



Jim Wilcox, Manager,  
Government & Regulatory Affairs  
500 West Russell Street  
P.O. Box 988  
Sioux Falls, SD 57101-0988  
Telephone (605) 339-8350 fax 612/573-9083  
internet - james.c.wilcox@xcelenergy.com

February 27, 2006

Ms. Patty VanGerpen, Executive Director  
South Dakota Public Utilities Commission  
State Capitol Building  
500 East Capitol Avenue  
Pierre, South Dakota 57501-5070

**RECEIVED**

**MAR 02 2006**

**SOUTH DAKOTA PUBLIC  
UTILITIES COMMISSION**

Dear Ms. VanGerpen:

In accordance with Docket EL91-004 and EL04-028, enclosed please find Xcel Energy's report on 2005 economic development activities.

The report is organized as follows: The first page reiterates the budget that was planned for the year 2005. The second page depicts the actual economic development investments that Xcel Energy made in 2005. The third page provides a planned budget that Xcel Energy plans for 2006. The pages following those provide documentation as requested of the actual expenses that Xcel Energy incurred in this program in 2005.

Xcel Energy respectfully requests approval of our 2005 report and the 2006 economic development budget.

If anyone has any questions, please call me at 339-8350.

Sincerely,

A handwritten signature in cursive script that reads 'J Wilcox'.

Jim Wilcox



**Economic Development Investments**

**Actual  
2005**

Minnehaha County Economic Development Association ( MCEDA ) .....	\$	10,000
Lincoln County Economic Development Association ( LCEDA ) .....	\$	15,000
Small Business Development Center	\$	10,000
Southeastern SD Development Foundation	\$	10,000
SD Technology Business Center (Incubator) Copier	\$	5,000
GOED Conference G.O.L.D. Program Award Co-Sponsor .....	\$	1,500
SD Chamber of Commerce and Industry - CEO Roundtable ED Research	\$	10,000
Sioux Falls Development Foundation - Membership Dues	\$	1,500
SD Chamber of Commerce and Industry ABEX Awards	\$	1,000
Minnehaha County - Light the Old Courthouse Museum	\$	1,000
Mainstreet Sioux Falls - State Theater	\$	5,000
Rural Development Program - Worthing	\$	2,000
Rural Development Program - Centerville	\$	1,000
Rural Development Program - Tea	\$	1,000
Rural Development Program - Canistota	\$	1,000
Rural Development Program - Emery	\$	1,000
Rural Development Program - Fulton	\$	500
Rural Development Program - Monroe	\$	500
Rural Development Program - Alexandria	\$	1,000
Rural Development Program - Bridgewater	\$	1,000
Rural Development Program - Marion	\$	1,000
Rural Development Program - Lennox	\$	2,500
University of Sioux Falls "Strive to Thrive" program - Canton	\$	5,000
SDML Conference Sponsorship	\$	1,000
SFDF - SD Certified Beef Event	\$	1,500
Rural Development Program - Canton Industrial Park - 5 year pledge	\$	5,000
University of Sioux Falls "Strive to Thrive" program - Marion	\$	5,000

**Total 2005 Economic Development Totals** \$ 100,000

Feb 27, 2006

Jim Wilcox



**South Dakota**

**Economic Development Budget**

**2005**

Budget

Minnehaha County Economic Development Association ( MCEDA ) .....	\$	10,000
Lincoln County Economic Development Association ( LCEDA ) .....	\$	15,000
Xcel Energy "Economic Assistance" Program	\$	43,500
Small Business Development Center	\$	10,000
Rural Community Support	\$	20,000
GOED Conference G.O.L.D. Program Award Co-Sponsor .....	\$	1,500
<b>Total 2005 Economic Development Budget Total</b>	<b>\$</b>	<b>100,000</b>

