



PAYMENT VOUCHER

Voucher # XV 449 002866

Vendor No. 931248033

Totals	Ret. Total	N/P Total	Total
	\$0.00	\$0.00	\$300.00

Y/E Phase Voucher Date 01/16/08

Vendor: VANCOUVERCENTER
 Address 1: 601 COLUMBIA ST 132
 Address 2:

Status AWAITING APPROVAL

City, State, Zip: VANCOUVER WA98660-3179

PAGE NUMBER: 1 OF 1

Invoice				Reference		Retainage	
P. Auth	Date	Number	P. Agree	Order No.	Quantity	P/F Type	Amount
G4	01/10/08	300 1/08/08E			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	EH03	4411	01							
							Service Request No.	N/P Amount		Total Amount		I/D
										\$300.00		

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

(01) COMMUNITY RM RENTAL

User Name
MARY FOUTS

Received By *Mary Fouts* Date 01-16-08

Comments:

Checked and Approved for Processing By _____ Date _____

Signature of Approving Authority *Kay McLaughlin* Date 1/17/08



Vancouvercenter

XV 449 002866

Invoice

Invoice # 300-01/08/08E
January 10, 2008

Billing Address:

Columbia River Crossing
Atten: Mary Fout
700 Washington St. # 300
Vancouver, WA 98660

Charges/Services

Kris Strickler, Pre-DEIS Discussion
Community Room Rental 01/08/08 & 01/09/08
8:00 a.m. to 5:00 p.m.
Two Days @ Daily Rate of \$ 150.00

\$ 300.00

Deposit
Cleaning Charge
Linen Fee

\$ -
\$ -
\$ -

BALANCE DUE \$ **300.00**

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

Pre-DEIS
Discussion

Today's Date: 01/03/08

Condominium /Apartment or Office Suite # 300

Name: Kris Strickler (must be a current Condo owner / current Commercial Tenant or Staff member or a current Apartment resident)

Your contact phone number: 360-737-2726

Commercial Tenant Only:
Company name required of commercial tenant Columbia River Crossing
Commercial Suite user direct contact phone number: 360-737-2726

Date of Event: 01/08/08 and 01/09/08 (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: 8:00 am - 5:00 pm

Purpose / Type of Event: Business mtg

Expected Attendees: 20

Caterer Selected: none

Rental Agency (event rental): none

Community Room Rental Amount: \$150/day x 2 days = 300

Refundable Deposit (equal to rental amount) 300

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.

Kristopher W. Strickler
(signed) **Kristopher W. Strickler**

1.03.08
(date)

(printed)
AKuapp
(staff member signature)

1/4/08
(date)

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

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

KS (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.

KS (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.

KS (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 LIMITED 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.

Kristopher W. Strickler
(Signature)

Kristopher W. Strickler

(Printed Name)

1-03-08
(Date)

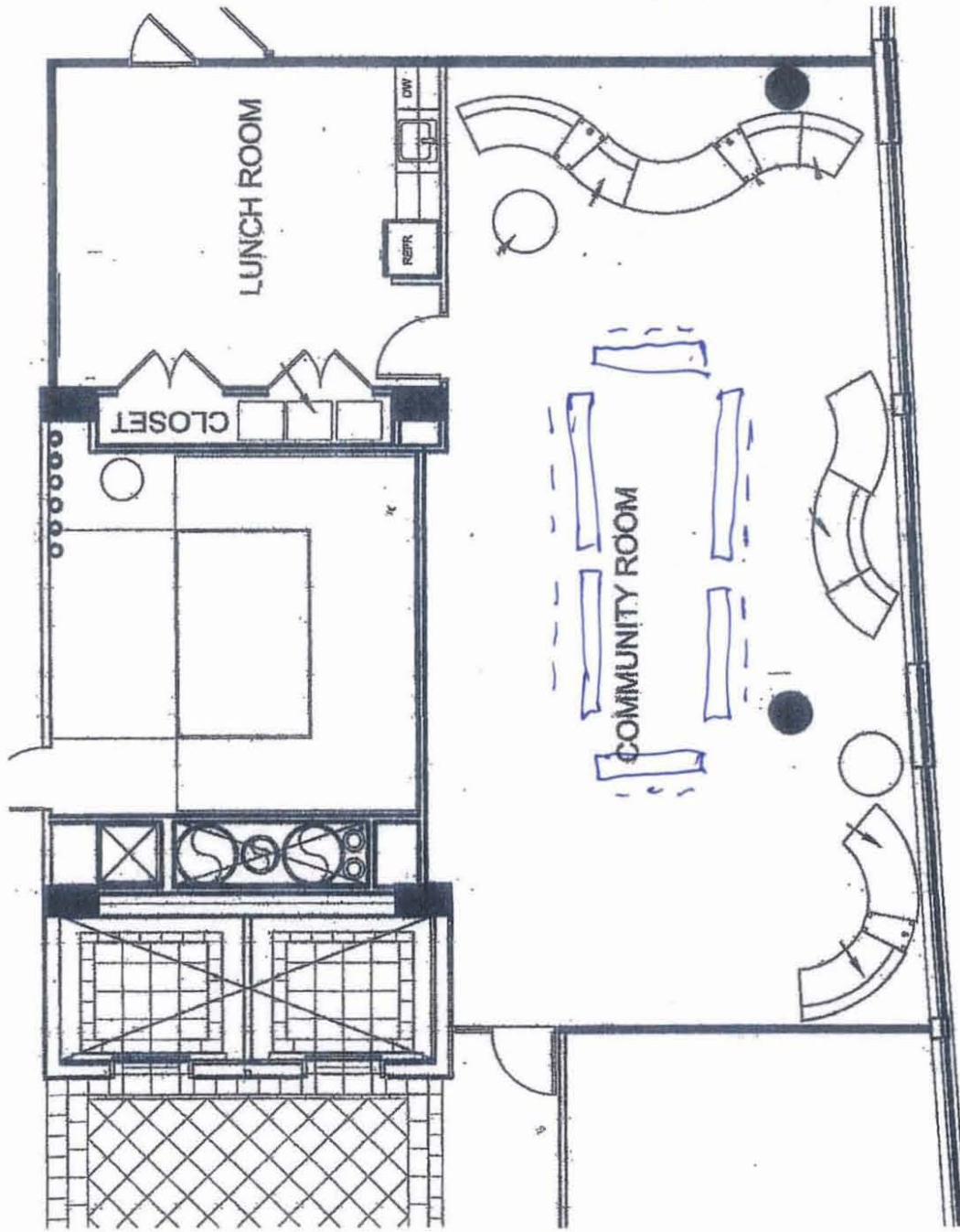
Suite 300
([UNIT/APT.] No.)

COPY

Columbia River Crossing
700 Washington St., Suite 300
Vancouver, WA 98660

COPY

Business meeting
Date: Jan. 8 & 9, 2008
Time: 8 am - 5 pm



1 COMMUNITY ROOM
1/8" = 1'-0"



Meeting Authorization Request

Meeting/Conference/Convention/Training Information	Meeting Request Number
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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

01/08/08 8:00

- AM
- PM

Meeting End Date and Time

01/09/08 5:00

- AM
- PM

Is this a recurring meeting?

- Yes
- No

Work Plan Number

Will costs be recovered through registration/attendance fees?

- Yes
- No

Estimated Recovery Cost per Attendee/Group

Course Code If Applicable

Course Title If Applicable

Meeting Coordinator

Colin McConnaha

Phone Number

360-816-2186

Meeting/Conference/Convention/Training Requirements

(Use Attachments If More Space Is Needed)

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

Business meeting to discuss Pre-DEIS issues.

Expected Number of Participants/Groups to Attend

(A list of participants must be attached to the Payment Document for official meeting meals)

n 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 cannot be used)

Vancouvercenter 2nd floor Community Room.
No other large meeting facility available.

Estimated Costs/Expenses

Day 1

Additional Day(s)

Sub Total

Lodging Expenses

Meals B/L/D (Includes Meeting Meals)

Light Refreshments

Room Rental Rate

150.

150.

300.

Transportation Expenses

Other Expenses

Total Estimated Costs/Expenses:

300.

Note: Meeting Authorization Request must be attached to Payment Document

Signatures and Approval

Requester Signature

Colin McConnaha

Date

1/4/08

Approving Authority Signature

Kristopher W. Strickler

Kristopher W. Strickler

Date

1-04-08

Secretary or Designee Approval (If required)

Date