



# PAYMENT VOUCHER

Acct Period **13/2009**

Voucher # **XV 449 010172**

Vendor No. **936002236 4**

Totals Ret.Total **\$0.00** N/P Total **\$0.00** Total **\$36.00**

Vendor: **CITY OF PORTLAND**

Address 1: **CITY TREASURER 120 CITY HALL**

Address 2: **1221 SW 4TH AVE**

City, State, Zip: **PORTLAND**

**OR98204-1988**

Y/E Phase  Voucher Date **08/06/2009**

Status **REJECTED / HELD**

PAGE NUMBER: **1** OF **1**

Invoice				Reference		Retainage		
P. Auth	Date	Number	P. Agree	Order No.	Quantity	P/F	Type	Amount
	06/25/09	85-05192-B	GCA6027 0		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	85	0112	JK01	4411 01		060101							
Estimated Accrual Document Ref #			Service Request No.		Location Code		N/P Amount		Total Amount			I/D	
													\$36.00

Invoice				Reference		Retainage		
P. Auth	Date	Number	P. Agree	Order No.	Quantity	P/F	Type	Amount

Distribution													
Job No.	Work Op	Obj	Org	B/S Acct	Parcel	C. Section Equip No.	Revenue Source	Fund	Activity	Appr.	Agency	Disc. Type	
Estimated Accrual Document Ref #			Service Request No.		Location Code		N/P Amount		Total Amount			I/D	

Invoice				Reference		Retainage		
P. Auth	Date	Number	P. Agree	Order No.	Quantity	P/F	Type	Amount

Distribution													
Job No.	Work Op	Obj	Org	B/S Acct	Parcel	C. Section Equip No.	Revenue Source	Fund	Activity	Appr.	Agency	Disc. Type	
Estimated Accrual Document Ref #			Service Request No.		Location Code		N/P Amount		Total Amount			I/D	

(01) BAL DUE ON 85-05192

User Name  
**MARY FOUTS**

Received By *Mary Fouts* Date **8/06/09**

Checked and Approved for Processing By \_\_\_\_\_ Date \_\_\_\_\_

Comments: **LATE!** PAID INVOICE IN JULY 2009, but Transposed numbers on AMT DUE. Still owe \$36. on this invoice.

Signature of Approving Authority *Kristopher W. Strickler* Date **8/06/09**

## Humphrey, George

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**From:** Hough, Joanie [joanie@trans.ci.portland.or.us]  
**Sent:** Thursday, August 06, 2009 7:12 AM  
**To:** Humphrey, George  
**Cc:** Crabtree, Susan  
**Subject:** CRC Invoice # 85-05196

Good morning George,

We received payment on our recent invoice 85-05196, thanks very much. Slight problem in amount received. The invoice was for \$58,495.19 and we received payment of \$58,459.21, a difference of \$36. Is it as simple as the numbers being transposed?

Thanks,  
Joanie

SCANNED  
Date 7/20/09  
Initial MJ

# PAYMENT VOUCHER

Acct Period 13/2009 Voucher # XV 449 010066

Vendor No. 936002236 4 Totals Ret.Total \$0.00 N/P Total \$0.00 Total \$58,459.21

Vendor: CITY OF PORTLAND  
Address 1: CITY TREASURER 120 CITY HALL  
Address 2: 1221 SW 4TH AVE  
City, State, Zip: PORTLAND OR98204-1988

Y/E Phase  Voucher Date 07/16/2009

Status: AWAITING APPROVAL

**COPY**

PAGE NUMBER: 1 OF 1

Invoice				Reference		Retainage		
P. Auth	Date	Number	P. Agree	Order No.	Quantity	P/F	Type	Amount
	06/25/09	85-05196	GCA6027 0		0.000			

Job No.	Work Op	Obj	Org	B/S Acct	Parcel	C. Section Equip No.	Revenue Source	Fund	Activity	Appr.	Agency	Disc. Type
XL2268	85	0112	JK01	4411 01		060101						
Estimated Accrual Document Ref #			Service Request No.	Location Code	N/P Amount			Total Amount			I/D	
								\$58,459.21				

Invoice				Reference		Retainage		
P. Auth	Date	Number	P. Agree	Order No.	Quantity	P/F	Type	Amount

Job No.	Work Op	Obj	Org	B/S Acct	Parcel	C. Section Equip No.	Revenue Source	Fund	Activity	Appr.	Agency	Disc. Type
Estimated Accrual Document Ref #			Service Request No.	Location Code	N/P Amount			Total Amount			I/D	

Invoice				Reference		Retainage		
P. Auth	Date	Number	P. Agree	Order No.	Quantity	P/F	Type	Amount

Job No.	Work Op	Obj	Org	B/S Acct	Parcel	C. Section Equip No.	Revenue Source	Fund	Activity	Appr.	Agency	Disc. Type
Estimated Accrual Document Ref #			Service Request No.	Location Code	N/P Amount			Total Amount			I/D	

(01) 11/01/08 - 06/10/09

User Name  
MARY FOUTS

Received By: *Mary Fouts* Date: 7/17/09

Checked and Approved for Processing By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: **COPY**  
Signature of Approving Authority: *Kristopher W. Strickler* Date: 7/17/09

# INVOICE

**CITY OF PORTLAND**  
OFFICE OF MANAGEMENT AND FINANCE  
GRANTS RECEIVABLE

**CONTACT:** FINANCIAL ANALYST  
Susan Crabtree  
(503)823-6862

**CUSTOMER:** LYNN RUST  
WASHINGTON STATE DEPT. OF TRANSPORTATION  
700 WASHINGTON ST STE 300  
VANCOUVER, WA 98660-3177

**INVOICE NO. 85-05196**

PLEASE PAY TO:

**CITY TREASURER**  
120 CITY HALL  
1221 SW 4TH  
PORTLAND, OREGON 97204

FOR PROPER CREDIT: PLEASE INDICATE THIS INVOICE NUMBER ON YOUR REMITTANCE **85-05196**

DESCRIPTION	DATE OF ISSUE 06/25/09	INVOICE NO. 85-05196	AMOUNT DUE
<b>BUREAU OF TRANSPORTATION</b>			
GRANT ID# T8I			
FOR COSTS INCURRED ON COLUMBIA RIVER CROSSING PROJECT PARTICIPATION IN THE EIS PHASE OF THE PROJECT AGREEMENT # CGA 4842/5586/6027 FOR PERIOD 11/1/08-6/10/09			
			TOTAL DUE THIS INVOICE 58,495.19
COSTS BILLED THIS PERIOD	58,495.19		
COSTS BILLED YTD	66,362.45		
COSTS BILLED TO DATE	281,790.77		
CONTRACT AUTHORIZATION	321,132.12		
<b>TOTAL DUE FOR INVOICE NO. 85-05196</b>			<b>\$58,495.19</b>

**QC COPY**  
O.K. to pay  
**\$58,495.21**  
GCA 6027  
Group 85  
7/16/09  
Acct Prd 13/09  
KAD

*Handwritten notes:*  
could be 65K-71  
20  
Ank  
→

PURSUANT TO SEC. 5.48.040 OF THE CITY CODE, ACCOUNTS NOT PAID WITHIN THIRTY(30) DAYS AFTER THE DATE OF INVOICE, SHALL BE FORWARDED TO THE CITY ATTORNEY FOR COLLECTION.