Mar 23, 2005

Jim Wilcox



**Xcel Energy  
Economic Development Budget**

**2006**

Budget

Minnehaha County Economic Development Association ( MCEDA ) .....	\$	10,000
Lincoln County Economic Development Association ( LCEDA ) .....	\$	15,000
Xcel Energy "Economic Assistance" Program	\$	43,500
Small Business Development Center	\$	10,000
Rural Community Support	\$	20,000
GOED Conference G.O.L.D. Program Award Co-Sponsor .....	\$	1,500

**Total 2006 Economic Development Budget Total \$ 100,000**

Feb 27, 2006

Jim Wilcox



REQUEST FOR PAYMENT FORM

Pay Ref Number (AP Use Only)			
Date of Request	1/31/2005	Vendor Code	LINCOCOUEC
Invoice #		Scheduled Payment Date	
		Invoice Date	1/28/2005
		Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check to be mailed to different than vendor remit address (designate below)			
Route Check To:	Mary Thoen		
Location	Sioux Falls Service Center		
Payment is for:(Dropdown)	Other	If other, what is the payment for:	Economic Development

\*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input checked="" type="checkbox"/> PSC	<input type="checkbox"/> CHY	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	Lincoln County Economic Development Association
Payee Mailing Address	P.O. Box 907
Payee City, State, Zip	Sioux Falls, SD 57101
General Ledger Description:	2005 Dues
Comments to Supplier (to be printed on check)	2005 Dues

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$15,000.00
If mores lines needed, use additional RFP form(s)						\$15,000.00
Total						

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE:  Yes  No

BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	<i>Mary E. Thoen</i>
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)	<i>J Wilcox</i>		
Title	Mgr. Gov't & Regulatory Affairs		
Phone No	605-339-8350		

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

4-11-05 Faxed to LA

Pay Ref Number (AP Use Only)					
Date of Request	4/11/2005	Vendor Code	SMALLBUS DE	Invoice Date	4/1/2005
Invoice #	825	Scheduled Payment Date	4/18/2005	Is this a one-time payment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Intercompany routing instructions if check to be mailed to different than vendor remit address (designate below)					
Route Check To:					
Location					
Payment is for:(Dropdown)	If other, what is the payment for:				

\*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> CHY	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	Small Business Development Center
Payee Mailing Address	Patterson Hall 132 - 414 E Clark Street
Payee City, State, Zip	Vermillion, SD 57069
General Ledger Description:	Match support of SBDC Program for 2005
Comments to Supplier (to be printed on check)	Match support of SBDC program for 2005

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$10,000.00
If mores lines needed, use additional RFP form(s)						\$10,000.00
Total						

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE:  Yes  No

BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS

Requestor's Information	
Print Name	Mary Ellen Hutchison
Employee Id/Acid	HTCM01
Full signature (required)	
Title	Admin Asst
Phone No	605-339-8357

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	WLCJ0	BU	C FO Delivery
	1		
Full signature (required)			
Title	Mgr Gov & Reg Services		
Phone No	605-339-8350		

REQUEST FOR PAYMENT FORM



Pay Ref Number (AP Use Only)			
Date of Request	5/4/2005	Vendor Code	
Invoice #	42205	Scheduled Payment Date	4/25/2005
Invoice Date	5/4/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Intercompany routing instructions if check to be mailed to different than vendor remit address (designate below)			
Route Check To:			
Location			
Payment is for: (Dropdown)	If other, what is the payment for:		

\*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> CHY	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	<b>Southeastern Development Foundation</b>
Payee Mailing Address	1000 N West Avenue Ste 210
Payee City, State, Zip	Sioux Falls, SD 57104-1332
General Ledger Description:	Economic Development
Comments to Supplier (to be printed on check)	Economic Development

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$10,000.00
If mores lines needed, use additional RFP form(s)						\$10,000.00
Total						

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE:  Yes  No

BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS

Requestor's Information	
Print Name	Mary Ellen Hutchison
Employee Id/Acid	HTCM01
Full signature (required)	<i>Mary Ellen Hutchison</i>
Title	Admin Asst
Phone No	605-339-8357

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	WLCJO 1	BU	C FO Delivery
Full signature (required)	<i>J Wilcox</i>		
Title	Gov. & Regulatory Serv, Mgr		
Phone No	605-339-8350		

