Washington State Department of Transportation

PAYMENT VOUCHER

Voucher # XV 447 029353

Vendor No. 931248033

Totals Ret.Total $0.00 | N/P Total $0.00 | Total $140.00

Y/E Phase [ ] Voucher Date 11/07/06

Vendor: VANCOUVERCENTER
Address 1: 601 COLUMBIA ST 132
Address 2:
City, State, Zip: VANCOUVER WA98660-3179

Status AWAITING APPROVAL

Invoice P. Auth	Date	Number	Reference P. Agree	Order No.	Retainage Quantity	P/F	Type	Amount
G4	11/01/06	300-103106E			0.000			

Distribution Job No.	Work Op	Obj	Org	B/S Acct	Parcel	C. Section Equip No.	Revenue Source	Fund	Activity	Appr.	Agency	Disc Type
XL2268	70	0101	ED03	4411	01							

Service Request No.	N/P Amount	Total Amount	I/D
		$140.00	

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(01) COMMUNITY RM RENTAL

User Name MARY FOUTS

Received By Mary Fouts Date 11-07-06

Comments:

Checked and Approved for Processing By Date

Signature of Approving Authority Kay McLaughlin Date 11-8-06

DOT 134-003
6-95, AM01-002

Staple Supporting Documentation on Back

XV 447 029353

Vancouvercenter

Invoice

Invoice # 300-103106E
November 1, 2006

Billing Address:
Columbia River Crossing
Atten: Mary Fouts
700 Washington Street, Suite 300
Vancouver, WA 98660

Charges/Services

Community Room Rental 10/31/06	$	140.00
12:30 pm to 4:30 pm		
No Kitchen		
Hourly Rate: Four (4) hours @ $ 35.00 per hour		
Deposit	$	-
Cleaning Charge	$	-
Linen Fee	$	-
BALANCE DUE	**$**	**140.00**

Payment due upon receipt

Please make check payable to:
VANCOUVERCENTER DEVELOPMENT, LLC
601 Columbia Street, #132
Vancouver, WA 98660
360-696-2224

Vancouvercenter

VC Community Room
Event Reservation

Today's Date: 10/30/06

Condominium /Apartment or Office Suite # CRC # 300

Name: CRC - Patty Oetken *(must be a current Condo owner / current Commercial Tenant or Staff member or a current Apartment resident)*

Your contact phone number: _____

Commercial Tenant Only:
Company name required of commercial tenant _____
Commercial Suite user direct contact phone number: _____

Date of Event: 10/31/06 *(reservations no more than 30 days in advance, no less than 48 hrs in advance) (reservation is not final until rental amount and deposits are paid in full).*

Hours of Event: 12:30-4:30
Purpose / Type of Event: Mtg - 30 people
Expected Attendees: _____
Caterer Selected: n/a
Rental Agency (event rental): _____
Community Room Rental Amount: 4 hrs @ 35.00 per hr = 140.00
Refundable Deposit (equal to rental amount) _____

Total Paid
(Date paid, attach receipt to contract / staff member initial) _____

I have reviewed the above document, I have read and understand the Community Room Use Policy, and have read and signed the waiver / release from liability form.

[signature] 10/30/06
(signed) (date)
Patty Oetken
(printed)
Lisa Knapp 10/31/06
(staff member signature) (date)
Lisa Knapp
(printed)

P:\NOT\community room\ community room reservation form
Rev 3/06

WAIVER AND RELEASE FROM LIABILITY FORM

This WAIVER AND RELEASE FROM LIABILITY FORM is a legal contract binding upon you (and your personal representatives, heirs, executors, administrators, agents and assigns) and VANDEVCO LIMITED and VANDEVCO RESIDENTIAL, LLC. You hereby consent and agree to completely and unconditionally accept alone any and all risks of injury, illness, or death as a result of your voluntary use of the Community Room, and You verify and confirm all of the statements below by placing your initials before each numbered item as well as signing and providing your full name below.

READ THIS CONTRACT CAREFULLY AND OBTAIN LEGAL COUNSEL IF YOU DO NOT UNDERSTAND IT

PW (Initials) **1. Voluntary Application.** I, the undersigned, verify and confirm that I am voluntarily participating in the use of the Community Room.

PW (Initials) **2. Assumption of Risk.** I verify and confirm that I am fully aware of the inherent risks and dangers of using the Community Room. I agree and understand that by using the Community Room, I do so at my own risk and I assume, without limitation, all risk of injury to myself or the contraction of any illness or medical condition that might result from my use of the Community Room.

PW (Initials) **3. Release. I AGREE ON BEHALF OF MYSELF (AND MY SPOUSE, GUESTS, PERSONAL REPRESENTATIVES, HEIRS, EXECUTORS, ADMINISTRATORS, AGENTS AND ASSIGNS) TO RELEASE AND DISCHARGE VANDEVCO LIMITED AND VANDEVCO RESIDENTIAL, LLC (AND THEIR RESPECTIVE AFFILIATES, EMPLOYEES, AGENTS, REPRESENTATIVES, MEMBERS, OFFICERS, SUCCESSORS AND ASSIGNS) FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION (KNOWN OR UNKNOWN) ARISING OUT OF NEGLIGENCE BY VANDEVCO RESIDENTIAL, LLC, OR MY USE OF THE COMMUNITY ROOM, OR LOSS OR DAMAGE TO MY PERSONAL PROPERTY.** This WAIVER AND RELEASE FROM LIABILITY FORM includes, without limitation, injuries which may occur as a result of (a) my use of any equipment or facilities which may malfunction or break, (b) improper maintenance of any equipment or facilities by VANDEVCO LIMITED or VANDEVCO RESIDENTIAL, LLC; (c) negligent instruction or supervision by VANDEVCO LIMITED or VANDEVCO RESIDENTIAL, LLC; (d) my participation in any activities at the Community Room; and (e) my slipping and falling while in the Community Room.

