWS, EDMUND
766 GRANT PLACE
BOULDER CO 80302
UNITED STATES OF AMERICA

[illegible] 324/Q2B
[illegible] Date 10/17/2016 9:35:00 PM
[illegible]ure Date 10/20/2016

[illegible] Child 1/0
[illegible] Rate 134.00

[illegible] Plan: HWC
462243961 BLUE

Folio

Confirmation Number: 3278030112

10/20/2016

HILTON HHONORS

DATE	REFERENCE	DESCRIPTION	AMOUNT
10/17/2016	2864726	GUEST ROOM	$134.00
10/17/2016	2864726	STATE SALES TAX 7%	$9.38
10/17/2016	2864726	STATE OCCUPANCY TAX .66%	$0.88
10/17/2016	2864726	LODGING TAX 5%	$6.70
10/17/2016	2864726	CITY OCCUPANCY TAX 5.5%	$7.37
10/18/2016	2865234	GUEST ROOM	$134.00
10/18/2016	2865234	STATE SALES TAX 7%	$9.38
10/18/2016	2865234	STATE OCCUPANCY TAX .66%	$0.88
10/18/2016	2865234	LODGING TAX 5%	$6.70
10/18/2016	2865234	CITY OCCUPANCY TAX 5.5%	$7.37
10/19/2016	2865580	*GREAT AMERICAN GRIL	$8.62
10/19/2016	2865792	GUEST ROOM	$134.00
10/19/2016	2865792	STATE SALES TAX 7%	$9.38
10/19/2016	2865792	STATE OCCUPANCY TAX .66%	$0.88
10/19/2016	2865792	[illegible] TAX 5%	$6.70
10/19/2016	2865792	CITY OCCUPANCY TAX 5.5%	$7.37
10/20/2016	2866139	*GREAT AMERICAN GRIL	$19.11
10/20/2016	2866181	VS *[illegible]	($49.77)
		[illegible]	$0.00

You have earned approximately [illegible] Points HHonors points for this stay. HHonors(R) stays are posted within 72 hours of checkout. To check your earned points, look for your next stay [illegible] more than [illegible]

ACCOUNT NO.	CHARGE	FOLIO NO./C[illegible] NO.
VS *9419	[illegible]2016	618681 /

CARD MEMBER NAME
ANDREWS, EDMUND

[illegible]RIZATION [illegible]TIAL

ESTABLISHMENT NO. & LOCATION

[illegible]ES & SERVICES

YOU HAVE STAYED IN A 100 [illegible]G FACILITY AND
ADDITIONAL CLEANING FEE [illegible] WILL BE ASSESSED TO
YOUR FOLIO FOR EXTENSIVE [illegible] EFFORTS TO REMOVE
ROOMS WITH EVIDENCE OF [illegible]

[illegible]C.

CARD MEMBER'S SIGNATURE
X

[illegible]MOUNT -4[illegible]

MERCHANDISE AND/OR SERVICES PURCHASED ON TH[illegible] [illegible] SOLD OR [illegible] FOR A CASH REF[illegible] [illegible]E UPON [illegible] [illegible] - 1.5% PER MON[illegible] [illegible] TO ALL [illegible] [illegible]ST [illegible]S.

Waldorf Astoria
Conrad
Hilton
Doubletree
Embassy Suites
Hilton Garden Inn
Hampton
Homewood Suites by Hilton
Home2
Hilton Grand Vacations

DENVER INTERNATIONAL AIRPORT

8500 Peña Blvd.
Denver, CO 80249
Customer Service:
303-342-4083

Card Account : XXXXXXXXXXXX9419
Card Type : Visa
Authorization Code : 03427C

Cashier : 242 Seq # 28346
License Plate : 401
Ent : 16:34 10/17/16 Lane 21
Exit: 18:30 10/20/16 Lane 92
Duration: 3D(s) 1H(s) 56M(s)
Rate Code: 55 Shift: 100

FEE	$	28.00
AMOUNT TEND	$	28.00
CASH	$	0.00
CREDIT CARD	$	28.00
CHECK	$	0.00
CHANGE CALC	$	0.00

PAID AT CT $ 28.00
*** Thank You ***

*** Customer Copy ***

TWR
Platte River

Spencer's for Steaks and Chops
102 S. 10th Street
Omaha, NE 68102
(402) 280-8888

Date: Oct17'16 10:31PM
Card Type: Visa
Acct #: XXXXXXXXXXXX9419
Card Entry: SWIPED
Trans Type: PURCHASE
Auth Code: 04685C
Check: 4521
Check ID: 7/1
Server: 121 Sue C

Subtotal: 18.64
Tip: 2.00
Total: 20.64

I Agree To Pay Above Tota
According To My Card issuer
Agreement.