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT



REQUEST FOR PAYMENT FORM

Pay Ref Number (AP Use Only)					
Date of Request	3/8/2005	Vendor Code	GOVEROFF EC	Invoice Date	2/24/2005
Invoice #	022405	Scheduled Payment Date	3/14/2005	Is this a one-time payment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Intercompany routing instructions if check to be mailed to different than vendor remit address (designate below)					
Route Check To:					
Location					
Payment is for:(Dropdown)	If other, what is the payment for:				

\*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> CHY	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	Governor's Office of Economic Development		
Payee Mailing Address	711 E. Wells Avenue		Attn: Ann G. Johnson
Payee City, State, Zip	Pierre, SD 57501		
General Ledger Description:	Contribution to SD Achievement Awards Econ Development		
Comments to Supplier (to be printed on check)	Contribution to SD Achievement Awards Econ Development		

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$1,500.00
If mores lines needed, use additional RFP form(s)						\$1,500.00
Total						

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE:  Yes  No

BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS

Requestor's Information	
Print Name	Mary Ellen Hutchison
Employee Id/Acid	HTCM01
Full signature (required)	<i>Mary Ellen Hutchison</i>
Title	Admin Asst
Phone No	605-339-8357

Approver's Information		
Print Name	James C. Wilcox	
Employee Id/Acid	WLCJ0 1	BU C FO Delivery
Full signature (required)	<i>J Wilcox</i>	
Title	SD Mgr of Gov & Reg Serv	
Phone No	605-339-8350	

DATE: 8/31/2005

"Voice of South Dakota Business"  
PO BOX 190 ~ 108 N. EUCLID AVENUE ~ PIERRE, SOUTH DAKOTA 57501-0190  
605.224.6161 ~ FAX 605.224.7198 ~ contactus@sdchamber.biz

8/31/2005 1090

BILL TO:

Xcel Energy  
Jim Wilcox Manager  
PO Box 988  
Sioux Falls, SD 57101-0988

WO # 221927  
Authorization # 008927

DESCRIPTION	AMOUNT
CEO Roundtable - Economic Development Research	10,000.00
<b>TOTAL</b>	<b>\$10,000.00</b>

Bill Obj Code 805002 723830









REQUEST FOR PAYMENT FORM

Pay Ref Number (AP Use Only)			
Date of request	3/3/2005	Vendor Code	WORTHECODE
Invoice #		Scheduled Payment Date	3/15/2005
		Invoice Date	
		Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Intercompany routing instructions if check to be mailed to different than vendor remit address (designate below)

Route Check To:	Mary Thoen		
Location	Sioux Falls Service Center		
Payment is for:(Dropdown)	Other	If other, what is the payment for:	Economic Development

\*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input checked="" type="checkbox"/> PSC	<input type="checkbox"/> CHY	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	Worthing Economic Development Corporation
Payee Mailing Address	P.O. Box 277
Payee City, State, Zip	Worthing, SD 57077-0277
General Ledger Description:	ED - South Dakota Signage
Comments to Supplier (to be printed on check)	Signage

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$2,000.00
If more lines needed, use additional RFP form(s)						\$2,000.00
Total						

3-7-05  
Taped

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE:  Yes  No

BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	<i>Mary Thoen</i>
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)	<i>J Wilcox</i>		
Title	Mgr. Gov't & Regulatory Affairs		
Phone No	605-339-8350		

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Date of Request	9/2/2005	Vendor Code	centearefo	Invoice Date	3/28/2005
Invoice #		Scheduled Payment Date	9/15/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check is to be mailed to different than vendor remit address (designate below)					
Route Check To:	Mary Thoen				
Location	Sioux Falls Service Center				
Payment is for:(Dropdown)	Other	If other, what is the payment for:	Economic Development		
If under \$1,500, does the vendor accept credit card?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments:

\*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company  NSW  NSM  PSC  SPS  XLS  HAY  OTHER