PW (Initials) **4. Knowing and Voluntary Execution of this Contract.** I hereby declare that I have carefully read this WAIVER AND RELEASE FROM LIABILITY FORM and that I fully understand the meaning and importance of its contents. I understand that under this contract, I am releasing VANDEVCO LIMITED and VANDEVCO RESIDENTIAL, LLC (and their respective affiliates, employees, agents, representatives, members, officers, successors and assigns) from all liability for claims I may have against VANDEVCO LIMTED and VANDEVCO RESIDENTIAL, LLC. I further declare and represent that I am at least 18 years of age, that I have full legal capacity to be bound by this contract, and that I am signing this contract of my own free will and accord.

PW

(Signature)

(Printed Name)

10/30/06

(Date)

(UNIT/APT.] No.)

Washington State Department of Transportation

Meeting Authorization Request

Meeting/Conference/Convention/Training Information

Meeting Request Number

Event Description (Check One)

- ☐ WSDOT Meeting involving substantially all of the Regions (Requires Secretary or Designee Approval)
- ☐ Agency sponsored Conference/Convention (WSDOT Employees Only)
- ☐ Agency sponsored Training Session or Meeting (WSDOT Employees Only)
- ☒ Agency sponsored meeting/conference/convention/training involving Non State Employees

Type of Room/Facilities To Be Used

- ☐ A state owned facility where no room charge occurs
- ☑ A non state owned facility
- ☐ A state owned facility where a room charge occurs

Items Provided As An Integral Part of the Meeting (Check All That Applies)

- ☐ Light Refreshments included
- ☐ Official Meeting Meals included

Meeting Start Date and Time	Meeting End Date and Time	Is this a recurring meeting?
10/31, 1:00 ☐ AM ☑ PM	10/31, 4:00 ☐ AM ☑ PM	☐ Yes ☑ No
		Work Plan Number

Will costs be recovered through registration/attendance fees?	Estimated Recovery Cost per Attendee/Group
☐ Yes ☑ No	

Course Code If Applicable	Course Title If Applicable

Meeting Coordinator	Phone Number
Bob Hart	360-397-6067

Meeting/Conference/Convention/Training Requirements

(Use Attachments If More Space Is Needed)

Purpose and Objective/Accomplishments of Meeting (Include Organizations Involved)

Design workshop w/ C-TRAN, City of Vancouver, Clark County, Port of Vancouver, RTC, CRC

Expected Number of Participants/Groups to Attend
(A list of participants must be attached to the Payment Document for official meeting meals)

20

Facility Name (Include description of rented/leased space, and if a non state facility is used provide an explanation why a state or public-owned barrier-free facilities canot be used)

Columbia River Crossing Community Room

Estimated Costs/Expenses

	Day 1	Additional Day(s)	Sub Total
Lodging Expenses			
Meals B/L/D (Includes Meeting Meals)			
Light Refreshments			
Room Rental Rate			
Transportation Expenses			
Other Expenses _____			

Total Estimated Costs/Expenses: _____

Note: Meeting Authorization Request must be attached to Payment Document

Signatures and Approval

Requester Signature	Date 10/31/06
Approving Authority Signature: Keith M. Stanley	Date 10/31/06
Secretary or Designee Approval (If required)	Date

DOT Form 700-003 EF
Revised 1/2003

◆ Supersedes Previous Versions ◆

Community Room Checklist

Meeting Date 10/31/06 Meeting Requester Patty Oeth

Meeting Name Design Concepts Discussion

Original to: Mary
Copies to: Task Manager Patty Oeth
Delegated to _____

Done		Item	Mary/ Kay	Task Manager	Delegated to	Comments
		A. Meeting Authorization				
✓	1.	Check conference room availability at SWR and CRC (except for PSC meeting).	X			
	2.	Add meeting to calendar, "CRC Internal Meetings"	X			
✓	3.	Reserve room no more than 30 days in advance.	X			
	4.	Fill out VC Event Reservation, and Waiver and Release from Liability forms. Have Kris sign. Submit to Lisa.	X			
✓	5.	Sketch room layout.		X		
✓	6.	Complete Meeting Authorization Request form 700-003 EF. Have Kris sign.	X			
		B. Meeting Preparation				
✓	7.	Schedule pre- and post-meeting walk thru events with Lisa.	X			
✓	8.	Complete pre-meeting walk thru and pickup access card.	X			
✓	9.	Make arrangements with your staff to help with setup and cleanup.		X		
✓	10.	Set-up meeting room one hour before meeting.		X		
		C. Post-Meeting Cleanup				
✓	11.	Complete general cleanup of meeting and kitchen areas (sweep kitchen floor/wipe tables, if needed).		X		

Done		Item	Mary/ Kay	Task Manager	Delegated to	Comments
✓	12.	Empty small trash cans (including plastic liner) into the large waste receptacle in kitchen area.		X		
✓	13.	Return directional signs (checked out from Lisa) to the kitchen area.		X		
✓	14.	Put chairs and tables away in kitchen area closets. Lock sides and knobs of closet doors.		X		
✓	15	Return CRC items (coffee pots, whiteboard pens/eraser, etc.) to Suite 300.		X		
✓	16	Verify that room has been returned to original set up.		X		
	17.	Verify that the room entry door is shut and secure at completion.		X		
✓	18.	Do post-meeting walk thru and return room key.	X			
		D. Meeting Payment				
	18.	Upon receipt of invoice from Lisa, create a Payment Voucher. Attach all meeting documentation to voucher. Submit original to WSDOT-SWR Financial Services. File copy in yellow Vancouvercenter folder.	X			