[illegible]
[illegible]
1122 Howard Street
Omaha, Nebraska

Server: REYNA DOB: 10/20/2016
01:31 PM 10/20/2016
Table 18/2 1/10012

SALE

VISA 1048586
Card #XXXXXXXXXXXX9419
Magnetic card present: ANDREWS EDMUND
Card Entry Method: S

Approval: 09842C
Retrieval: 000000146584462

Amount: $ 27.31
+ Tip: 3.69
= Total: 31.00

I agree to pay the above
total amount according to the
card issuer agreement.

Northwest Parkway
3701 Northwest Parkway
Broomfield, CO 80023
303-926-2500

USAGE BILL

GO-PASS™

EDMUND D ANDREWS
766 GRANT PL
BOULDER, CO 80302-0000
USA

Amount Due: $4.10
Due Date: 11/20/2016

Bill date: 11/03/2016
Account Number: 29338
Bill Number: 6736615

Account Balance Summary as of November 3, 2016

Beginning Balance from Previous Bill	$4.10
Payment Received	$4.10
New Charges	$4.10
Credit	($0.00)
Ending Balance	$4.10

Detailed Account Activity

License Plate: CO - MAT3402	Toll	Process Fee	Total
10/17/2016 16:10:51 NWP Plaza east	$3.70	$0.40	$4.10

The use of the Northwest Parkway constitutes agreement to the terms and fees posted at www.nwpky.com. All amounts charged herein are consistent with the posted terms and fees at the time of travel. This bill serves as your receipt upon valid payment.

MAIL PAYMENTS - CLIP HERE AND RETURN THIS PORTION WITH PAYMENT TO ADDRESS BELOW

226083332 11/15/2016 10608 Purple Presor

LICENSE PLATE TOLL STATEMENT

LicensePlateToll

Statement ID:	Statement Date:	Unpaid Balance:	New Charges:	AMOUNT DUE:	DUE DATE:
2026144567	11/13/2016	$0.00	$7.10	**$7.10**	**12/12/2016***

AVOID A LATE CHARGE**

If payment is received after the due date, you may be charged a **$5 late charge****. See insert for billing process.

SAVE $1.40 WITH EXPRESSTOLL!

Open your account today and receive the **lowest** toll rate!
See insert for all the benefits of ExpressToll.

3 EASY WAYS TO PAY!

PAY ONLINE: www.expresstoll.com

PAY BY PHONE: (303) 537-3470 or Out-of-Area: 1(888) 946-3470

PAY BY MAIL: Mail in payment and stub below

**The term "charge" in the case of E-470 shall mean "fee", and in the case of High Performance Transportation Enterprise shall mean "civil penalty".

NEW CHARGES

CHARGE TYPE	TRANSACTION DATE	POST DATE	LOCATION	AMOUI
License Plate # MAT3402 CO				
Toll Transaction	10/17/2016 04:18:37 PM	11/07/2016	E470 PLAZA E South	$3
Toll Transaction	10/17/2016 04:27:06 PM	11/07/2016	E470 PLAZA D South	$3

TWR

4.10
4.10
7.20
11.

TOTAL NEW CHARGES $7.1

Please call the ExpressToll Service Center for billing inquiries: (303) 537-3470

Please detach coupon on perforation

VN1-REV 11/2015

Subject: eTicket Itinerary and Receipt for Confirmation D09G59

From: United Airlines, Inc. (unitedairlines@united.com)

To: NED_ANDREWS@ATT.NET;

Date: Thursday, October 6, 2016 11:04 AM

Receipt for confirmation D09G59

UNITED | A STAR ALLIANCE MEMBER

United logo link to home page

Issue Date: October 06, 2016

Confirmation: D09G59

Check-In >

Traveler information

Traveler	eTicket Number	Frequent FlyerNumber	Seats
ANDREWS/EDMUNDD	0162320794922	UA-XXXXX997	2E/---

FLIGHT INFORMATION

Day, Date	Flight	Class	Departure City and Time	Arrival City and Time	Aircraft	Meal
Mon, 17OCT16	UA1183	A	DENVER, CO (DEN) **5:49 PM**	OMAHA, NE (OMA) **8:20 PM**	737-800	
Thu, 20OCT16	UA1433	A	OMAHA, NE (OMA) **5:15 PM**	DENVER, CO (DEN) **5:57 PM**	A-320	

FARE INFORMATION

Fare Breakdown

Airfare: USD	467.91
U.S. Transportation Tax: 35.09	
U.S. Flight Segment Tax: 8.00	
September 11th Security Fee: 11.20	
U.S. Passenger Facility Charge: 4.50	
Per Person Total: USD	526.70
eTicket Total: USD	526.70

Form of Payment:
VISA
Last Four Digits
9419

The airfare you paid on this itinerary totals: 467.91 USD

RECEIVED 12/04/16
AMP/ Ind Sci Rvu
ISAC-1

Ecological Engineering International, LLC
c/o Brian P. Bledsoe, Ph.D., P.E.
1341 Arizona Bend
Watkinsville, GA 30677
Phone: (970) 402-6100

Invoice No. PRRIP02-2016

INVOICE

Client

Name	Platte River Recovery Implementation Prog. - Headwaters Corp.
Address	4111 4th Avenue, Suite 6
City	Kearney State NE ZIP 68845
Phone	Point of Contact: Dr. Jerry F. Kenny (308) 237-5728

Date	11/29/2016
TaxID	26-3785045

Qty	Description	Unit Price	TOTAL
	PRRIP - ISAC Meeting		
	Omaha, NE October 18-20, 2016		
0.75	**Pallid sturgeon call and comments**	$1,400.00	$1,050.00
2.5	**AMP reporting / ISAC meeting participation**	$1,400.00	$3,500.00
2	**AMP reporting / ISAC Doc review, travel**	$1,400.00	$2,800.00
	Travel Expenses (voucher and receipts attached):		
1	Lodging, airfare, shuttle, meals	$1,076.37	$1,076.37
		SubTotal	$8,426.37
		TOTAL	$8,426.37

EXPENSE VOUCHER
Platte River Recovery Implementation Program
Independent Scientific Advisory Committee

Jerry F. Kenny, Ph. D.
Executive Director for the Governance Committee

4111 4th Avenue, Suite 6
Kearney, Nebraska 68845

Phone (308) 237-5728, Fax (308) 237-4651
Email: kennyj@headwaterscorp.com

Purpose of Trip: ____**PRRIP – AMP Reporting / ISAC Meeting Omaha, NE October 18-20, 2016**_____

Individual Requesting the Trip: ____**Brian Bledsoe**_____

	Travel From	Travel To		Per Diem Rate (enter under Brkfast) or Actual Expenses				Rental Car					
Date	Location	Location	Lodging	Brkfast	Lunch	Dinner	Flight	Miles	Rate	Amount	Gas	Shuttle	Total
10/17/16	Watkinsville, GA	Omaha, NE	$158.33			$18.67 ✓	$489.70					$42.90 ✓	$709.60
10/18/16	Omaha, NE	Omaha, NE	$158.33										$158.33
10/19/16	Omaha, NE	Omaha, NE	$158.33										$158.33
10/20/16	Omaha, NE	Watkinsville, GA				$7.21 ✓						$42.90 ✓	$50.11
Totals			$474.99 ✓			$25.88	$489.70 ✓					$85.80	$1,076.37 ✓

IMPORTANT: One form is required for each trip. Travel must be itemized for each day. Receipts must be attached for all expenses, excluding mileage or per diem. This approval form and all receipts should be sent to the Executive Director, Jerry F. Kenny, at 4111 4th Avenue, Suite 6, Kearney, NE 68845.

Brian Bledsoe

_____
Signature of Claimant

_____Nov. 29, 2016_____
Date

__1341 Arizona Bend, Watkinsville, GA 30677_____
Remittance Address

EXPENSE VOUCHER

Platte River Recovery Implementation Program

Independent Scientific Advisory Committee

Approval Jerry F. Kenny

Executive Director

12/04/16

Date

Hilton Garden Inn
Omaha Downtown/Old Market Area

1005 Dodge Street • Omaha, NE 68102
Phone (402) 341-4400 • Fax (402) 341-5200
Reservations
www.hiltongardeninn.com or 1 877 STAY HGI

Name & Address

BLEDSOE, BRIAN
1341 ARIZONA BND
WATKINSVILLE GA 30677-7774
UNITED STATES OF AMERICA

Room 805/O2B
Arrival Date 10/17/2016 8:40:00 PM
Departure Date 10/20/2016

Adult/Child 1/0
Room Rate 134.00

Rate Plan: HWC
HH #: 190501783 SILVER
AL:
Car:

Folio

Confirmation Number: 3283013130

10/20/2016

HILTON HHONORS

DATE	REFERENCE	DESCRIPTION	AMOUNT
10/17/2016	2864809	GUEST ROOM	$134.00
10/17/2016	2864809	STATE SALES TAX 7%	$9.38
10/17/2016	2864809	STATE OCCUPANCY TAX .66%	$0.88
10/17/2016	2864809	LODGING TAX 5%	$6.70
10/17/2016	2864809	CITY OCCUPANCY TAX 5.5%	$7.37
10/18/2016	2865324	GUEST ROOM	$134.00
10/18/2016	2865324	STATE SALES TAX 7%	$9.38
10/18/2016	2865324	STATE OCCUPANCY TAX .66%	$0.88
10/18/2016	2865324	LODGING TAX 5%	$6.70
10/18/2016	2865324	CITY OCCUPANCY TAX 5.5%	$7.37
10/19/2016	2865891	GUEST ROOM	$134.00
10/19/2016	2865891	STATE SALES TAX 7%	$9.38
10/19/2016	2865891	STATE OCCUPANCY TAX .66%	$0.88
10/19/2016	2865891	LODGING TAX 5%	$6.70
10/19/2016	2865891	CITY OCCUPANCY TAX 5.5%	$7.37
10/20/2016	2868180	VS *6271	($474.99)
		BALANCE	$0.00

You have earned approximately 4623 Hilton HHonors points for this stay. Hilton HHonors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 3,900

AUTHORITY NO
VS *6271

CARD MEMBER NAME
BLEDSOE, BRIAN

ESTABLISHMENT NO. & LOCATION
YOU HAVE STAYED IN A 100% NON-SMOKING FACILITY. AN ADDITIONAL CLEANING FEE OF $250.00 WILL BE ASSESSED TO YOUR FOLIO FOR EXTENSIVE CLEANING EFFORTS TO TREAT ROOMS WITH EVIDENCE OF SMOKING.

CARD MEMBER'S SIGNATURE
X

DATE OF CHARGE	FOLIO NO./CHECK NO.
10/20/2016	615957 A

AUTHORIZATION	INITIAL
03604C	

PURCHASES & SERVICES	
TAXES	
TIPS & MISC	
TOTAL AMOUNT	-474.99

PAYMENT DUE UPON RECEIPT - 1.5% PER MONTH (ANNUAL PERCENTAGE RATE OF 18%) CHARGE WILL BE APPLIED TO ALL PAST DUE BALANCES

Subject: Your Flight Receipt - BRIAN BLEDSOE 17OCT16
From: "Delta Air Lines" <DeltaAirLines@e.delta.com>
Date: 9/14/2016 2:37 PM
To: <bbledsoe@uga.edu>

DELTA

Hello, BRIAN

SkyMiles® #*******283 >

Your Trip Confirmation #: HJRLN7

MANAGE MY TRIP >

Mon, 17OCT	DEPART	ARRIVE
DELTA 1098 MAIN CABIN (X)	ATLANTA 7:01pm	OMAHA, NE 8:27pm
Thu, 20OCT	**DEPART**	**ARRIVE**
DELTA 1582 MAIN CABIN (U)	OMAHA, NE 5:39pm	ATLANTA 8:58pm

STRETCH YOUR LEGS

Choose Delta Comfort+™ today for more legroom and personal space.

GET DETAILS >

RESTRICTED HAZARDOUS ITEMS

To ensure the safety of our customers and employees, Delta no longer accepts **hoverboards or any lithium battery powered self-balancing personal transportation devices** on board its aircraft. These items are prohibited as both carry-on and checked baggage.

Spare batteries for other devices, fuel cells, and e-cigarettes are permitted in carry-on baggage only. If your carry-on bag contains these items and is gate checked, **they must be removed and carried in the cabin.** Further information and specific guidelines regarding

restricted items can be found here.

Passenger Info

NAME	FLIGHT	SEAT
BRIAN BLEDSOE	DELTA 1098	21D
SkyMiles #*******283	DELTA 1582	16B

Visit delta.com or use the Fly Delta app to view, select or change your seat.
If you purchased a Trip Extra, please visit My Trips to access a receipt of your purchase.

Flight Receipt

Ticket #: 0052356336251

Place of Issue: Delta.com

Ticket Issue Date: 14SEP16

Ticket Expiration Date: 14SEP17

METHOD OF PAYMENT

VI**********5271	**$489.70 USD**

CHARGES

Air Transportation Charges	
Base Fare	$433.49 USD
Taxes, Fees and Charges	
United States - Flight Segment Tax (ZP)	$8.00 USD
United States - September 11th Security Fee(Passenger Civil Aviation Security Service Fee) (AY)	$11.20 USD
United States - Passenger Facility Charge (XF)	$4.50 USD
United States - Transportation Tax (US)	$32.51 USD
TICKET AMOUNT	**$489.70 USD**

This ticket is non-refundable unless the original ticket was issued at a fully refundable fare. Some fares may not allow changes. If allowed, any change to your itinerary may require payment of a change fee and increased fare. Failure to appear for any flight without notice to Delta will result in cancellation of your remaining reservation.

Note: When using certain vouchers to purchase tickets, remaining credits may not be refunded. Additional charges and/or credits may apply.

Fare Details: ATL DL QMAL70.23XAVNXBNA DL ATL263.26UAVNAQMA USD433.49END ZP ATLQMA XF ATL4.5

Checked Bag Allowance

The fees below are based on your original ticket purchase. **If you qualify for free or discounted**

Customer Receipt

DATE: 04/12/16 TIME:08:36 PM

Rep: awashingto

First Leg: Conf#: 188734

Name: BRIAN BLEDSOE
# of Pax: 1
CC: XXXXXXXXXXXX5271

Departures
Pick Up: 3 UGA Georgia Center
P/U Address: 1197 S. Lumpkin St.

Drop Off: (1)Hartsfield Atlanta International Airport
D/O Address:

Date: 03/07/16
Time: 03:20 PM

Total: **$42.90 ✓ Paid Credit Card**

Second Leg: Conf#: 188735

Name: BRIAN BLEDSOE
# of Pax: 1
CC:XXXXXXXXXXXX5271

Arrivals
Pick Up: (1)Hartsfield Atlanta International Airport
P/U Address:

Drop Off: 3 UGA Georgia Center
D/O ADDRESS: 1197 S. Lumpkin St.

Date: 03/11/16
Time: 09:40 AM

Total: **$42.90 ✓ Paid Credit Card**

* We will not be responsible or liable for:
Lost, Stolen or damaged items and baggage
or vehicles parked at any of our locations.
Acts of God or nature, delays in traffic or flight plans

Fly Burger
Concourse B
Hartsfield-Jackson Atlanta
International Airport
404-305-6808

1014 Fatou K

Tbl 31/1 Chk 3493 Gst 1
Oct17'16 04:58AM

Dine In
1 BLEU BURGER Medium BEEF 14.79
KAISER SMALL SALAD BleuCkz
Dressing

Subtotal 14.79
Tax 1.18
04:58PM Total 15.97

Hartsfield-Jacks
Atlanta International Airport
Atlanta, Ga
www.cintl.com/contact-us

Fly Burger
Concourse B
Hartsfield-Jackson Atlanta
International Airport
404-305-6808

Date: Oct17 16 05:17PM
Card Type: Visa
Acct #: XXXXXXXXXXXX5271
Card Entry: SWIPED
Trans Type: PURCHASE
Auth Code: 01543E
Check: 3493
Table: 31/1
Server: 1014 Fatou K
Reference: 429517757

Subtotal: 15.97
Tip: 2.70
Total: 18.67

CUSTOMER COPY

RUBEL AIRPORT SERVICES
EPPLEY AIRFIELD, OMAHA NE 68110

Check 339
CASH TRAY-2 . 10/20/2016
Guests 1 3:16 PM

CHIPS	2.19
PAPA BURGER	4.39
Subtotal	6.58
Sales Tax	0.47
Restaurant Tax	0.16
TOTAL	7.21
CREDIT CARD	-7.21
Acct.	
CHANGE DUE	0.00

Nebraska Department of REVENUE

Nebraska Withholding Certificate for Nonresident Individuals

FORM **W-4NA**

- Use Federal Forms 1099-MISC or 1042-S.
- Read instructions on reverse side.

PAYER'S NAME AND LOCATION ADDRESS	PAYEE'S NAME AND LOCATION ADDRESS
Name of Nebraska Payer: Nebraska Community Foundation Inc.	Payee's First Name and Initial / Last Name:
Address (Number and Street, or Rural Route and Box Number): PO Box 83107	Address (Number and Street, or Rural Route and Box Number):
City, Town, or Post Office: Lincoln — State: NE — Zip Code: 68501 3107	City, Town, or Post Office — State — Zip Code
Nebraska Identification Number: 21—	Social Security Number

•Lines 1 and 2, and 6 through 10 must be completed by the PAYER.

1 Dates services performed in Nebraska	1	Oct. 18-29, 2016
2 Total payments for personal services performed in Nebraska	2	3500 00

•Lines 3 through 5 and line 11 may be completed by the PAYEE (attach additional schedule if necessary).

3 List types and amounts of ordinary and necessary business expenses reasonably related to Nebraska income (see instructions):

Type of Expense	Amount
Enter total line 3 amount here — 3	$

4 List names, addresses, Social Security numbers, and amounts paid to others for performances or appearances and other fees reasonably related to Nebraska income (see instructions):

Name	Address	Social Security No.	Amount Paid
		– –	$
		– –	
		– –	
Enter total line 4 amount here — 4			$

5 Total business expenses and payments for which you are claiming an expense deduction (total of lines 3 and 4)	5	$
6 50% limitation on expense deduction (line 2 amount multiplied by .50)	6	
7 Enter the amount from line 5 or line 6, whichever is less	7	0
8 Payments subject to Nebraska withholding tax (line 2 minus line 7)	8	3500 00
9 If the amount on line 8 is less than $28,000, multiply the amount by .04 and enter the result on line 9—the amount to be withheld	9	140 00
10 If the amount on line 8 is $28,000 or greater, multiply the amount by .06 and enter the result on line 10—the amount to be withheld	10	

•Allocation to Shareholders, Partners, or Members Subject to Nebraska Income Tax (attach additional schedule if necessary)

11 Enter in the space provided the partner's, shareholder's, or member's name, Social Security number or federal ID number, percent of allocation, and the amount of Nebraska income tax withholding allocated to each partner, shareholder, or member.

Names of Partners, Shareholders, or Members	Social Security Number or Federal ID Number	Percent of Allocation	Allocation Amount
	TOTALS	100%	

Under penalties of perjury, I declare that I have been authorized to make this statement and that the information disclosed in determining the amount of individual income tax to be withheld and allocated from the payment received for personal services performed in Nebraska is, to the best of my knowledge and belief, correct and complete.

sign here ▶ B T LeCorne
Signature of Payee or Authorized Agent — ▶ Signature of Preparer Other than Payee — Date

12/10/16 — Date
(970) 402 6100 — Telephone Number
City — State — Zip Code

8-442-1988 Rev. 1-2011
Supersedes 0-442-1988 Rev. 11-2007