Payee Name	Centerville Area Foundation		
Payee Mailing Address	P.O. Box 339		
Payee City, State, Zip	Centerville, SD 57014		
General Ledger Description:	New housing development		
Comments to Supplier (to be printed on check)	New Housing	C&FO Workorder/ WO Task	

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$1,000.00
If mores lines needed, use additional RFP form(s)						Total
						\$1,000.00

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE (BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS)  Yes  No

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	<i>Mary Thoen</i>
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)	<i>J Wilcox</i>		
Title	Mgr. Gov't. & Regulatory Affairs		
Phone No	605-339-8350		
Date Signed			

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Date of Request	9/2/2005	Vendor Code	teaareacom	Invoice Date	3/28/2005
Invoice #		Scheduled Payment Date	9/15/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check is to be mailed to different than vendor remit address (designate below)					
Route Check To:	Mary Thoen				
Location	Sioux Falls Service Center				
Payment is for: (Dropdown)	Other	If other, what is the payment for:	Economic Development		
If under \$1,500, does the vendor accept credit card?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Comments:

\*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company  NSW  NSM  PSC  SPS  XLS  HAY  OTHER

Payee Name	Tea Area Community Foundation		
Payee Mailing Address	P.O. Box 153		
Payee City, State, Zip	Tea, SD 57064		
General Ledger Description:	Park & recreation improvements		
Comments to Supplier (to be printed on check)	Park & recreation improvements	C&FO Workorder/ WO Task	

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$1,000.00
If more lines needed, use additional RFP form(s)						<b>Total</b>
						<b>\$1,000.00</b>

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE (BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS)  Yes  No

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	<i>Mary Thoen</i>
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)	<i>J. Wilcox</i>		
Title	Mgr. Gov't. & Regulatory Affairs		
Phone No	605-339-8350		
Date Signed			

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Date of Request	9/2/2005	Vendor Code	cityofcani	Invoice Date	3/28/2005
Invoice #		Scheduled Payment Date	9/15/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check is to be mailed to different than vendor remit address (designate below)					
Route Check To:	Mary Thoen				
Location	Sioux Falls Service Center				
Payment is for:(Dropdown)	Other	If other, what is the payment for:	Economic Development		
If under \$1,500, does the vendor accept credit card?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments:

\*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpresnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	City of Canistota		
Payee Mailing Address	P.O. Box 67		
Payee City, State, Zip	Canistota, SD 57012-0067		
General Ledger Description:	Beautify Main Street - flags, banners		
Comments to Supplier (to be printed on check)	Beautify Main Street	C&FO Workorder/ WO Task	

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$1,000.00
If mores lines needed, use additional RFP form(s)						
						<b>Total</b>
						\$1,000.00

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Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	<i>Mary Thoen</i>
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)	<i>J Wilcox</i>		
Title	Mgr. Gov't. & Regulatory Affairs		
Phone No	605-339-8350		
Date Signed			

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Date of Request	9/2/2005	Vendor Code	cityofemer	Invoice Date	
Invoice #		Scheduled Payment Date	9/15/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check is to be mailed to different than vendor remit address (designate below)					
Route Check To:	Mary Thoen				
Location	Sioux Falls Service Center				
Payment is for:(Dropdown)	Other	If other, what is the payment for:	Economic Development		
If under \$1,500, does the vendor accept credit card?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Comments:			

\*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company  NSW  NSM  PSC  SPS  XLS  HAY  OTHER

Payee Name	City of Emery		
Payee Mailing Address	P.O. Box 38		
Payee City, State, Zip	Emery, South Dakota 57332		
General Ledger Description:	Signage		
Comments to Supplier (to be printed on check)	Signage	C&FO Workorder/ WO Task	

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$1,000.00
If mores lines needed, use additional RFP form(s)						
<b>Total</b>						<b>\$1,000.00</b>

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Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	<i>Mary Thoen</i>
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)	<i>J Wilcox</i>		
Title	Mgr. Gov't. & Regulatory Affairs		
Phone No	605-339-8350		
Date Signed			

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Date of Request	9/2/2005	Vendor Code	townoffult	Invoice Date	
Invoice #		Scheduled Payment Date	9/15/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check is to be mailed to different than vendor remit address (designate below)					
Route Check To:	Mary Thoen				
Location	Sioux Falls Service Center				
Payment is for:(Dropdown)	Other	If other, what is the payment for:	Economic Development		
If under \$1,500, does the vendor accept credit card?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Comments:	

\*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	Town of Fulton		
Payee Mailing Address	P.O. Box 46		
Payee City, State, Zip	Fulton, SD 57340		
General Ledger Description:	Update Town Hall		
Comments to Supplier (to be printed on check)	Update Town Hall	C&FO Workorder/ WO Task	

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$500.00
If mores lines needed, use additional RFP form(s)						<b>Total</b>
						<b>\$ 500.00</b>

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE (BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS)  Yes  No

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	<i>Mary Thoen</i>
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)	<i>J Wilcox</i>		
Title	Mgr. Gov't. & Regulatory Affairs		
Phone No	605-339-8350		
Date Signed			

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Date of Request	9/2/2005	Vendor Code	cityofmonr	Invoice Date	
Invoice #		Scheduled Payment Date	9/15/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check is to be mailed to different than vendor remit address (designate below)					
Route Check To:	Mary Thoen				
Location	Sioux Falls Service Center				
Payment is for:(Dropdown)	Other	If other, what is the payment for:	Economic Development		
If under \$1,500, does the vendor accept credit card?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments:

\*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

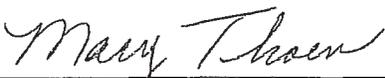
Company  NSW  NSM  PSC  SPS  XLS  HAY  OTHER

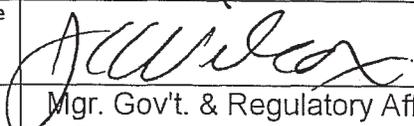
Payee Name	City of Monroe		
Payee Mailing Address	P.O. Box 4		
Payee City, State, Zip	Monroe, SD 57057		
General Ledger Description:	Community Center - replace ceiling tiles		
Comments to Supplier (to be printed on check)	Community Center	C&FO Workorder/ WO Task	

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$500.00
If mores lines needed, use additional RFP form(s)						
<b>Total</b>						<b>\$ 500.00</b>

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE (BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS)  Yes  No

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)			
Title	Mgr. Gov't. & Regulatory Affairs		
Phone No	605-339-8350		
Date Signed			

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Request #	6/7/2005	Vendor Code	cityofalex	Invoice Date	
Invoice #		Scheduled Payment Date	6/15/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check is to be mailed to different than vendor remit address (designate below)					
Route Check To:	Mary Thoen				
Location	Sioux Falls Service Center				
Payment is for:(Dropdown)	Other	If other, what is the payment for:	ED - 125 <sup>th</sup> Celebration		
If under \$1,500, does the vendor accept credit card?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Comments:	

\*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	City of Alexandria		
Payee Mailing Address	P.O. Box 430		
Payee City, State, Zip	Alexandria, SD 57311		
General Ledger Description:	125 <sup>th</sup> Celebration		
Comments to Supplier (to be printed on check)	125 <sup>th</sup> Celebration	C&FO Workorder/ WO Task	

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$1,000.00
If more lines needed, use additional RFP form(s)						
Total						\$1,000.00

*6-8-05  
Taped*

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE (BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS)  Yes  No

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	<i>Mary Thoen</i>
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)	<i>J Wilcox</i>		
Title	Mgr. Gov't. & Regulatory Affairs		
Phone No	605-339-8350		
Date Signed			

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Date of Request	6/7/2005	Vendor Code	cityofbrid	Invoice Date	
Invoice #		Scheduled Payment Date	6/15/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check is to be mailed to different than vendor remit address (designate below)					
Route Check To:	Mary Thoen				
Location	Sioux Falls Service Center				
Payment is for:(Dropdown)	Other	If other, what is the payment for:	ED - 125 <sup>th</sup> Celebration		
If under \$1,500, does the vendor accept credit card?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Comments:			

\*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company  NSW  NSM  PSC  SPS  XLS  HAY  OTHER

Payee Name	City of Bridgewater		
Payee Mailing Address	P.O. Box 200		
Payee City, State, Zip	Bridgewater, SD 57319		
General Ledger Description:	125 <sup>th</sup> Celebration		
Comments to Supplier (to be printed on check)	125 <sup>th</sup> Celebration	C&FO Workorder/ WO Task	

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$1,000.00
If mores lines needed, use additional RFP form(s)						
<b>Total</b>						<b>\$1,000.00</b>

*6-8-05  
Taped*

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE (BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS)  Yes  No

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	<i>Mary Thoen</i>
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)	<i>J Wilcox</i>		
Title	Mgr. Gov't. & Regulatory Affairs		
Phone No	605-339-8350		
Date Signed			

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Date of Request	6/7/2005	Vendor Code	mariodevfo	Invoice Date	
Invoice #		Scheduled Payment Date	6/15/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check is to be mailed to different than vendor remit address (designate below)					
Route Check To:	Mary Thoen				
Location	Sioux Falls Service Center				
Payment is for:(Dropdown)	Other	If other, what is the payment for:	Economic Development		
If under \$1,500, does the vendor accept credit card?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Comments:			

\*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/accts payable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	Marion Development Foundation		
Payee Mailing Address	398 North Broadway Avenue		
Payee City, State, Zip	Marion, SD 57043		
General Ledger Description:	Engineer study - residential developemtn		
Comments to Supplier (to be printed on check)	Engineer study for development	C&FO Workorder/ WO Task	

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$1,000.00
If more lines needed, use additional RFP form(s)						
Total						\$1,000.00

6-8-05  
 Taped  
 Mailed direct  
 from Co.  
 6-21-05  
 Check # 40744  
 cashed on 7-1-05

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE (BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS)  Yes  No

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	<i>Mary Thoen</i>
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)	<i>J Wilcox</i>		
Title	Mgr. Gov't. & Regulatory Affairs		
Phone No	605-339-8350		
Date Signed			

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Date of Request	11/22/2005	Vendor Code	cityoflenn	Invoice Date	
Invoice #		Scheduled Payment Date	12/15/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check is to be mailed to different than vendor remit address (designate below)					
Route Check To:	Mary Thoen				
Location	Sioux Falls Service Center				
Payment is for: (Dropdown)	Other	If other, what is the payment for:	Economic Development		
If under \$1,500, does the vendor accept credit card?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments:

\*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	City Of Lennox		
Payee Mailing Address	P.O. Box 228		
Payee City, State, Zip	Sioux Falls, SD 57039-0228		
General Ledger Description:	Lennox City Library		
Comments to Supplier (to be printed on check)	Lennox City Library	C&FO Workorder/ WO Task	

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt	
805002	723830					\$2,500.00	
If more lines needed, use additional RFP form(s)						<b>Total</b>	<b>\$2,500.00</b>

*11-23-05  
Taped  
12-5-05  
Sent e-mail re  
address  
Tupper*

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE (BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS)  Yes  No

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	<i>Mary E. Thoen</i>
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)	<i>Jim Wilcox</i>		
Title	Mgr. Gov't. & Regulatory Affairs		
Phone No	605-339-8350		
Date Signed			

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT



Northern States  
Power Company  
d/b/a Xcel Energy  
414 Nicollet Mall  
Minneapolis, MN 55401  
303-628-2644



0000383882

Date 01/28/05

\$5000.00 USD

Pay FIVE THOUSAND & 00/100 \*\*\*\*\* DOLLARS

VOID IF NOT CASHED IN 90 DAYS

To The  
Order Of UNIVERSITY OF SIOUX FALLS  
1101 WEST 22ND STREET  
SIOUX FALLS SD 57105-1699

*[Handwritten signature]*

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER AND AN ARTIFICIAL WATERMARK ON REVERSE SIDE - HOLD AT ANGLE TO VIEW

Payee  
UNIVERSITY OF SIOUX FALLS

Vendor ID	Employee #	Check No.	Date
UNIVESIOFA 01		0000383882	01/28/05

Payment Ref Invoice No.	PO/Contract	Disc/Wth	Pay Amount
642157100000 012505		.00	\$5000.00

Pymt Comments: Strive To Thrive - *Canton*  
Route: Mary Thoen  
Sioux Falls Service Center

*2-2-05*  
*Sent ✓*



Jim C.  
Wilcox would  
do



11-29-05  
game to Pat Olson  
will pay on 30th  
Dec. 1st

# Invoice

Mr. Jim Wilcox  
Xcel Energy  
PO Box 988  
Sioux Falls, SD 57101-0988

Date: 11/22/2005  
Inv. No.: 499  
Account No.: 5532

Description	Qty	Price	Amount
Hosting /SD Beef Event-Minervas	1	\$1,500.00	\$1,500.00
<b>Total:</b>			\$1,500.00
<b>Paid:</b>			\$0.00
<b>TOTAL DUE:</b>			\$1,500.00

Governor Rounds-SD Certified Beef Event-Minervas-charged to Dan S Credit Card

**Please make checks payable to: Sioux Falls Development Foundation**

CK r9st  
ED  
pls  
TRX  
JC

REQUEST FOR PAYMENT FORM

Date of Request	9/2/2005	Vendor Code	cantoecode	Invoice Date	
Invoice #		Scheduled Payment Date	9/15/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check is to be mailed to different than vendor remit address (designate below)					
Route Check To:	Mary Thoen				
Location	Sioux Falls Service Center				
Payment is for:(Dropdown)	Other	If other, what is the payment for:	Economic Development		
If under \$1,500, does the vendor accept credit card?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments:

\*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company  NSW  NSM  PSC  SPS  XLS  HAY  OTHER

Payee Name	Canton Economic Development Corporation		
Payee Mailing Address	P.O. Box 3		
Payee City, State, Zip	Canton, SD 57013		
General Ledger Description:	2005 Payment on Industrial Land Pledge 2002-2006		
Comments to Supplier (to be printed on check)	2005 payment on land pledge	C&FO Workorder/ WO Task	

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$5,000.00
If mores lines needed, use additional RFP form(s)						
<b>Total</b>						<b>\$5,000.00</b>

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE (BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS)  Yes  No

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	<i>Mary Thoen</i>
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)	<i>J Wilcox</i>		
Title	Mgr. Gov't. & Regulatory Affairs		
Phone No	605-339-8350		
Date Signed			

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

**REQUEST FOR PAYMENT FORM**

Pay Ref Number (AP Use Only)		r	
Request Date	1/26/2005	Vendor Code	UNIVESIOFA
Invoice #		Scheduled Payment Date	
		Invoice Date	1/25/2005
		Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check to be mailed to different than vendor remit address (designate below)			
Route Check To:	Mary Thoen		
Location	Sioux Falls Service Center		
Payment is for:(Dropdown)	Other	If other, what is the payment for:	Economic Development

\*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> CHY	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	University of Sioux Falls
Payee Mailing Address	1101 West 22 <sup>nd</sup> Street
Payee City, State, Zip	Sioux Falls, SD 57105-1699
General Ledger Description:	Strive To Thrive program - Marion
Comments to Supplier (to be printed on check)	Strive to Thrive

**JDE Account Number**

BU	Obj Acct	Subsid	Subidgr	SLT	Cost Obj & Type	Amt
805002	723830					\$5,000.00
If more lines needed, use additional RFP form(s)						\$5,000.00
Total						

*Yated on 1-27-05*

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE:  Yes  No  
 BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	<i>Mary Thoen</i>
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information	
Print Name	Jim Clark
Employee Id/Acid	clrj11 BU CFO DELIVERY
Full signature (required)	<i>Jim Clark</i>
Title	Principle Manager SD
Phone No	605-339-8359

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT