

GOVERNOR VICTOR ATIYEH
519 SW PARK, SUITE 208
PORTLAND, OR 97205

229-5959
ROBIN

**SUPPLIES
SEE BACK
OF
CARD

PURCHASE DATE	MACHINES	SERVICE AGREEMENT	REPAIR DATE	OF CARD
	RENTAL--4 MONTHS 1-SWINTEC 8014 T/W (# 52300896) 1-HON 4DWR LETTER FILE--TAN W/LOCK (# 2191-JL) EFF: 1/13/87 THRU 5/12/87) extend for 1/month) Pickup 5/12		

Robin Sheppard

Gov Vic Atiyah

Wants to extend
Rental on SW
only

Take when plu file
2 ea Ribbon
2 ea lift off
send about

^{4 Draw}
Pickup file

5-12-87

R Robin Sheppard

20,000.00

1-14-87	Aaron Business Equipment (Salem)	332.75	19,667.25
1-16-87	City Center Parking	40.00	19,627.25
1-12-87	Petty Cash	100.00	19,527.25
1-28-87	City Center Parking	80.00	19,447.25
2-9-87	Copier	10.00 5.00	19,442.25
2-9-87	Telephone	25.00	19,417.25
2-11-87	Video Transfer Center (KOIN Tape)	31.00	19,386.25
2-16-87	State Printing Division	1,500.00 15.84	17,870.41 +7,800.25
2-23-87	Business Card Japanese Translation	25.00	17,845.41
2-23	Envelopes - Lane Miles Standish Feb Park	198.40	17,743.01
3-1	March Parking	80.00	17,663.01
2-24	Knife boxes	25.20	17,637.80
3-1	Robin Salary/benefits	2,825.11	14,937 2,100.80
3-9	Copier & phone	30.00	14,907.80
3-12	Bugundy Boxes	107.07	14,800.73
	April Park	7.48	14,752.03
4-1	Robin salary/benefits	80 2,825.11	11,952.03
4-6	Copier & phone May Park	30.00 80.	11,922.03
5-28	Phone	130.41	
5-1	Robin salary June Park	2,825.11 80.00	
6-1	Robin salary	2,825.11	
4-14	Phone	171.65	
5-1	Copier/phone	30.00	
6-1	Copier/phone	30.00	
	Aaron	55 69.70	
5/5	Phone	133.03	
	Robin Jan	1413.41	
	Bullies & Bullies	250.00	
	Robin Feb	2,825.11	

NAME GOVERNOR VICTOR ATTYEH
ADDRESS 519 SW PARK, SUITE 208
CITY PORTLAND **STATE** OR **ZIP** 97205
LOCATION _____
Phone 229-5959 **Contact** ROBIN
Date 6/16/87 **Time** 1:25
Make SW **Serial #** _____
PROBLEM RENTAL PICK-UP
SWINTEC 8014 T/W (#52300896)
PO # _____

SUPPLIES

QUAN.	DESCRIPTION	PRICE	TOTAL

PARTS

QUAN.	DESCRIPTION	PRICE	TOTAL



**AARON
BUSINESS
EQUIPMENT**

4218 N E SANDY BLVD., PORTLAND, OR 97213 (503)287-2887

- CHARGE WARRANTY ESTIMATE
 CONTRACT INSPECTION OTHER

DESCRIPTION OF SERVICE

Pick-up 6-16-87
Peter Proke

Type w
Dustcycler
Manual

METER	RATE	HOUR

LOANER	TOTAL SUPPLIES		
Make	TOTAL PARTS		
Model	LABOR CHARGE		
Serial #	ZONE #		
P.U. Date	TOTAL AMOUNT		

Peter Shepherd *6/16/87*
CUSTOMERS SIGNATURE **DATE**



AARON BUSINESS EQUIPMENT

4218 N.E. SANDY BLVD., PORTLAND, OR 97213 (503) 287-2887

INVOICE

NEW OR USED

DG

OFFICE FURNITURE • TYPEWRITERS

Adding & Calculating Machines • Addressing Equipment

Mail Room Equipment • Plastic Cards & Equipment

Photo Copy Machines • Mimeographs - Duplicators • Paper Shredders

Print Shop Equipment

Office Supplies • Printing • Stationery

SOLD TO

SHIPPED TO

GOVERNOR VICTOR ATIYEH

519 SW PARK, SUITE 208

PORTLAND, OR 97205

DATE	DATE SHIPPED	SHIPPED VIA	YOUR ORDER NO.	F.O.B.	TERMS	INVOICE NO.
1/9/87	1/13/87	DEL.1/13	ROBIN 229-5959			53700
QUANTITY	DESCRIPTION				PRICE	AMOUNT
	<u>RENTAL</u>					
1 ONLY	SWINTEC 8014 TYPEWRITER (# 52300896)				55.00/MO	
1 ONLY	HON 4 DWR LETTER FILE-TAN W/LOCK (# 2191-JL) ^{190.00}				19.00/MO	
	<u>EFFECTIVE:</u> 1/13/87 THRU 5/12/87 4 MONTHS RENTAL					296.00
6 ONLY	SWINTEC CORRECTABLE RIBBONS		SUPPLIES		46.00/DZ.	23.00
6 ONLY	SWINTED LIFT OFF TAPES		" "		27.50/DZ	13.75
	TOTAL DUE					332.75

ALL BILLS ARE DUE AND PAYABLE 30-DAYS FOLLOWING PURCHASE AND / OR SERVICES.

1½% CHARGE PER MONTH WILL BE CHARGED ON ALL UNPAID BALANCES.

DUPLICATE



AARON BUSINESS EQUIPMENT

INVOICE

NEW OR USED

06

OFFICE FURNITURE • TYPEWRITERS

Adding & Calculating Machines • Addressing Equipment

Mail Room Equipment • Plastic Cards & Equipment

Photo Copy Machines • Mimeographs - Duplicators • Paper Shredders

Print Shop Equipment

Office Supplies • Printing • Stationery

4218 N.E. SANDY BLVD., PORTLAND, OR 97213 (503) 287-2887

SOLD TO

SHIPPED TO

GOVERNOR VICTOR ATIYEH

Don Glovka

519 SW PARK, SUITE 208

PORTLAND, OR 97205

DATE	DATE SHIPPED	SHIPPED VIA	YOUR ORDER NO.	F.O.B.	TERMS	INVOICE NO.	
1/9/87		DEL. 1/13	ROBIN 229-5959			53700	
QUANTITY	DESCRIPTION					PRICE	AMOUNT
	<u>RENTAL</u>						
1 ONLY	SWINTEC 8014 TYPEWRITER (# 52300896)						
1 ONLY	HON 4 DWR LETTER FILE-TAN W/LOCK (# 2191-JL) -						
	<u>EFFECTIVE:</u> 1/13/87 THRU 5/12/87 4 MONTHS RENTAL						
6 ONLY	SWINTEC CORRECTABLE RIBBONS		SUPPLIES				
6 ONLY	SWINTEC LIFT OFF TAPES		" "				
	TOTAL DUE						
	<i>Robin Shepherd</i>						

PACKING LIST

PACKING LIST

Employee monthly timesheets for Robin Shepherd have been removed to a restricted file to protect the SSN.

-KDW 11/12

VIDEO
TRANSFER CENTER
 I N C O R P O R A T E D

1501 SW Jefferson
 Portland, OR 97201
 503/226-5091
 TAX ID # 93-0852 337

INVOICE 05289
INVOICE DATE 2/6/87
CUST. P.O. NO. Robin Shepard
CUST. JOB TITLE

CLIENT:

Governor Atiyeh's Office
 519 SW Park Ave, Suite 208
 Portland, OR 97205

SHIP TO:

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	aircheck - KOIN 1/12/87		31.00
PLEASE PAY FROM THIS INVOICE - NO STATEMENT WILL BE ISSUED. NET 30 DAYS.		SHIPPING	
		TOTAL	31.00

GIGI GOFF & COMPANY

4175 S. W. CEDAR HILLS BLVD.

BEAVERTON, OR 97005

(503) 646-3191

2/8/87

DATE SHIPPED

2/5/87

INVOICE

INVOICE NO.

250

THIS NUMBER MUST APPEAR
ON ALL CORRESPONDENCE:

SOLD TO: Governor Victor Atiyeh
519 S.W. Park #208
Portland, OR 97205
ATTN: Robin

SHIPPED TO: (SAME AS "SOLD TO" UNLESS INDICATED HERE)

OUR ORDER NO. 250	YOUR ORDER NO. Robin	SALESMAN GG	TERMS Net 10 days	SHIPPED VIA Surface	PPD or COLL. <input checked="" type="checkbox"/> <input type="checkbox"/>
----------------------	-------------------------	----------------	----------------------	------------------------	--

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
4	Velvet boxes	2.00	8.00
	Rush delivery		30.00
	TOTAL		38.00

Sigi will send another invoice dated Jan 9, 1987

OK to pay Robin Shepard

Thank You!

GIGI GOFF & COMPANY

4175 S.W. CEDAR HILLS BLVD.

BEAVERTON, OR 97005

(503) 646-3191

February 11, 1987

Robin
Governor Victor Atiyeh
519 S.W. Park #208
Portland, OR 97205

Thank you very much! This will confirm your order with us for the following items: Our P.O. # 6410 for: 50 Burgundy deluxe velour gift boxes to hold 1½" coin @ \$2.00 ea.
+ shipping

Please sign below, return one copy to us, and keep the other for your records.

Signed _____

Date _____

Formerly
Walter W. Cribbins Co. Inc.
Portland

W. J. JOHNSON AND COMPANY
275 S.W. FOUR HILLS BLVD.
BEAVERTON, OREGON 97005
(503) 346-3191

P.O. # 6410



ASI # 208950

SOLD TO

SHIP TO

Governor Victor Atiyeh
519 S.W. Park #208
Portland, OR 97205
ATTN: Robin

Governor Victor Atiyeh
519 S.W. Park #208
Portland, OR 97205
ATTN: Robin

229-2959

ORDER NO.	DATE	SHIP VIA	DATE WANTED	SALESMAN	CUSTOMER ORDER NO.
6410	2/4/87	Ppd Best Surf	At once	GG	Robin

QUANTITY	ITEM NO.	DESCRIPTION	SELLING PRICE
50		Burgundy Deluxe velour gift boxes to hold 1½" coin + shipping	2.00

CUSTOMER
ACKNOWLEDGMENT

INVOICE WILL
BE RENDERED
AS SOON AS
SHIPMENT
HAS BEEN MADE
PLEASE PAY
FROM INVOICE
UNLESS OTHERWISE
ARRANGED.

Since careful inspection at the factory usually results in some pieces being discarded, it is practically impossible to ship the exact quantity ordered. It is, therefore, understood that an under-run or over-run of not more than 10%, to be billed pro-rata, is acceptable as fulfillment of this order.

TERMS: Net 15 days F.O.B. factory
A Finance Charge of 1½% monthly if not paid in 15 days.

CLAIMS MUST BE MADE WITHIN 5 DAYS AFTER RECEIPT OF GOODS. NO RETURNS WITHOUT OUR PERMISSION.

CUSTOMER'S ADVERTISING IMPRINT

Hinges on long side



CUSTOMER ACKNOWLEDGMENT

Thank You — THIS IS YOUR COPY OF OUR ORDER

PLEASE CHECK ALL SPECIFICATIONS AND NOTIFY US IMMEDIATELY IF THERE IS ANY ERROR.

THIS ORDER WILL BE GIVEN OUR MOST PROMPT AND CAREFUL ATTENTION.
SINCE THESE GOODS WILL BE SPECIALLY MADE FOR YOU, THIS ORDER CANNOT BE CANCELLED.

000

	VOUCHERED THIS MONTH	VOUCHERED TO DATE	ENCUMBRANCES	APPROPRIATION OR LIMITATION	UNOBLIGATED BALANCE	- - - MONTHLY AVERAGE TO DATE	- - - TO SPEND
99-16-00-00							
911.200 TEMPORARY APPOINTMENTS	2,073.00	5,559.41			5,559.41-	264.73	1,853.14-
912.100 RETIREMENT CONTRIBUTIONS	357.08	957.62			957.62-	45.60	319.21-
912.200 SOCIAL SECURITY	148.22	397.50			397.50-	18.93	132.50-
912.300 PERSONNEL DIV ASSESSMENT	10.25	30.75			30.75-	1.46	10.25-
912.400 EMPLOY REL BD ASSESSMENT	.75	2.25			2.25-	.11	.75-
912.500 WORKERS ACCIDENT INS	8.23	22.07			22.07-	1.05	7.36-
912.550 WORKERS COMP ASSESSMENTS	2.64	6.48			6.48-	.31	2.16-
912.700 MASS TRANSIT TAXES	12.44	33.36			33.36-	1.59	11.12-
912.820 LIFE INSURANCE	13.37	26.74			26.74-	1.27	8.91-
912.850 ST MEDIC INS CONTRIBUTION	168.92	337.84			337.84-	16.09	112.61-
912.860 STATE DENTAL INS CONTRIB	30.21	60.42			60.42-	2.88	20.14-
922.000 OFFICE EXPENSES				20,000.00	20,000.00		6,666.67
922.100 POSTAGE		94.80			94.80-	4.51	31.60-
922.200 COMMUNICATION SERVICES	25.00	50.00			50.00-	2.38	16.67-
922.349 PRINTING-MISC		223.40			223.40-	10.64	74.47-
922.350 DUPLICATING SERVICE	5.00	10.00			10.00-	.48	3.33-
922.375 PUBLICITY & PUBLICATIONS		31.00			31.00-	1.48	10.33-
922.700 CONTROL ACCOUNTING	9.00	19.50			19.50-	.93	6.50-
922.750 PAYROLL PREPARATION	2.50	3.75			3.75-	.18	1.25-
923.102 RENT-OTHER SPACE	160.00	280.00			280.00-	13.33	93.33-
923.200 RENTAL OF OFFICE EQUIPMT		296.00			296.00-	14.10	98.67-
933.100 OFFICE SUPPLIES		36.75			36.75-	1.75	12.25-
933.912 BUSINESS CARDS	48.70	48.70			48.70-	2.32	16.23-
934.200 PACKAGING MATERIALS	132.27	132.27			132.27-	6.30	44.09-
PERSONAL SERVICES	2,825.11	7,434.44			7,434.44-	354.02	2,478.15-
SERVICES AND SUPPLIES	382.47	1,226.17		20,000.00	18,773.83	58.39	6,257.94
*** PROGRAM TOTAL	3,207.58	8,660.61		20,000.00	11,339.39	412.41	3,779.80

END OF MONTH

FUND	BI	DV	PG	AC	UN	VOUCHER NUMBER	ACCOUNT CLASS	TC	DATE	DESCRIPTION	PROJECT NUMBER	PCD	REFERENCE NUMBER	AMOUNT
958	7	99	16	00	00	008504	922.200	40	03-20-87	ATIYEH INTERNATIONAL			000000	25.00
958	7	99	16	00	00	008504	922.350	40	03-20-87	ATIYEH INTERNATIONAL			000000	5.00
958	7	99	16	00	00	008522	923.102	40	03-24-87	CITY CENTER PARKING			008522	80.00
958	7	99	16	00	00	008523	934.200	40	03-24-87	GIGI GOFF & COMPANY			008523	132.27
958	7	99	16	00	00	008561	933.912	40	03-25-87	LANE-MILES STANDISH			008561	48.70
958	7	99	16	00	00	008574	922.700	40	03-26-87	EXECUTIVE DEPARTMENT			008574	9.00
958	7	99	16	00	00	008574	922.750	40	03-26-87	EXECUTIVE DEPARTMENT			008574	2.50
958	7	99	16	00	00	008666	923.102	40	03-31-87	CITY CENTER PARKING			008666	80.00
958	7	99	16	00	00	105703	911.200	40	03-31-87	PAYROLL- MAR PAY APR				2,073.00
958	7	99	16	00	00	105703	912.100	40	03-31-87	PAYROLL- MAR PAY APR				357.08
958	7	99	16	00	00	105703	912.200	40	03-31-87	PAYROLL- MAR PAY APR				148.22
958	7	99	16	00	00	105703	912.300	40	03-31-87	PAYROLL- MAR PAY APR				10.25
958	7	99	16	00	00	105703	912.400	40	03-31-87	PAYROLL- MAR PAY APR				.75
958	7	99	16	00	00	105703	912.500	40	03-31-87	PAYROLL- MAR PAY APR				8.23
958	7	99	16	00	00	105703	912.550	40	03-31-87	PAYROLL- MAR PAY APR				2.64
958	7	99	16	00	00	105703	912.700	40	03-31-87	PAYROLL- MAR PAY APR				12.44
958	7	99	16	00	00	105703	912.820	40	03-31-87	PAYROLL- MAR PAY APR				13.37
958	7	99	16	00	00	105703	912.850	40	03-31-87	PAYROLL- MAR PAY APR				168.92
958	7	99	16	00	00	105703	912.860	40	03-31-87	PAYROLL- MAR PAY APR				30.21

UNIT TOTAL	3,207.58	*
ACTIVITY TOTAL	3,207.58	**
PROGRAM TOTAL	3,207.58	***
DIVISION TOTAL	3,207.58	****
BIENNIUM TOTAL	3,207.58	*****
FUND TOTAL	3,207.58	*****

JN: FINAL

DISTRIBUTION OF PAYROLL COSTS BY FUND/COST CENTER/BI FOR PERIOD ENDING MARCH 31, 1987

J BI C-CENTER	EMPLOYEE NAME	EARNINGS		912100	912200	912300	912400	912500	912550	912700	912820	912850	912860	OTHER	OPE
		ACCT #	AMT.	PERS	FICA	PER.DIV	ERB	WC-INS	WC-ASS	M-TRAN	LIF/DIS	HEALTH	DENTAL	AMT	ACCT
58 7 99-16-00-00	SHEPHERD, ROBIN H	911.200	2073.00	357.08	148.22	10.25	.75	8.23	2.64	12.44	13.37	168.92	30.21	.00	
	TOTAL OPE AMOUNT		752.11												
	***** FUND TOTAL		2073.00	357.08	148.22	10.25	.75	8.23	2.64	12.44	13.37	168.92	30.21	.00	

958 OUTGOING GOVERNOR TRANSITION FUND

	VOUCHERED THIS MONTH	VOUCHERED TO DATE	ENCUMBRANCES	APPROPRIATION OR LIMITATION	UNOBLIGATED BALANCE	- - - MONTHLY AVERAGE TO DATE	- - - TO SPEND
99-16-00-00 OUTGOING GOVERNOR TRANSITION FUND							
911.200 TEMPORARY APPOINTMENTS	2,073.00	3,486.41			3,486.41-	174.32	871.60-
912.100 RETIREMENT CONTRIBUTIONS	357.08	600.54			600.54-	30.03	150.14-
912.200 SOCIAL SECURITY	148.22	249.28			249.28-	12.46	62.32-
912.300 PERSONNEL DIV ASSESSMENT	10.25	20.50			20.50-	1.03	5.13-
912.400 EMPLOY REL BD ASSESSMENT	.75	1.50			1.50-	.08	.38-
912.500 WORKERS ACCIDENT INS	8.23	13.84			13.84-	.69	3.46-
912.550 WORKERS COMP ASSESSMENTS	2.16	3.84			3.84-	.19	.96-
912.700 MASS TRANSIT TAXES	12.44	20.92			20.92-	1.05	5.23-
912.820 LIFE INSURANCE	13.37	13.37			13.37-	.67	3.34-
912.850 ST MEDIC INS CONTRIBUTION	168.92	168.92			168.92-	8.45	42.23-
912.860 STATE DENTAL INS CONTRIB	30.21	30.21			30.21-	1.51	7.55-
922.000 OFFICE EXPENSES				20,000.00	20,000.00		5,000.00
922.100 POSTAGE		94.80			94.80-	4.74	23.70-
922.200 COMMUNICATION SERVICES	25.00	25.00			25.00-	1.25	6.25-
922.349 PRINTING-MISC	223.40	223.40			223.40-	11.17	55.85-
922.350 DUPLICATING SERVICE	5.00	5.00			5.00-	.25	1.25-
922.375 PUBLICITY & PUBLICATIONS	31.00	31.00			31.00-	1.55	7.75-
922.700 CONTROL ACCOUNTING	4.50	10.50			10.50-	.53	2.63-
922.750 PAYROLL PREPARATION	1.25	1.25			1.25-	.06	.31-
923.102 RENT-OTHER SPACE		120.00			120.00-	6.00	30.00-
923.200 RENTAL OF OFFICE EQUIPMT		296.00			296.00-	14.80	74.00-
933.100 OFFICE SUPPLIES		36.75			36.75-	1.84	9.19-
PERSONAL SERVICES	2,824.63	4,609.33			4,609.33-	230.47	1,152.33-
SERVICES AND SUPPLIES	290.15	843.70		20,000.00	19,156.30	42.19	4,789.08
***** FUND TOTAL	3,114.78	5,453.03		20,000.00	14,546.97	272.65	3,636.74

RUN: CORR-FINAL

DISTRIBUTION OF PAYROLL COSTS BY COST CENTER/FUND/BI FOR PERIOD ENDING FEBRUARY 28, 1987

FD BI C-CENTER	EMPLOYEE NAME	EARNINGS		912100	912200	912300	912400	912500	912550	912700	912820	912850	912860	OTHER	OPE
		ACCT #	AMT.	PERS	FICA	PER.DIV	ERB	WC-INS	WC-ASS	M-TRAN	LIF/DIS	HEALTH	DENTAL	AMT	ACCT #
958 7 99-16-00-00	SHEPHERD, ROBIN H	911.200	2073.00	357.08	148.22	10.25	.75	8.23	2.16	12.44	13.37	168.92	30.21	.00	
	TOTAL OPE AMOUNT		751.63												
***** DIVISION TOTAL			2073.00	357.08	148.22	10.25	.75	8.23	2.16	12.44	13.37	168.92	30.21	.00	



GOVERNOR
VICTOR ATIYEH

~~XXXXXXXXXXXXXXXXXXXX~~

~~XXXXXXXXXXXXXXXXXXXX~~

519 SW Park, Suite 208
Portland, Oregon 97205
(503) 229-5959

MEMO

TO: PAT CARROTHERS

FROM: ROBIN SHEPHERD *Robin Shepherd*

RE: PETTY CASH FOR GOVERNOR ATIYEH TRANSITION OFFICE

Jan 15, 1987	U.S. Postal Service	100 stamps @ .22	\$ 22.00
Jan 22, 1987	U.S. Postal Service	20 stamps @ .17	3.40
Jan 27, 1987	U.S. Postal Service	100 stamps @ .22	22.00
Feb 2, 1987	U.S. Postal Service	100 stamps @ .22	22.00
Feb 3, 1987	U.S. Postal Service	100 stamps @ .22	22.00
		20 stamps @ .17	3.40
			<hr/>
			\$ 94.80

Pat, I don't know if you need any more explanation of where the money went or why this all went for postage in such a short period of time. I will offer it and if you don't need it, fine, and if you do, it will be here.

The Historic Properties Division for the State is hanging the Governor's portrait in the Capitol on February 13. Apparently they do not have money for postage so the Governor was asked if he would buy the postage for the invitations.

Please give me a call if you have any questions. As you can see, my \$100 for petty cash is almost gone -- is it possible to get the \$94.80 back again to work with as petty cash?

1 NON REV
 1 NON REV
 1 NON REV
 1 NON REV
 1 NON REV
 CHECK # 22 40.92

U. S. POSTAL SERVICE

PIONEER 97204 1402,

110 P. O. METER 1.67
 110 P. O. METER 3.45
 090 POSTAGE 22.00 ~~33.80~~
 090 POSTAGE 3.40

CHECK TOTAL 25.40 40.92

CLERK #00 2/ 3/87
 THANK YOU

TOTAL 22.00
 CHECK # 20 22.00

U. S. POSTAL SERVICE

UNIVERSITY STA 97207

090 POSTAGE 22.00

CHECK TOTAL 22.00

CLERK #10 1/27/87
 THANK YOU

CHECK # C 22.00
 CHECK # C 22.00

U. S. POSTAL SERVICE

PIONEER 97204 1402,

090 POSTAGE 22.00

CHECK TOTAL 22.00

CLERK #08 2/ 2/87
 THANK YOU

U. S. POSTAL SERVICE

PIONEER 97204 1402,

090 POSTAGE 3.40

TOTAL 3.40

CLERK #02 1/22/87
 THANK YOU

U. S. POSTAL SERVICE

PIONEER 97204 1402,

090 POSTAGE 22.00

TOTAL 22.00

CLERK #10 1/15/87
 THANK YOU


VICTOR ATIYEH
GOVERNOR
1979-1987



519 SW Park, Suite 208
Portland, Oregon 97205
(503) 339-5959

MEMO

TO: PAT CARROTHERS

FROM: GOVERNOR VICTOR ATIYEH 

RE: AUTHORIZATION TO SIGN BILLS FOR PAYMENT

By signature of this memo I give my permission to Robin Shepherd to sign for the authorization of payment for invoices and expenses incurred by my out-transition budget.

COPY 2

ACTION CODE

STATE WARRANT NO. INDICATES CLAIM ALLOWED BY EXECUTIVE DEPARTMENT

B 02-00-0 100.00

000820

AGENCY VOUCHER NO.

DATE 01-13-87

VENDOR NUMBER A00121

PAYEE AND ADDRESS

SHEPHERD, ROBIN

AUDITED BY

GOVERNORS OFFICE
155 COTTAGE ST NE
SALEM OR 97310-0320

TOTAL

\$100.00

PAYMENT OF: INVOICE 0000000000 REFERENCE 000820 100.00
NET PAID \$100.00

MESSAGE: PETTY CASH FOR TRANSITION OFFICE

ACCOUNT CODING: AGY 121 BCH 820 INV 0000000000 TC 40 TD 870113 REF 000820
DESCRIPTION PCD PROJECT FUND BI COST CENTER ACCOUNT AMOUNT
SHEPHERD, ROBIN 050 0 00 00 00 00 035000 100.00

NOTICE TO VENDOR

REMITTANCE ADVICE

Enclosed is warrant in full payment of claim listed above. Please refer to Voucher Number indicated if you have any question regarding this payment.

FOR STATE AGENCY USE ONLY

This certifies that the materials, services, cash advanced, or expenses covered by this claim have been furnished, rendered or expended on behalf of the State of Oregon. The provision for payment is made by law and appropriation, the obligation or expenditure is authorized by law and the claim otherwise satisfies the requirements as provided by ORS 293.295. This claim has been approved for payment in the above amount.

By

By

COPY 2

STATE WARRANT NO.
INDICATES CLAIM
ALLOWED BY
EXECUTIVE DEPARTMENT

ACTION
CODE

008028

AGENCY VOUCHER NO.

C

97-58-7

94.80

DATE 02-12-87

VENDOR NUMBER TR0001

PAYEE AND ADDRESS

ROBIN SHEPHERD
519 SW PARK, SUITE 208
PORTLAND OR 97205

AGENCY VOUCHER NO.

AUDITED BY

EXECUTIVE DEPARTMENT
155 COTTAGE ST NE
SALEM OR 97310-0320

TOTAL

\$94.80

PAYMENT OF: INVOICE 0000000000 REFERENCE 008028 94.80
NET PAID ***** 94.80

MESSAGE: REIMBURSE PETTY CASH - POSTAGE

ACCOUNT CODING: AGY 105 BCH E09 INV 0000000000 TC 40 TD 870130 REF 008028
DESCRIPTION PCD PROJECT FUND BI COST CENTER ACCOUNT AMOUNT
ROBIN SHEPHERD 958 7 99 16 00 00 922100 94.80

NOTICE TO VENDOR

REMITTANCE ADVICE

Enclosed is warrant in full payment of claim listed above. Please refer to Voucher Number indicated if you have any question regarding this payment.

By

FOR STATE AGENCY USE ONLY

This certifies that the materials, services, cash advanced, or expenses covered by this claim have been furnished, rendered or expended on behalf of the State of Oregon. The provision for payment is made by law and appropriation, the obligation or expenditure is authorized by law and the claim otherwise satisfies the requirements as provided by ORS 293.295. This claim has been approved for payment in the above amount.

By

PURCHASE ORDER

STATE OF OREGON

SHOW THIS NUMBER ON ALL PAPERS AND PACKAGES PERTAINING TO THIS ORDER

P.O. NO. **404501**

PAGE OF

SHIP TO	Governor Victor Atiyeh, Atiyeh International, 519 SW Park, Second Floor, Portland, OR			P.O. DATE	1/9/87
	BILL TO	State Printing Div., 550 Airport Rd., SE, Salem, OR 97310			NO. INVOICES
ACCOUNT NUMBER		BIENNIUM	BID NUMBER	COMMODITY CODE	
933913 552-7-05-02-00-00		85-87	50-4045-87	75-900	
CLASS.	FUND, PROJECT OR APPROPRIATION	REQ. NO.	AGENCY NO.	PURCHASE REQUEST NO.	
				24826-30-121	

VENDOR
 Northwest Engraving
 2342 NE Halsey
 Portland, OR 97220

F.O.B.	DELIVERY REQUIRED	TERMS
Destination	1/19/87	Net 912

ITEM NO.	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
	For engraved stationery items for Governor Atiyeh per specifications in bid 50-4045-87 and attached samples				
	Item 1 - 8 1/2" x 11" letterhead	2,000			\$ 396.40
	Item 2 - 7 1/4" x 10 1/2" letterhead	1,000			\$ 227.20
	Item 3 - 5 3/4" x 7 3/4" notehead	500			\$ 173.50
	Item 4 - 5 3/8" x 4 3/16" informal	2,000			\$ 345.19
	Item 5 - 3 1/2" x 2" business card	1,000			\$ 161.55
	Engraving dies	4			\$ 212.00
				Total	\$ 1,515.84

All dies are property of the State of Oregon. The dies for the State seal are to be maintained by the vendor. The dies with the Governor's name are to be returned to the State Printing Division.

Please send one sample(s) with your invoice to the State Printing Division

PURCHASING DIVISION AUTHORIZED AGENT
John R. Chamberlain

IN ADDITION TO THE CONDITIONS STATED HEREON, THIS ORDER IS SUBJECT TO CONDITIONS STATED IN THE INVITATION TO BID AND THE DEPARTMENT OF GENERAL SERVICES ADMINISTRATIVE RULES.

PRINTING DIVISION
DEPARTMENT OF GENERAL SERVICES
PRINTING ORDER

NO. **P24830**

1 2 1 0 1 0
(Agency No.)

NOTE: Please Refer to the Above Number When Inquiring About This Job

DEPARTMENT Governor's Office	BY: Ruby J. Lewis	PHONE NO. 8-3100
	AUTHORIZED BY: <i>Ruby Lewis</i>	
SHIPPING ADDRESS Governor's Office Atiyeh International 519 SW Park, 2nd floor Portland, OR	DATE ORDERED 12-29-86	REQUISITION NO. <i>[Signature]</i>
	FUND	YEAR
CALL FOR AGENCY PICKUP <input type="checkbox"/> PHONE	ACCT. NO. 121-010	APPN.

(PLEASE ENTER ALL KNOWN DATA)

PROOF TO <input type="checkbox"/> MAIL <input type="checkbox"/> CALL	<input type="checkbox"/> GALLEY <input type="checkbox"/> DY LUX <input type="checkbox"/> COLOR KEY	<input type="checkbox"/> EXACT REPRINT <input type="checkbox"/> REVISION	<input type="checkbox"/> OF →	PRINTING ORDER NO. <i>[Signature]</i>
ADDRESS	PHONE 378-3100	<input type="checkbox"/> TYPESET	<input type="checkbox"/> CAMERA READY	DATE WANTED 1-19-87 SAP

QUANTITY	DESCRIPTION
1000	Business Cards, Embossed seal for the Governor, blue and gold see attached for corrections

RELATING TO PUBLICATIONS:

- This order includes 45 copies for library distribution as provided in ORS 182.070
- This order does not qualify as a publication per ORS 182.070 or agreement with State Librarian

Copy Complete _____	Finished Size 3 1/2 X 2 No. of Pages _____	Text Ink Color Blue
Copy to Come _____	Printed One Side <input checked="" type="checkbox"/> Both Sides <input type="checkbox"/> Head to Head <input type="checkbox"/> Tumble <input type="checkbox"/>	Cover Ink Color _____
Layout Attached _____	Number from _____ to _____ Die Cut _____	Perforate _____ Score _____
Sample Attached XX		

Stock <i>stomatite material or</i>	Wt. _____	Color <i>white</i>
Stock <i>equivalent</i>	Wt. _____	Color _____
Stock (Cover) _____	Wt. _____	Color _____
Stock (Insert) _____	Wt. _____	Color _____

BINDING Fold _____ PUNCH <input type="checkbox"/> 2 round standard <input type="checkbox"/> 3 round standard <input type="checkbox"/> Other _____ ROUND CORNER <input type="checkbox"/> Four <input type="checkbox"/> Two	PAD _____ Sheets per Pad _____ Sets per Pad <input type="checkbox"/> _____ Single Set <input type="checkbox"/> Top <input type="checkbox"/> Left <input type="checkbox"/> Bottom <input type="checkbox"/> Right TAB _____ Positions	BIND <input type="checkbox"/> Saddle <input type="checkbox"/> Wraparound <input type="checkbox"/> Perfect <input type="checkbox"/> Loose leaf <input type="checkbox"/> Plastic bind _____ <input type="checkbox"/> Strip bind _____ STAPLE <input type="checkbox"/> Upper Left <input type="checkbox"/> Side <input type="checkbox"/> Other _____	COLLATE _____ SEQUENCE PACKING <input type="checkbox"/> Ream Wrap <input type="checkbox"/> Box <input type="checkbox"/> Shrink Wrap _____ <input type="checkbox"/> Other _____
--	--	--	---

Remarks _____

Reviewed and Approved by Forms Control Officer _____

Return Art Work To _____

PHONE
378-3560

PRINTING DIVISION
DEPARTMENT OF GENERAL SERVICES
PRINTING ORDER

NO. **P24829**

1 2 1 0 1 0
(Agency No.)

NOTE: Please Refer to the Above Number When Inquiring About This Job

DEPARTMENT Governor's Office	BY: Ruby Lewis	PHONE NO. 8-3100
	AUTHORIZED BY: <i>Ruby J. Lewis</i>	
SHIPPING ADDRESS Governor Victor Atiyeh Atiyeh International 519 SW Park, 2nd. Floor Portland, OR	DATE ORDERED 12-29-86	REQUISITION NO.
	FUND	YEAR
CALL FOR AGENCY PICKUP <input type="checkbox"/> PHONE	ACCT. NO. 121-010	APPN.

(PLEASE ENTER ALL KNOWN DATA)

PROOF TO	<input type="checkbox"/> MAIL <input type="checkbox"/> CALL	GALLEY <input type="checkbox"/> DYLUX <input type="checkbox"/> COLOR KEY <input type="checkbox"/>	EXACT REPRINT <input type="checkbox"/> REVISION <input type="checkbox"/>	OF →	PRINTING ORDER NO.
ADDRESS	PHONE 378-3100	TYPESET <input type="checkbox"/>	CAMERA READY <input type="checkbox"/>	DATE WANTED 1-19-87	SAP

QUANTITY	DESCRIPTION
2000	embossed seal blue and gold, see attached for addition of years

RELATING TO PUBLICATIONS:
 This order includes 45 copies for library distribution as provided in ORS 182.070
 This order does not qualify as a publication per ORS 182.070 or agreement with State Librarian

Copy Complete _____	Finished Size 4 3/16 4 1/8 5 3/8 No. of Pages _____	Text Ink Color blue
Copy to Come _____	Printed One Side <input checked="" type="checkbox"/> Both Sides <input type="checkbox"/> Head to Head <input type="checkbox"/> Tumble <input type="checkbox"/>	Cover Color _____
Layout Attached _____	Number from _____ to _____ Die Cut _____	Perforate _____ Score _____
Sample Attached _____		

Stock Starwhite Bristol or equivalent	Wt. 200	Color white
Stock _____	Wt. _____	Color _____
Stock (Cover) _____	Wt. _____	Color _____
Stock (Insert) _____	Wt. _____	Color _____

BINDING Fold _____ PUNCH <input type="checkbox"/> 2 round standard _____ <input type="checkbox"/> 3 round standard _____ <input type="checkbox"/> Other _____ ROUND CORNER <input type="checkbox"/> Four <input type="checkbox"/> Two	PAD _____ Sheets per Pad _____ Sets per Pad <input type="checkbox"/> _____ Single Set <input type="checkbox"/> Top <input type="checkbox"/> Left <input type="checkbox"/> Bottom <input type="checkbox"/> Right TAB _____ Positions	BIND <input type="checkbox"/> Saddle <input type="checkbox"/> Wraparound <input type="checkbox"/> Perfect <input type="checkbox"/> Loose leaf <input type="checkbox"/> Plastic bind _____ COLOR _____ <input type="checkbox"/> Strip bind _____ COLOR _____ STAPLE <input type="checkbox"/> Upper Left <input type="checkbox"/> Side <input type="checkbox"/> Other _____	COLLATE _____ SEQUENCE PACKING <input type="checkbox"/> Ream Wrap <input type="checkbox"/> Box <input type="checkbox"/> Shrink Wrap _____ <input type="checkbox"/> Other _____
--	--	--	---

Remarks _____

Reviewed and Approved
by Forms Control Officer _____

Return Art Work To _____

PHONE
378-3560

PRINTING DIVISION
DEPARTMENT OF GENERAL SERVICES
PRINTING ORDER

NO. **P 24828**

1 2 1 0 1 0
(Agency No.)

NOTE: Please Refer to the Above Number When Inquiring About This Job

DEPARTMENT Governor's Office	BY: Ruby J. Lewis	PHONE NO.
	AUTHORIZED BY: <i>Ruby J. Lewis</i>	
SHIPPING ADDRESS Governor Victor Atiyeh Atiyeh International 519 SW Park, 2nd Floor Portland, OR	DATE ORDERED 12-29-86	REQUISITION NO.
	FUND	YEAR
CALL FOR AGENCY PICKUP <input type="checkbox"/> PHONE	ACCT. NO. 121-010	APPN.

(PLEASE ENTER ALL KNOWN DATA)

PROOF TO <input type="checkbox"/> MAIL <input type="checkbox"/> CALL	<input type="checkbox"/> GALLEY <input type="checkbox"/> COLOR KEY	<input type="checkbox"/> DYLUX <input type="checkbox"/>	EXACT REPRINT REVISION	<input type="checkbox"/> OF →	PRINTING ORDER NO.
ADDRESS	PHONE 378-3100	<input type="checkbox"/> TYPESET	<input type="checkbox"/> CAMERA READY	DATE WANTED SAP 1-19-87	

QUANTITY	DESCRIPTION
500	Embossed letterhead with blue and gold seal, see attached for changes

RELATING TO PUBLICATIONS:

- This order includes 45 copies for library distribution as provided in ORS 182.070
- This order does not qualify as a publication per ORS 182.070 or agreement with State Librarian

Copy Complete _____	Finished Size 5 3/4 x 7 3/4 No. of Pages _____	Text Ink Color blue
Copy to Come _____	Printed One Side <input checked="" type="checkbox"/> Both Sides <input type="checkbox"/> Head to Head <input type="checkbox"/> Tumble <input type="checkbox"/>	Cover Ink Color _____
Layout Attached _____	Number from _____ to _____ Die Cut _____	Perforate _____ Score _____
Sample Attached XXX		

Stock 100% Cotton old Council tree book	Wt. _____	Color white
Stock _____	Wt. _____	Color _____
Stock (Cover) _____	Wt. _____	Color _____
Stock (Insert) _____	Wt. _____	Color _____

BINDING Fold _____ PUNCH <input type="checkbox"/> 2 round standard <input type="checkbox"/> 3 round standard <input type="checkbox"/> Other _____ ROUND CORNER <input type="checkbox"/> Four <input type="checkbox"/> Two	PAD _____ Sheets per Pad _____ Sets per Pad <input type="checkbox"/> _____ Single Set <input type="checkbox"/> Top <input type="checkbox"/> Left <input type="checkbox"/> Bottom <input type="checkbox"/> Right TAB _____ Positions	BIND <input type="checkbox"/> Saddle <input type="checkbox"/> Wraparound <input type="checkbox"/> Perfect <input type="checkbox"/> Loose leaf <input type="checkbox"/> Plastic bind _____ COLOR <input type="checkbox"/> Strip bind _____ COLOR STAPLE <input type="checkbox"/> Upper Left <input type="checkbox"/> Side <input type="checkbox"/> Other _____	COLLATE _____ SEQUENCE PACKING <input type="checkbox"/> Ream Wrap _____ Box <input type="checkbox"/> Shrink Wrap _____ <input type="checkbox"/> Other _____
--	--	--	--

Remarks _____

Reviewed and Approved
by Forms Control Officer _____

Return Art Work To _____

CJS

PRINTING DIVISION
DEPARTMENT OF GENERAL SERVICES
PRINTING ORDER

NO. **P 24827**

1 2 1 0 1 0
(Agency No.)

NOTE: Please Refer to the Above Number When Inquiring About This Job

DEPARTMENT Governor's Office		BY: Ruby J. Lewis	PHONE NO. 8-3100
SHIPPING ADDRESS Governor Victor Atiyeh Atiyeh International 519 SW Park, Second Floor Portland, OR		AUTHORIZED BY: <i>Ruby J. Lewis</i>	
CALL FOR AGENCY PICKUP <input type="checkbox"/> PHONE		DATE ORDERED 12-29-86	REQUISITION NO.
		FUND	YEAR
		ACCT. NO. 21-010	APPN.

(PLEASE ENTER ALL KNOWN DATA)

PROOF TO <input type="checkbox"/> MAIL <input type="checkbox"/> CALL	<input type="checkbox"/> GALLEY <input type="checkbox"/> DYLUX <input type="checkbox"/> <input type="checkbox"/> COLOR KEY <input type="checkbox"/>	EXACT REPRINT <input type="checkbox"/> REVISION <input type="checkbox"/>	OF →	PRINTING ORDER NO.
ADDRESS	PHONE 378-3100	TYPESET <input type="checkbox"/>	CAMERA READY <input type="checkbox"/>	DATE WANTED 1-19-87 SAP

QUANTITY	DESCRIPTION
1000	<i>letterhead</i> 2 210301-10-1501 embossed, blue and gold seal with corrections, see attached

RELATING TO PUBLICATIONS:

- This order includes 45 copies for library distribution as provided in ORS 182.070
- This order does not qualify as a publication per ORS 182.070 or agreement with State Librarian

COPY

Copy Complete _____	Finished Size 7½ X 10½ No. of Pages _____	Text Ink Color blue
Copy to Come _____	Printed One Side <input checked="" type="checkbox"/> Both Sides <input type="checkbox"/> Head to Head <input type="checkbox"/> Tumble <input type="checkbox"/>	Cover Ink Color _____
Layout Attached _____	Number from _____ to _____ Die Cut _____	Perforate _____ Score _____
Sample Attached XXX		

STOCK

Stock 100% Cotton old council tree book _____	Wt. _____	Color white
Stock _____	Wt. _____	Color _____
Stock (Cover) _____	Wt. _____	Color _____
Stock (Insert) _____	Wt. _____	Color _____

BINDING

Fold _____ PUNCH <input type="checkbox"/> 2 round standard _____ <input type="checkbox"/> 3 round standard _____ <input type="checkbox"/> Other _____ ROUND CORNER <input type="checkbox"/> Four <input type="checkbox"/> Two	PAD _____ Sheets per Pad _____ Sets per Pad <input type="checkbox"/> _____ Single Set <input type="checkbox"/> Top <input type="checkbox"/> Left <input type="checkbox"/> Bottom <input type="checkbox"/> Right TAB _____ Positions	BIND <input type="checkbox"/> Saddle <input type="checkbox"/> Wraparound <input type="checkbox"/> Perfect <input type="checkbox"/> Loose leaf <input type="checkbox"/> Plastic bind _____ <input type="checkbox"/> Strip bind _____ STAPLE <input type="checkbox"/> Upper Left <input type="checkbox"/> Side <input type="checkbox"/> Other _____	COLLATE _____ SEQUENCE PACKING <input type="checkbox"/> Ream Wrap <input type="checkbox"/> Box <input type="checkbox"/> Shrink Wrap _____ <input type="checkbox"/> Other _____
---	--	--	---

Remarks _____

Reviewed and Approved
by Forms Control Officer _____

Return Art Work To _____

PRINTING DIVISION
DEPARTMENT OF GENERAL SERVICES
PRINTING ORDER

NO. **P 24826**

1 2 1 0 10
(Agency No.)

NOTE: Please Refer to the Above Number When Inquiring About This Job

DEPARTMENT Governor's Office	BY: Ruby J. Lewis	PHONE NO. 8-3100
	AUTHORIZED BY: <i>Ruby J. Lewis</i>	

SHIPPING ADDRESS Governor Victor Atiyeh Atiyeh International 519 SW Park 2nd. Floor Portland, OR	DATE ORDERED 12-29-86	REQUISITION NO.
	FUND	YEAR
	ACCT. NO. 121-010	APPN.

CALL FOR AGENCY PICKUP PHONE

(PLEASE ENTER ALL KNOWN DATA)

PROOF TO	<input type="checkbox"/> MAIL <input type="checkbox"/> GALLEY <input type="checkbox"/> DYLUX <input type="checkbox"/>	EXACT REPRINT <input type="checkbox"/>	PRINTING ORDER NO.
	<input type="checkbox"/> CALL <input type="checkbox"/> COLOR KEY <input type="checkbox"/>	REVISION <input type="checkbox"/>	
ADDRESS	PHONE 378-3100	TYPESSET <input type="checkbox"/>	CAMERA READY <input type="checkbox"/>
			DATE WANTED SAP 12-19-87

QUANTITY	DESCRIPTION
2210301-404501	<i>letterhead</i>
2000	Embossed blue and gold seal with changes as per attached

RELATING TO PUBLICATIONS:
 This order includes 45 copies for library distribution as provided in ORS 182.070
 This order does not qualify as a publication per ORS 182.070 or agreement with State Librarian

Copy Complete _____	Finished Size 8 1/2 x 11 No. of Pages _____	Text Ink Color blue
Copy to Come _____	Printed One Side <input checked="" type="checkbox"/> Both Sides <input type="checkbox"/> Head to Head <input type="checkbox"/> Tumble <input type="checkbox"/>	Cover Ink Color _____
Layout Attached _____	Number from _____ to _____ Die Cut _____	Perforate _____ Score _____
Sample Attached XX		

Stock **100% cotton old council tree book** Color **white**

Stock _____ Wt. _____ Color _____

Stock (Cover) _____ Wt. _____ Color _____

Stock (Insert) _____ Wt. _____ Color _____

BINDING Fold _____ PUNCH <input type="checkbox"/> 2 round standard _____ <input type="checkbox"/> 3 round standard _____ <input type="checkbox"/> Other _____ ROUND CORNER <input type="checkbox"/> Four <input type="checkbox"/> Two	PAD _____ Sheets per Pad _____ Sets per Pad <input type="checkbox"/> _____ Single Set <input type="checkbox"/> Top <input type="checkbox"/> Left <input type="checkbox"/> Bottom <input type="checkbox"/> Right TAB _____ Positions	BIND <input type="checkbox"/> Saddle <input type="checkbox"/> Wraparound <input type="checkbox"/> Perfect <input type="checkbox"/> Loose leaf <input type="checkbox"/> Plastic bind _____ COLOR _____ <input type="checkbox"/> Strip bind _____ COLOR _____ STAPLE <input type="checkbox"/> Upper Left <input type="checkbox"/> Side <input type="checkbox"/> Other _____	STATE PRINTING DIVISION COLLATE _____ SEQUENCE _____ PACKING <input type="checkbox"/> Ream Wrap <input type="checkbox"/> Box <input type="checkbox"/> Shrink Wrap _____ <input type="checkbox"/> Other _____
--	--	--	---

Remarks _____

Reviewed and Approved
by Forms Control Officer _____

Return Art Work To _____

958 OUTGOING GOVERNOR TRANSITION FUND

	VOUCHERED THIS MONTH	VOUCHERED TO DATE	ENCUMBRANCES	APPROPRIATION OR LIMITATION	UNOBLIGATED BALANCE	- - - MONTHLY AVERAGE TO DATE	- - - TO SPEND
99-16-00-00 OUTGOING GOVERNOR TRANSITION FUND							
911.200 TEMPORARY APPOINTMENTS	1,413.41	1,413.41			1,413.41-	74.39	282.68-
912.100 RETIREMENT CONTRIBUTIONS	243.46	243.46			243.46-	12.81	48.69-
912.200 SOCIAL SECURITY	101.06	101.06			101.06-	5.32	20.21-
912.300 PERSONNEL DIV ASSESSMENT	10.25	10.25			10.25-	.54	2.05-
912.400 EMPLOY REL BD ASSESSMENT	.75	.75			.75-	.04	.15-
912.500 WORKERS ACCIDENT INS	5.61	5.61			5.61-	.30	1.12-
912.550 WORKERS COMP ASSESSMENTS	1.68	1.68			1.68-	.09	.34-
912.700 MASS TRANSIT TAXES	8.48	8.48			8.48-	.45	1.70-
922.000 OFFICE EXPENSES				20,000.00	20,000.00		4,000.00
922.100 POSTAGE	94.80	94.80			94.80-	4.99	18.96-
922.700 CONTROL ACCOUNTING	3.00	6.00			6.00-	.32	1.20-
923.102 RENT-OTHER SPACE	120.00	120.00			120.00-	6.32	24.00-
923.200 RENTAL OF OFFICE EQUIPMT	296.00	296.00			296.00-	15.58	59.20-
933.100 OFFICE SUPPLIES	36.75	36.75			36.75-	1.93	7.35-
PERSONAL SERVICES	1,784.70	1,784.70			1,784.70-	93.93	356.94-
SERVICES AND SUPPLIES	550.55	553.55		20,000.00	19,446.45	29.13	3,889.29
***** FUND TOTAL	2,335.25	2,338.25		20,000.00	17,661.75	123.07	3,532.35

ACCOUNTING MONTH OF JAN 1987

DV	PG	AC	UN	FUND	BI	ACCOUNT CLASS	VOUCHER NUMBER	TC	DATE	DESCRIPTION	PROJECT NUMBER	REFERENCE NUMBER	AMOUNT	
99	16	00	00	958	7	911.200	105601	40	01-31-87	PAYROLL- JAN PAY FEB			1,413.41	
99	16	00	00	958	7	912.100	105601	40	01-31-87	PAYROLL- JAN PAY FEB			243.46	
99	16	00	00	958	7	912.200	105601	40	01-31-87	PAYROLL- JAN PAY FEB			101.06	
99	16	00	00	958	7	912.300	105601	40	01-31-87	PAYROLL- JAN PAY FEB			10.25	
99	16	00	00	958	7	912.400	105601	40	01-31-87	PAYROLL- JAN PAY FEB			.75	
99	16	00	00	958	7	912.500	105601	40	01-31-87	PAYROLL- JAN PAY FEB			5.61	
99	16	00	00	958	7	912.550	105601	40	01-31-87	PAYROLL- JAN PAY FEB			1.68	
99	16	00	00	958	7	912.700	105601	40	01-31-87	PAYROLL- JAN PAY FEB			8.48	
99	16	00	00	958	7	922.100	008028	40	01-30-87	ROBIN SHEPHERD		008028	94.80	
99	16	00	00	958	7	922.700	007950	40	01-30-87			007950	3.00	
99	16	00	00	958	7	922.850	007750	40	01-31-87	JV CORRECT ACCT.CODE			40.00CR	
99	16	00	00	958	7	922.850	007750	40	01-23-87	CITY CENTER PARKING		007750	40.00	
99	16	00	00	958	7	923.102	007750	40	01-31-87	JV CORRECT ACCT.CODE			40.00	
99	16	00	00	958	7	923.102	007918	40	01-30-87	CITY CENTER PARKING		007918	80.00	
99	16	00	00	958	7	923.200	007786	40	01-27-87	AARON BUSINESS EQUIP		007786	296.00	
99	16	00	00	958	7	933.100	007786	40	01-27-87	AARON BUSINESS EQUIP		007786	36.75	
												PROGRAM TOTAL	2,335.25	****
												DIVISION TOTAL	122,661.62	*****
												AGENCY TOTAL	11,645,675.89	*****

RUN: FINAL -

DISTRIBUTION OF PAYROLL COSTS BY COST CENTER/FUND/BI FOR PERIOD ENDING JANUARY 31, 1987

PAGE

FD BI C-CENTER	EMPLOYEE NAME	EARNINGS		912100 PERS	912200 FICA	912300 PER.DIV	912400 ERB	912500 MC-INS	912550 MC-ASS	912700 M-TRAN	912820 LIF/DIS	912850 HEALTH	912860 DENTAL	OTHER AMT
		ACCT #	AMT.											
958 7 99-16-00-00	SHEPHERD, ROBIN H	911.200	1413.41	243.46	101.06	10.25	.75	5.61	1.68	8.48	.00	.00	.00	.00
	TOTAL OPE AMOUNT		371.29											
	***** PROGRAM TOTAL		1413.41	243.46	101.06	10.25	.75	5.61	1.68	8.48	.00	.00	.00	.00

FD BI C-CENTER	EMPLOYEE NAME	EARNINGS		912100 PERS	912200 FICA	912300 PER.DIV	912400 ERB	912500 MC-INS	912550 MC-ASS	912700 M-TRAN	912820 LIF/DIS	912850 HEALTH	912860 DENTAL	OTHER AMT
		ACCT #	AMT.											

ACCOUNTING MONTH OF DEC 1986

(7) BIENNIUM ENDING 06/30/87

958 OUTGOING GOVERNOR TRANSITION FUND

	VOUCHERED THIS MONTH	VOUCHERED TO DATE	ENCUMBRANCES	APPROPRIATION OR LIMITATION	UNOBLIGATED BALANCE	- - - MONTHLY AVERAGE TO DATE	- - - TO SPEND
99-16-00-00 OUTGOING GOVERNOR TRANSITION FUND							
922.000 OFFICE EXPENSES				20,000.00	20,000.00		3,333.33
922.700 CONTROL ACCOUNTING		3.00			3.00-	.17	.50-
SERVICES AND SUPPLIES		3.00		20,000.00	19,997.00	.17	3,332.83
**** FUND TOTAL		3.00		20,000.00	19,997.00	.17	3,332.83

RUN: FINAL ,APRI

DISTRIBUTION OF PAYROLL COSTS BY FUND/COST CENTER/BI FOR PERIOD ENDING 30, 1987

PAGE 6

FD BI C-CENTER	EMPLOYEE NAME	EARNINGS		912100	912200	912300	912400	912500	912550	912700	912820	912850	912860	OTHER
		ACCT #	AMT.	PERS	FICA	PER.DIV	ERB	WC-INS	WC-ASS	M-TRAN	LIF/DIS	HEALTH	DENTAL	AMT
958 7 99-16-00-00	SHEPHERD, ROBIN H	911.200	2073.00	357.08	148.22	10.25	.75	8.23	2.64	12.44	13.37	168.92	30.21	.00
	TOTAL OPE AMOUNT		752.11											
2825.11	***** FUND TOTAL		2073.00	357.08	148.22	10.25	.75	8.23	2.64	12.44	13.37	168.92	30.21	.00

TELECOMMUNICATIONS SERVICE ORDER

Agency Control Number _____

T.S.O. # 64954
General Services will assign

—TYPE ONLY—

Date June 23, 1987

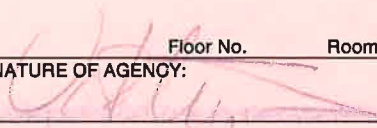
TO: DEPARTMENT OF GENERAL SERVICES
SERVICES DIVISION
1225 FERRY STREET SE
SALEM, OREGON 97310

FROM:

(Agency) Governor Atiyeh's Transition Office

(Address) 519 SW Park, Suite 208

(City) Portland, OR 97205

Agency Number 8 DIGIT <u>105000</u>	Cost Center	Date Service Desired <u>June 30, 1987</u>
Agency Employee to be Contacted: Name <u>Robin Shepherd</u>		Work Location <u>Same</u>
Telephone No. <u>222-2244</u>		
Existing Telephone Number(s) Involved <u>229-5959</u>		Bldg. No. <u>65308</u> Floor No. _____ Room No. _____
AUTHORIZED SIGNATURE OF AGENCY: 		

EQUIPMENT AND SERVICE TO BE INSTALLED OR CHANGED

(Attach additional sheets, if necessary)

Disconnect 229-5959. Replace with new number to hunt with 222-2244.

ATTN: TIM HURTLEY

No physical work to be done by GTE.

Change operator to refer over to 222-2244.

*forwarded to PNB 6-25-87
forwarded to Bob Campbell
6-25-87*

EQUIPMENT AND SERVICE TO BE REMOVED

(Attach additional sheets, if necessary)

FOLLOWING TO BE COMPLETED BY TELEPHONE COMPANY AND SERVICES DIVISION

ORDER NUMBER(S):

SERVICE DUE DATE:

6-30-87

Authorized Signature—Telephone Company

Authorized Signature—Services Division


6-30-87

TELECOMMUNICATIONS SERVICE ORDER

Agency Control Number _____

T.S.O. # 4954
General Services will assign

—TYPE ONLY—

Date June 23, 1987

TO: DEPARTMENT OF GENERAL SERVICES
SERVICES DIVISION
1225 FERRY STREET SE
SALEM, OREGON 97310

FROM:

(Agency) Governor Atiyeh's Transition Office
(Address) 519 SW Park, Suite 208
(City) Portland, OR 97205

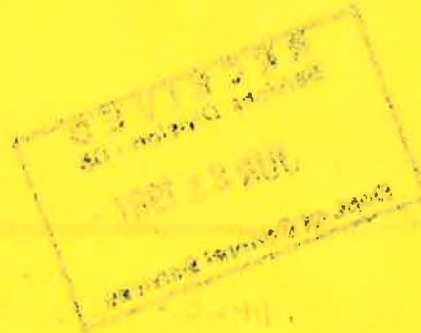
Agency Number 6 DIGIT <u>105000</u>	Cost Center	Date Service Desired <u>June 30, 1987</u>
Agency Employee to be Contacted: Name <u>Robin Shepherd</u>		Work Location <u>Same</u> Bldg. No. <u>65308</u> Floor No. Room No.
Telephone No. <u>222-2244</u>		
Existing Telephone Number(s) Involved <u>229-5959</u>		
AUTHORIZED SIGNATURE OF AGENCY:		

EQUIPMENT AND SERVICE TO BE INSTALLED OR CHANGED (Attach additional sheets, if necessary)

Disconnect 229-5959. Replace with new number to hunt with 222-2244.

ATTN: TIM HURTLEY

No physical work to be done by GTE.



Handwritten notes:
 Indicate to PNB 6/23/87
 Indicate to Bob [unclear]
 6-25-87

EQUIPMENT AND SERVICE TO BE REMOVED (Attach additional sheets, if necessary)

FOLLOWING TO BE COMPLETED BY TELEPHONE COMPANY AND SERVICES DIVISION

ORDER NUMBER(S):		
SERVICE DUE DATE: <u>6-30-87</u>	Authorized Signature—Telephone Company	Authorized Signature—Services Division <i>[Signature]</i>

DEPARTMENT OF GENERAL SERVICES PARKING REGULATIONS
FOR PORTLAND FACILITIES

GENERAL

This is a summary of some of the rules and policies of the Department of General Services governing the use of State parking facilities in the Portland Parking Structure and on the Portland Rooftop. Please read them carefully, as failure to comply may result in issuance of citations or forfeiture of parking privileges. If you have any questions, please call the Building Manager's Office at 229-5579.

STATUTORY AUTHORITY

Oregon Revised Statutes 276.591 through 276.601. Oregon Administrative Rules Chapter 125, Division 100.

APPLICATION AND WAITING LISTS

State Parking facilities are primarily for use by State officers, employees, and persons transacting business in State offices.

To apply for parking, call or stop by the Building Manager's Office, State Office Building (229-5579). ~~You will be advised of Office Building (229-5579).~~ You will be advised of parking availability, and your name will be placed on a waiting list if parking is not immediately available. You will be notified that a space is available when your name comes to the top of the list. At that time you will be given a Parking Application to fill out and return to the Building Manager's Office.

PAYMENT OF PARKING FEES

Payment of parking fees may be done by payroll deduction or by cash payments made monthly. If you authorized payroll deduction, it will be done automatically each month for the previous month's parking. Payroll deduction will continue until you submit a Parking Cancellation Form to State Parking and return any permit issued. If you elect to make cash payments, they must be made to the Department of General Services, State Parking, Building Manager's Office, Room 119, State Office Building, Portland, Oregon 97201, on or before the fifth calendar day of the month.

DAILY PERMITS

Persons who require daily parking privileges at the Portland Parking Structure may purchase a daily permit from the attendant at the gate of the Portland Parking Structure, located at 1400 SW 4th Avenue. When the sign at the gate indicates that no public parking is available in the Structure, only State employees will be sold daily parking as space permits.

PROVISIONS RELATING TO PERMITS

Permits must be displayed face up on the front dashboard for vehicles, or in a clearly visible area for motorcycles.

PARKING PERMITS ARE NOT TRANSFERABLE, AND SUB-LETTING OF SPACES IS PROHIBITED.

CHANGE IN EMPLOYING AGENCY

If you transfer from one State agency to another and wish to retain parking privileges, you must notify the Building Manager's Office at 229-5579. You will be asked to fill out another application for parking and payroll deduction authorization. Payroll deduction for parking is not automatically transferred from one agency to another and Payroll offices are not responsible for this procedure.

CANCELLATION OF PARKING PRIVILEGES

You will continue to be charged for parking until you submit a Parking Cancellation Form to the Building Manager's Office. Your permit must be returned with the notice of cancellation. PAYROLL OFFICES ARE NOT RESPONSIBLE FOR CANCELLING YOUR PARKING.

Cancellation and other State Parking forms may be obtained from the Building Manager's Office, Room 119.

GENERAL RULES RELATING TO USE OF FACILITIES

- Observe the Oregon Basic Rule governing the operation of motor vehicles.
- Give pedestrians the right-of-way.
- 5 MPH speed limit unless otherwise posted.
- Observe the arrows, signs and other posted instructions.
- Park head-in unless otherwise designated.
- Park only in marked spaces.
- The State of Oregon, the Department of General Services and its officers and employes, disclaim any responsibility for any accident, damage to vehicles, or theft involving users of State parking facilities.

FORGOTTEN PERMITS

If you park in the Parking Structure and have forgotten your parking permit, you must sign your name and vehicle license on a register at the Parking Booth.

Lost permits must be reported to the Building Manager's Office. The replacement fee for a lost permit is \$3.00.

CITATIONS

Violations of parking rules may result in your vehicle being cited and/or towed away. All bails are payable to the District Court, Multnomah County. Once a citation is issued, it is beyond the control of this Department.

PARKING RATES

See attached Rate Schedule.

SCHEDULE OF PARKING RATES AND SURCHARGES: PORTLAND

	<u>Fee</u>
I. Automobile Parking - State Employees	
(A) Unreserved Parking, Monthly	\$36.00
(B) Reserved Parking, Monthly	46.00
(C) Daily Permit	4.00
(D) Nighttime/Weekend	2.00
(E) Metered Parking, Per Hour	.25
(F) Permit Books for Purchase by State Agencies (20 permits) for Official State Business-Related Parking	40.00
1. Daily Permits	2.00
(G) Permit Replacement (per occurrence)	3.00
(H) Citations	As listed on citation
II. Automobile Parking - Others	
(A) Monthly Permit Parking	\$50.00
(B) Daily Permit	4.00
(C) Metered Parking, Per Half Hour	.25
(D) Nighttime/Weekend Parking	2.00
(E) Permit Replacement (per occurrence)	3.00
(F) Citations	As listed on citation
III. Motorcycle/Moped Parking (All Patrons)	
(A) Monthly Parking Permit	\$10.00
(B) Daily Parking Permit	1.50
(C) Motorcycle Permit Replacement (per occurrence)	3.00
IV. Bicycles	No charge

INSTRUCTIONS AND SAMPLE FOR COMPLETING A SETTLEMENT AGREEMENT

The Plan Year starts on January 1, of each year and ends on December 31.

PAYMENT COMMENCEMENT DATE

1. If A is selected, payout will begin on March 1, of the following year in which you attain retirement age.
2. If B is selected, payout will begin on March 1, of the following year after termination of state service.
3. If C is selected, payout will begin the month indicated. The monthly pay date may vary from your selected date depending on the day the financial institution disburses the fund.
 - a. The month selected must be no earlier than 60 days after the last day worked. If a lump-sum payment is requested, the funds will be disbursed 90 days after the last day worked.
 - b. All paperwork must be in the Deferred Compensation Office 30 to 45 days prior to the requested payout date.
4. If D is selected it applies to funds on deposit with insurance companies only. Please discuss your annuity options with a representative of the insurance company.

MANNER OF PAYMENT

5. You may select equal payments or a percent of your account over a period of time, a lump-sum, or a specified dollar amount (as shown in the example).

The "manner of payment" may be changed up to 30 days prior to the first distribution of funds. Once you begin receiving funds, no changes can be made. The only exception is a financial hardship subject to approval by the Financial Hardship Committee.

6. Please keep your address current by completing the address section on the form.
7. If you have terminated/retired from state service, please list your home phone number. This is optional, but questions occur regarding your payout and time is saved if contact can be made by phone.
8. Sign and date the form. Changes to your "payment commencement date" must be made within 90 days from the time you separate from state service. Changes cannot be made after the 90 day period has ended.
9. If you have funds on deposit with more than one financial institution and want different payouts, please complete the appropriate form for each financial institution. If you want the same payout from all institutions, only one form is required. List all institutions on the one form.

STATE OF OREGON

DEFERRED COMPENSATION SETTLEMENT AGREEMENT

NAME OF PARTICIPANT: A. B. TRAVEL ^{RS} Soc. Sec. No. 000-012-000
 "NEW ADDRESS" (6) ADDRESS: 123 VACATION COURT Work Phone: 378-8564 (7)
SALEM, OR 97301 Birthdate: 01-02-25
 Estimated Retirement Date 12-31-85

I have read and understand the Deferred Compensation Plan and Agreement and I elect to have payment of amounts deferred to commence at the time and in the manner indicated below:

PAYMENT COMMENCEMENT DATE (Select One)

Important Note: The Participant must elect within 90 days of Separation from Service or such earlier time as may be required by the Plan and Agreement. The payment commencement date may not be changed after the 90 days from Separation from Service. Any date indicated must not be later than permitted by the terms of the Plan and Agreement.

- 1) A On or before 60 days after the close of the Plan year in which I attain (or would have attained) normal retirement age: _____ Date
- 2) B On or before 60 days after the close of the Plan year in which I Separate from Service with the Employer.
- 3) C Other: June 1, 1988 (The date indicated must be 90 days after the date of Separation from Service and before Normal Retirement Age.) ^{Date} Oct. 1, 1987

MANNER OF PAYMENT (Select One)

The MANNER OF PAYMENT election may be changed at any time up to 30 days prior to the time payments are to commence as indicated above. If a change is made, Payment Commencement Date on the Changed Settlement Agreement must be the same as on Settlement Agreement completed within terms of the Plan and Agreement. See Commencement Date rule above.

- 5) _____ equal payments for _____ years.
 (_____ Annual _____ Semiannual _____ Quarterly _____ Monthly)
- _____ % of Account each year for _____ year(s), then the balance of the Account in _____ equal payments for _____ year(s).
- Lump Sum
- Other: \$250 monthly until funds are exhausted.

- 4) INSURANCE ANNUITY POLICIES ONLY: (Check one) - Option #1 Option #2 Option #3 Option #4 Option #5
 (If the amounts accumulated by the Participant as of the Payment Commencement Date total less than \$2,000.00, or if monthly payments would be less than \$25.00, the Employer will specify a lump sum or an accelerated payment schedule.)

FOR DEFERRED COMPENSATION USE ONLY	
By _____	Signature
Title _____	Deferred Compensation Coordinator
Date _____	

PARTICIPANT:
 (8) A. B. Travel

 Signature
 Date February 15, 1986

Manner of Payment election changed after Separation and prior to First Distribution.

PAYMENT FOR UNFORESEEABLE EMERGENCY

Request for unforeseeable emergency withdrawal must be submitted on the Request for Financial Hardship form supplied by Employer. Approval by Employer is subject to the terms of the Plan and Agreement. Employer approval must be given before any payment is made.

DEATH BENEFIT PAYMENT

Upon Participant's death, the balance of Participant's account shall be paid to the beneficiary(ies) designated and in the manner specified in the DESIGNATION OF BENEFICIARY AND DEATH BENEFIT PAYMENT form. (AD63B).

The above information for Payment Commencement Date and Manner of Payment applies to all financial institutions listed below:

- (9) U. S. Bank Far West Federal Bank _____
- Oregon Employees Federal Credit Union _____
- Standard Insurance Company _____

GOVERNOR VICTOR ATIYEH
519 SW Park, Suite 208
Portland, Oregon 97205

June 25, 1987

\$100.00 Cash Advance
Petty cash for Governor Atiyeh's transition

February 26, 1987	\$ 2.45	Copy business cards before Japan trip with Governor Goldschmidt
March 10, 1987	22.00	Postage (100 stamps at 22¢)
April 27, 1987	8.50	Postage (50 stamps at 17¢)
March 27, 1987	22.00	Postage (100 stamps at 22¢)
May 5, 1987	22.00	Postage (100 stamps at 22¢)
June 15, 1987	22.00	Postage (100 stamps at 22¢)

TOTAL

\$ 98.95

Balance Enclosed

\$ 1.05

Robin Shepherd

TELECOMMUNICATIONS SERVICE ORDER

ATTN: KATHY

T.S.O. # 68982
General Services will assign

Agency Control Number _____
Date 12-30-86

—TYPE ONLY—

TO: DEPARTMENT OF GENERAL SERVICES
SERVICES DIVISION
1225 FERRY STREET SE
SALEM, OREGON 97310

FROM:
(Agency) Governor Atiyeh's Transition Office
(Address) 519 SW Park, Suite 208
(City) Portland, OR 97205

Agency Number 6 DIGIT <u>105000</u>	Cost Center <u>99-15-00-00</u>	Date Service Desired <u>01-12-87</u>
Agency Employee to be Contacted: Name <u>Robin Shepherd</u>		Work Location Bldg. No. <u>65308</u> Floor No. _____ Room No. _____ AUTHORIZED SIGNATURE OF AGENCY: <u>[Signature]</u>
Telephone No. <u>378-3111</u>		
Existing Telephone Number(s) Involved		

EQUIPMENT AND SERVICE TO BE INSTALLED OR CHANGED (Attach additional sheets, if necessary)

Install one Centrex line to terminate ~~on~~ on two ITT 2500 single line sets to be rented from GTE. Only Robin's phone should ring; Governor's should not ring.

Line needs "hold" capability.

Install RJ21X jack if necessary. See attached COG sheet.

Customer requests installation be done between 8:00 a.m. and noon if possible. Can-be-reached # at location is 224-3201 (Tom Atiyeh).

Installation on T & M basis.

ATTN KATHY AT PNB.

EQUIPMENT AND SERVICE TO BE REMOVED (Attach additional sheets, if necessary)

FOLLOWING TO BE COMPLETED BY TELEPHONE COMPANY AND SERVICES DIVISION

ORDER NUMBER(S):
SEE ATTACHED

SERVICE DUE DATE: <u>01-12-86</u>	Authorized Signature—Telephone Company	Authorized Signature—Services Division <u>[Signature]</u> <u>12-31-86</u>
--------------------------------------	--	---

'86 12/31 16:16

503 373 7210

OR DEPT GEN SV 09
OR DEPT GEN SV 08

GTE/PAB
TELECOMMUNICATIONS SERVICE ORDER

ATTN: KATHY

S.O. # *G2982*
General Services will assign

—TYPE ONLY—

Agency Control
Number

Date 12-30-86

DEPARTMENT OF GENERAL SERVICES
SERVICES DIVISION
1225 FERRY STREET SE
SALEM, OREGON 97310

FROM:

(Agency) Governor Atiyeh's Transition Office
(Address) 519 SW Park, Suite 208
(City) Portland, OR 97205

Agency Number 6 DIGIT <u>105000</u>	Cost Center <u>99-15-00-00</u>	Date Service Desired <u>01-12-87</u>
Agency Employee to be Contacted: Name <u>Robin Shepherd</u>		Work Location
Telephone No. <u>378-3111</u>		Bldg. No. _____ Floor No. _____ Room No. _____
Existing Telephone Number(s) Involved		
AUTHORIZED SIGNATURE OF AGENCY: <i>Robin Shepherd, Governor's Office</i>		

EQUIPMENT AND SERVICE TO BE INSTALLED OR CHANGED (Attach additional sheets, if necessary)

Install one Centrex line to terminate ~~to~~ on two ITT 2500 single line sets to be rented from GTE. Only Robin's phone should ring; Governor's should not ring.

Line needs "hold" capability.

Install RJ21X jack if necessary. See attached COG sheet.

Customer requests installation be done between 9:00 a.m. and noon if possible. Can-be-reached # at location is 224-3201 (Tom Atiyeh).

Installation on T & M basis.

ATTN KATHY AT PNB.

*TAR 7003
CO 221*

- DUE DATE 1-12-87
- TSO LOG
- CARS
- GENSVC _____
- BOCAP TALLY
- TUF FORM
- ICP FORM NA

EQUIPMENT AND SERVICE TO BE REMOVED SYS 5959 067 LOE (Attach additional sheets, if necessary)

OK Choice

229-5959

FOLLOWING TO BE COMPLETED BY TELEPHONE COMPANY AND SERVICES DIVISION

ORDER NUMBER(S): C004247

ORDER DUE DATE: <u>01-12-86</u>	Authorized Signature—Telephone Company <i>[Signature]</i>	Authorized Signature—Services Division <i>[Signature]</i>
------------------------------------	--	--

2 color engraving (gold band)

{	500	heads	\$181.82	
	1000	"		255.53
	1000	buz. cards	174.24	174.24

+ engraving dies	\$344.00	\$344.-
	<u>710.06</u>	<u>773.77</u>

Blue band

{	500	heads	\$287.27	
	1000	"		376.99
	1000	buz. cards	295.68	295.68

+ engraving dies	\$624.00	624.-
	<u>1206.95</u>	<u>1296.67</u>
		(522.90)

ONE SIZE DIE OR TWO?
(CARD & COVER HEAD)

Robin -
call him if you
have 7's. Also printing

Jim Church
227-2553



FROM THE DESK OF
Victor Atiyeh

JONC

DOLORIS HAD TWO OTHER WOMEN (BESES
HERSELF) HELP PACK FOR THE MOVE & PMO
THEM AS FOLLOWS:

12-30-86	\$ 63
1-8-87	63
1-9-87	507
1-15-87	91
	<hr/>
	724

FROM OUR ESTIMATES ~~FROM~~ ^{BY} THE MOVING COMPANY
I FIGURED THAT THEY (DOLORIS) SAVED ^{THE STATE} AT LEAST
* 1500. IF THE ABOVE IS NOT SUFFICIENT INFORMATION
LET US KNOW

LA

PHONE
378-3560

PRINTING DIVISION
DEPARTMENT OF GENERAL SERVICES
PRINTING ORDER

NO. **P 24826**

1 2 1 0 10
(Agency No.)

NOTE: Please Refer to the Above Number When Inquiring About This Job

DEPARTMENT Governor's Office	BY: Ruby J. Lewis	PHONE NO. 8-3100
	AUTHORIZED BY: <i>Ruby J. Lewis</i>	
SHIPPING ADDRESS Governor Victor Atiyeh Atiyeh International 519 SW Park 2nd. Floor Portland, OR	DATE ORDERED 12-29-86	REQUISITION NO.
	FUND	YEAR
	ACCT. NO. 121-010	APPN.

CALL FOR AGENCY PICKUP PHONE

(PLEASE ENTER ALL KNOWN DATA)

PROOF TO	<input type="checkbox"/> MAIL <input type="checkbox"/> CALL	GALLEY <input type="checkbox"/> DYLUX <input type="checkbox"/> COLOR KEY <input type="checkbox"/>	EXACT REPRINT <input type="checkbox"/> REVISION <input type="checkbox"/>	OF →	PRINTING ORDER NO.
ADDRESS	PHONE 378-3100	TYPESSET <input type="checkbox"/>	CAMERA READY <input type="checkbox"/>	DATE WANTED SAP 10-19-87	

QUANTITY	DESCRIPTION
2000	Embossed blue and gold seal with changes as per attached

RELATING TO PUBLICATIONS:

- This order includes 45 copies for library distribution as provided in ORS 182.070
- This order does not qualify as a publication per ORS 182.070 or agreement with State Librarian

COPY

Copy Complete _____	Finished Size 8 1/2 X 11 No. of Pages _____	Text Ink Color blue
Copy to Come _____	Printed One Side <input checked="" type="checkbox"/> Both Sides <input type="checkbox"/> Head to Head <input type="checkbox"/> Tumble <input type="checkbox"/>	Cover Ink Color _____
Layout Attached _____	Number from _____ to _____ Die Cut _____	Perforate _____ Score _____
Sample Attached XX		

STOCK

Stock **100% cotton old council tree book** Color **white**

Stock _____ Wt. _____ Color _____

Stock (Cover) _____ Wt. _____ Color _____

Stock (Insert) _____ Wt. _____ Color _____

BINDING

Fold _____ PUNCH <input type="checkbox"/> 2 round standard _____ <input type="checkbox"/> 3 round standard _____ <input type="checkbox"/> Other _____ ROUND CORNER <input type="checkbox"/> Four <input type="checkbox"/> Two	PAD _____ Sheets per Pad _____ Sets per Pad <input type="checkbox"/> _____ Single Set <input type="checkbox"/> Top <input type="checkbox"/> Left <input type="checkbox"/> Bottom <input type="checkbox"/> Right TAB _____ Positions	BIND <input type="checkbox"/> Saddle <input type="checkbox"/> Wraparound <input type="checkbox"/> Perfect <input type="checkbox"/> Loose leaf <input type="checkbox"/> Plastic bind _____ <input type="checkbox"/> Strip bind _____ STAPLE <input type="checkbox"/> Upper Left <input type="checkbox"/> Side <input type="checkbox"/> Other _____	COLLATE _____ SEQUENCE PACKING <input type="checkbox"/> Ream Wrap <input type="checkbox"/> Box <input type="checkbox"/> Shrink Wrap _____ <input type="checkbox"/> Other _____
---	--	--	---

Remarks _____

Reviewed and Approved
by Forms Control Officer _____

Return Art Work To _____

PHONE
378-3560

PRINTING DIVISION
DEPARTMENT OF GENERAL SERVICES
PRINTING ORDER

NO. **P 24827**

1 2 1 0 1 0
(Agency No.)

NOTE: Please Refer to the Above Number When Inquiring About This Job



DEPARTMENT Governor's Office	BY: Ruby J. Lewis	PHONE NO. 8-3100
AUTHORIZED BY: <i>Ruby J. Lewis</i>		

SHIPPING ADDRESS Governor Victor Atiyeh Atiyeh International 519 SW Park, Second Floor Portland, OR	DATE ORDERED 12-29-88	REQUISITION NO.
	FUND	YEAR
	ACCT. NO. 21-010	APPN.

CALL FOR AGENCY PICKUP PHONE

(PLEASE ENTER ALL KNOWN DATA)

PROOF TO	<input type="checkbox"/> MAIL <input type="checkbox"/> CALL	GALLEY <input type="checkbox"/> DYLUX <input type="checkbox"/> COLOR KEY <input type="checkbox"/>	EXACT REPRINT <input type="checkbox"/> REVISION <input type="checkbox"/>	OF →	PRINTING ORDER NO.
ADDRESS	PHONE 378-3100	TYPESET <input type="checkbox"/>	CAMERA READY <input type="checkbox"/>	DATE WANTED 1-11-89 SAP	

QUANTITY	DESCRIPTION
1000	embossed, blue and gold seal with corrections, see attached

RELATING TO PUBLICATIONS:

- This order includes 45 copies for library distribution as provided in ORS 182.070
- This order does not qualify as a publication per ORS 182.070 or agreement with State Librarian

COPY

Copy Complete _____	Finished Size 7 1/2 X 10 1/2 No. of Pages _____	Text Ink Color blue
Copy to Come _____	Printed One Side <input checked="" type="checkbox"/> Both Sides <input type="checkbox"/> Head to Head <input type="checkbox"/> Tumble <input type="checkbox"/>	Cover Ink Color _____
Layout Attached _____	Number from _____ to _____ Die Cut _____	Perforate _____ Score _____
Sample Attached XXX		

STOCK

Stock 100% Cotton old council tree book	Wt. _____	Color white
Stock _____	Wt. _____	Color _____
Stock (Cover) _____	Wt. _____	Color _____
Stock (Insert) _____	Wt. _____	Color _____

BINDING

Fold _____ PUNCH <input type="checkbox"/> 2 round standard _____ <input type="checkbox"/> 3 round standard _____ <input type="checkbox"/> Other _____ ROUND CORNER <input type="checkbox"/> Four <input type="checkbox"/> Two	PAD _____ Sheets per Pad _____ Sets per Pad <input type="checkbox"/> _____ Single Set <input type="checkbox"/> Top <input type="checkbox"/> Left <input type="checkbox"/> Bottom <input type="checkbox"/> Right TAB _____ Positions	BIND <input type="checkbox"/> Saddle <input type="checkbox"/> Wraparound <input type="checkbox"/> Perfect <input type="checkbox"/> Loose leaf <input type="checkbox"/> Plastic bind _____ <input type="checkbox"/> Strip bind _____ STAPLE <input type="checkbox"/> Upper Left <input type="checkbox"/> Side <input type="checkbox"/> Other _____	COLLATE _____ SEQUENCE PACKING <input type="checkbox"/> Ream Wrap <input type="checkbox"/> Box <input type="checkbox"/> Shrink Wrap _____ <input type="checkbox"/> Other _____
---	--	--	---

Remarks _____

Reviewed and Approved
by Forms Control Officer _____

Return Art Work To _____

PHONE
378-3560

PRINTING DIVISION
DEPARTMENT OF GENERAL SERVICES
PRINTING ORDER

NO. **P 24828**

1 2 1 0 1 0
(Agency No.)

NOTE: Please Refer to the Above Number When Inquiring About This Job

DEPARTMENT Governor's Office		BY: Ruby J. Lewis	PHONE NO.
SHIPPING ADDRESS Governor Victor Atiyeh Atiyeh International 519 SW Park, 2nd Floor Portland, OR		DATE ORDERED 12-29-88	REQUISITION NO.
CALL FOR AGENCY PICKUP <input type="checkbox"/> PHONE		FUND	YEAR
		ACCT. NO. 121-010	APPN.

(PLEASE ENTER ALL KNOWN DATA)

PROOF TO	<input type="checkbox"/> MAIL <input type="checkbox"/> CALL	GALLEY <input type="checkbox"/> COLOR KEY <input type="checkbox"/>	DYLUX <input type="checkbox"/> <input type="checkbox"/>	EXACT REPRINT <input type="checkbox"/> REVISION <input type="checkbox"/>	OF →	PRINTING ORDER NO.
ADDRESS	PHONE 378-3100	TYPESSET <input type="checkbox"/>	CAMERA READY <input type="checkbox"/>	DATE WANTED SAP 1-19 87		

QUANTITY	DESCRIPTION
500	Embossed letterhead with blue and gold seal, see attached for changes

RELATING TO PUBLICATIONS:

- This order includes 45 copies for library distribution as provided in ORS 182.070
- This order does not qualify as a publication per ORS 182.070 or agreement with State Librarian

COPY

Copy Complete _____	Finished Size 5 3/4 X 7 3/4 No. of Pages _____	Text Ink Color blue
Copy to Come _____	Printed One Side <input checked="" type="checkbox"/> Both Sides <input type="checkbox"/> Head to Head <input type="checkbox"/> Tumble <input type="checkbox"/>	Cover Ink Color _____
Layout Attached _____	Number from _____ to _____ Die Cut _____	Perforate _____ Score _____
Sample Attached XXX		

STOCK

Stock 100% Cotton old Council tree book	Wt. _____	Color white
Stock _____	Wt. _____	Color _____
Stock (Cover) _____	Wt. _____	Color _____
Stock (Insert) _____	Wt. _____	Color _____

BINDING

Fold _____ PUNCH <input type="checkbox"/> 2 round standard _____ <input type="checkbox"/> 3 round standard _____ <input type="checkbox"/> Other _____ ROUND CORNER <input type="checkbox"/> Four <input type="checkbox"/> Two	PAD _____ Sheets per Pad _____ Sets per Pad <input type="checkbox"/> _____ Single Set <input type="checkbox"/> Top <input type="checkbox"/> Left <input type="checkbox"/> Bottom <input type="checkbox"/> Right TAB _____ Positions	BIND <input type="checkbox"/> Saddle <input type="checkbox"/> Wraparound <input type="checkbox"/> Perfect <input type="checkbox"/> Loose leaf <input type="checkbox"/> Plastic bind _____ COLOR _____ <input type="checkbox"/> Strip bind _____ COLOR _____ STAPLE <input type="checkbox"/> Upper Left <input type="checkbox"/> Side <input type="checkbox"/> Other _____	COLLATE _____ SEQUENCE PACKING <input type="checkbox"/> Ream Wrap <input type="checkbox"/> Box <input type="checkbox"/> Shrink Wrap _____ <input type="checkbox"/> Other _____
---	--	--	---

Remarks _____

Reviewed and Approved
by Forms Control Officer _____

Return Art Work To _____

PRINTING DIVISION
DEPARTMENT OF GENERAL SERVICES
PRINTING ORDER

NO. **P 24829**

1 2 1 0 1 0
(Agency No.)

NOTE: Please Refer to the Above Number When Inquiring About This Job

DEPARTMENT Governor's Office		BY: Ruby Lewis	PHONE NO. 8-3100
SHIPPING ADDRESS Governor Victor Atiyeh Atiyeh International 519 SW Park, 2nd. Floor Portland, OR		DATE ORDERED 12-29-86	REQUISITION NO.
CALL FOR AGENCY PICKUP <input type="checkbox"/> PHONE		FUND	YEAR
		ACCT. NO. 121-010	APPN.
(PLEASE ENTER ALL KNOWN DATA)			
PROOF TO	<input type="checkbox"/> MAIL <input type="checkbox"/> CALL	GALLEY <input type="checkbox"/> DYLUX <input type="checkbox"/> COLOR KEY <input type="checkbox"/>	EXACT REPRINT <input type="checkbox"/> REVISION <input type="checkbox"/> OF →
ADDRESS	PHONE 378-3100	TYPESET <input type="checkbox"/>	CAMERA READY <input type="checkbox"/>
			DATE WANTED 1-19-87 SAP

QUANTITY	DESCRIPTION
2000	embossed seal blue and gold, see attached for addition of years

RELATING TO PUBLICATIONS:

- This order includes 45 copies for library distribution as provided in ORS 182.070
- This order does not qualify as a publication per ORS 182.070 or agreement with State Librarian

COPY

Copy Complete _____	Finished Size 4 1/8 5 3/8 No. of Pages _____	Text Ink Color blue
Copy to Come _____	Printed One Side <input checked="" type="checkbox"/> Both Sides <input type="checkbox"/> Head to Head <input type="checkbox"/> Tumble <input type="checkbox"/>	Cover Ink Color _____
Layout Attached _____	Number from _____ to _____ Die Cut _____	Perforate _____ Score _____
Sample Attached _____		

STOCK

Stock <i>Starwhite Bristol or equivalent</i>	Wt. 200	Color white
Stock _____	Wt. _____	Color _____
Stock (Cover) _____	Wt. _____	Color _____
Stock (Insert) _____	Wt. _____	Color _____

BINDING

Fold _____ PUNCH <input type="checkbox"/> 2 round standard _____ <input type="checkbox"/> 3 round standard _____ <input type="checkbox"/> Other _____ ROUND CORNER <input type="checkbox"/> Four <input type="checkbox"/> Two	PAD _____ Sheets per Pad _____ Sets per Pad <input type="checkbox"/> _____ Single Set <input type="checkbox"/> Top <input type="checkbox"/> Left <input type="checkbox"/> Bottom <input type="checkbox"/> Right TAB _____ Positions	BIND <input type="checkbox"/> Saddle <input type="checkbox"/> Wraparound <input type="checkbox"/> Perfect <input type="checkbox"/> Loose leaf <input type="checkbox"/> Plastic bind _____ COLOR _____ <input type="checkbox"/> Strip bind _____ COLOR _____ STAPLE <input type="checkbox"/> Upper Left <input type="checkbox"/> Side <input type="checkbox"/> Other _____	COLLATE _____ SEQUENCE PACKING <input type="checkbox"/> Ream Wrap <input type="checkbox"/> Box <input type="checkbox"/> Shrink Wrap _____ <input type="checkbox"/> Other _____
---	--	--	---

Remarks _____

Reviewed and Approved by Forms Control Officer _____

Return Art Work To _____

PHONE
378-3560

PRINTING DIVISION
DEPARTMENT OF GENERAL SERVICES
PRINTING ORDER

NO. **P 24826**

1 2 1 0 10
(Agency No.)

NOTE: Please Refer to the Above Number When Inquiring About This Job

DEPARTMENT Governor's Office	BY: Ruby J. Lewis	PHONE NO. 8-3100
--	-----------------------------	----------------------------

SHIPPING ADDRESS Governor Victor Atiyeh Atiyeh International 819 SW Park 2nd. Floor Portland, OR	DATE ORDERED 12-29-86	REQUISITION NO.
	FUND	YEAR
	ACCT. NO. 121-010	APPN.

CALL FOR AGENCY PICKUP PHONE (PLEASE ENTER ALL KNOWN DATA)

PROOF TO	<input type="checkbox"/> MAIL	<input type="checkbox"/> GALLEY	<input type="checkbox"/> DYLUX	<input type="checkbox"/> EXACT REPRINT	<input type="checkbox"/> OF	PRINTING ORDER NO.
	<input type="checkbox"/> CALL	<input type="checkbox"/> COLOR KEY	<input type="checkbox"/>	<input type="checkbox"/> REVISION	<input type="checkbox"/>	
ADDRESS	PHONE 378-3100	<input type="checkbox"/> TYPESET	<input type="checkbox"/> CAMERA READY	DATE WANTED SAP 12-19-87		

QUANTITY	DESCRIPTION
2000	Embossed blue and gold seal with changes as per attached

RELATING TO PUBLICATIONS:

- This order includes 45 copies for library distribution as provided in ORS 182.070
- This order does not qualify as a publication per ORS 182.070 or agreement with State Librarian

COPY

Copy Complete _____	Finished Size 8 1/2 X 11 No. of Pages _____	Text Ink Color blue
Copy to Come _____	Printed One Side <input checked="" type="checkbox"/> Both Sides <input type="checkbox"/> Head to Head <input type="checkbox"/> Tumble <input type="checkbox"/>	Cover Ink Color _____
Layout Attached _____	Number from _____ to _____ Die Cut _____	Perforate _____ Score _____
Sample Attached XX		

STOCK

Stock **100% cotton old council tree book** Color **white**

Stock _____ Wt. _____ Color _____

Stock (Cover) _____ Wt. _____ Color _____

Stock (Insert) _____ Wt. _____ Color _____

BINDING

Fold _____ PUNCH <input type="checkbox"/> 2 round standard _____ <input type="checkbox"/> 3 round standard _____ <input type="checkbox"/> Other _____ ROUND CORNER <input type="checkbox"/> Four <input type="checkbox"/> Two	PAD _____ Sheets per Pad _____ Sets per Pad <input type="checkbox"/> _____ Single Set <input type="checkbox"/> Top <input type="checkbox"/> Left <input type="checkbox"/> Bottom <input type="checkbox"/> Right TAB _____ Positions	BIND <input type="checkbox"/> Saddle <input type="checkbox"/> Wraparound <input type="checkbox"/> Perfect <input type="checkbox"/> Loose leaf <input type="checkbox"/> Plastic bind _____ COLOR _____ <input type="checkbox"/> Strip bind _____ COLOR _____ STAPLE <input type="checkbox"/> Upper Left <input type="checkbox"/> Side <input type="checkbox"/> Other _____	COLLATE _____ SEQUENCE PACKING <input type="checkbox"/> Ream Wrap <input type="checkbox"/> Box <input type="checkbox"/> Shrink Wrap _____ <input type="checkbox"/> Other _____
---	--	--	---

Remarks _____

Reviewed and Approved
by Forms Control Officer _____

Return Art Work To _____

PRINTING DIVISION
DEPARTMENT OF GENERAL SERVICES
PRINTING ORDER

NO. **P 24827**

1 2 1 0 1 0
(Agency No.)

NOTE: Please Refer to the Above Number When Inquiring About This Job

DEPARTMENT Governor's Office	BY: Ruby J. Lewis	PHONE NO. 8-3100
	AUTHORIZED BY: <i>Ruby J. Lewis</i>	
SHIPPING ADDRESS Governor Victor Atiyeh Atiyeh International 519 SW Park, Second Floor Portland, OR	DATE ORDERED 12-29-86	REQUISITION NO.
	FUND	YEAR
	ACCT. NO. 21-010	APPN.

CALL FOR AGENCY PICKUP PHONE

(PLEASE ENTER ALL KNOWN DATA)

PROOF TO	<input type="checkbox"/> MAIL <input type="checkbox"/> CALL	<input type="checkbox"/> GALLEY <input type="checkbox"/> DYLUX <input type="checkbox"/> COLOR KEY	<input type="checkbox"/> EXACT REPRINT <input type="checkbox"/> REVISION	<input type="checkbox"/> OF →	PRINTING ORDER NO.
ADDRESS	PHONE 378-3100	<input type="checkbox"/> TYPESET	<input type="checkbox"/> CAMERA READY	DATE WANTED 1-19-87	SAP

QUANTITY	DESCRIPTION
1000	embossed, blue and gold seal with corrections, see attached

RELATING TO PUBLICATIONS:
 This order includes 45 copies for library distribution as provided in ORS 182.070
 This order does not qualify as a publication per ORS 182.070 or agreement with State Librarian

Copy Complete _____	Finished Size 7½ X 10½ No. of Pages _____	Text Ink Color blue
Copy to Come _____	Printed One Side <input checked="" type="checkbox"/> Both Sides <input type="checkbox"/> Head to Head <input type="checkbox"/> Tumble <input type="checkbox"/>	Cover Ink Color _____
Layout Attached _____	Number from _____ to _____ Die Cut _____	Perforate _____ Score _____
Sample Attached XXX		

Stock 100% Cotton old council tree book	Wt. _____	Color white
Stock _____	Wt. _____	Color _____
Stock (Cover) _____	Wt. _____	Color _____
Stock (Insert) _____	Wt. _____	Color _____

BINDING Fold _____ PUNCH <input type="checkbox"/> 2 round standard _____ <input type="checkbox"/> 3 round standard _____ <input type="checkbox"/> Other _____ ROUND CORNER <input type="checkbox"/> Four <input type="checkbox"/> Two	PAD _____ Sheets per Pad _____ Sets per Pad <input type="checkbox"/> _____ Single Set <input type="checkbox"/> Top <input type="checkbox"/> Left <input type="checkbox"/> Bottom <input type="checkbox"/> Right TAB _____ Positions	BIND <input type="checkbox"/> Saddle <input type="checkbox"/> Wraparound <input type="checkbox"/> Perfect <input type="checkbox"/> Loose leaf <input type="checkbox"/> Plastic bind _____ COLOR _____ <input type="checkbox"/> Strip bind _____ COLOR _____ STAPLE <input type="checkbox"/> Upper Left <input type="checkbox"/> Side <input type="checkbox"/> Other _____	COLLATE _____ SEQUENCE PACKING <input type="checkbox"/> Ream Wrap <input type="checkbox"/> Box <input type="checkbox"/> Shrink Wrap _____ <input type="checkbox"/> Other _____
--	--	--	---

Remarks _____

Reviewed and Approved
by Forms Control Officer _____

Return Art Work To _____

PRINTING DIVISION
DEPARTMENT OF GENERAL SERVICES
PRINTING ORDER

NO. **P 24828**

1 2 1 0 1 0
(Agency No.)

NOTE: Please Refer to the Above Number When Inquiring About This Job

DEPARTMENT Governor's Office	BY: Ruby J. Lewis	PHONE NO.
	AUTHORIZED BY: <i>Ruby J. Lewis</i>	
	DATE ORDERED 12-29-86	REQUISITION NO.
	FUND	YEAR
SHIPPING ADDRESS Governor Victor Atiyeh Atiyeh International 519 SW Park, 2nd Floor Portland, OR	ACCT. NO. 121-010	APPN.

CALL FOR AGENCY PICKUP PHONE

(PLEASE ENTER ALL KNOWN DATA)

PROOF TO <input type="checkbox"/> MAIL <input type="checkbox"/> CALL	<input type="checkbox"/> GALLEY <input type="checkbox"/> COLOR KEY	<input type="checkbox"/> DYLUX <input type="checkbox"/>	<input type="checkbox"/> EXACT REPRINT <input type="checkbox"/> REVISION	<input type="checkbox"/> OF →	PRINTING ORDER NO.
ADDRESS	PHONE 378-3100	<input type="checkbox"/> TYPESET	<input type="checkbox"/> CAMERA READY	<input type="checkbox"/>	DATE WANTED SAP 1-19 87

QUANTITY	DESCRIPTION
500	Embossed letterhead with blue and gold seal, see attached for changes

RELATING TO PUBLICATIONS:
 This order includes 45 copies for library distribution as provided in ORS 182.070
 This order does not qualify as a publication per ORS 182.070 or agreement with State Librarian

COPY

Copy Complete _____	Finished Size 5 3/4 X 7 3/4 No. of Pages _____	Text Ink Color blue
Copy to Come _____	Printed One Side <input checked="" type="checkbox"/> Both Sides <input type="checkbox"/> Head to Head <input type="checkbox"/> Tumble <input type="checkbox"/>	Cover Ink Color _____
Layout Attached _____	Number from _____ to _____ Die Cut _____	Perforate _____ Score _____
Sample Attached XXX		

STOCK

Stock 100% Cotton old Council tree book	Wt. _____	Color white
Stock _____	Wt. _____	Color _____
Stock (Cover) _____	Wt. _____	Color _____
Stock (Insert) _____	Wt. _____	Color _____

BINDING

Fold _____ PUNCH <input type="checkbox"/> 2 round standard _____ <input type="checkbox"/> 3 round standard _____ <input type="checkbox"/> Other _____ ROUND CORNER <input type="checkbox"/> Four <input type="checkbox"/> Two	PAD _____ Sheets per Pad _____ Sets per Pad <input type="checkbox"/> _____ Single Set <input type="checkbox"/> Top <input type="checkbox"/> Left <input type="checkbox"/> Bottom <input type="checkbox"/> Right TAB _____ Positions	BIND <input type="checkbox"/> Saddle <input type="checkbox"/> Wraparound <input type="checkbox"/> Perfect <input type="checkbox"/> Loose leaf <input type="checkbox"/> Plastic bind _____ COLOR _____ <input type="checkbox"/> Strip bind _____ COLOR _____ STAPLE <input type="checkbox"/> Upper Left <input type="checkbox"/> Side <input type="checkbox"/> Other _____	COLLATE _____ SEQUENCE PACKING <input type="checkbox"/> Ream Wrap <input type="checkbox"/> Box <input type="checkbox"/> Shrink Wrap _____ <input type="checkbox"/> Other _____
---	--	--	---

Remarks _____

Reviewed and Approved
by Forms Control Officer _____

Return Art Work To _____

PRINTING DIVISION
DEPARTMENT OF GENERAL SERVICES
PRINTING ORDER

NO. **P24829**

1 2 1 0 1 0
(Agency No.)

NOTE: Please Refer to the Above Number When Inquiring About This Job

DEPARTMENT Governor's Office	BY: Ruby Lewis	PHONE NO. 8-3100
	AUTHORIZED BY: <i>Ruby Lewis</i>	

SHIPPING ADDRESS Governor Victor Atiyeh Atiyeh International 519 SW Park, 2nd. Floor Portland, OR	DATE ORDERED 12-29-86	REQUISITION NO.
	FUND	YEAR
	ACCT. NO. 121-010	APPN.

CALL FOR AGENCY PICKUP PHONE (PLEASE ENTER ALL KNOWN DATA)

PROOF TO	<input type="checkbox"/> MAIL <input type="checkbox"/> CALL	<input type="checkbox"/> GALLEY <input type="checkbox"/> COLOR KEY	<input type="checkbox"/> DYLUX <input type="checkbox"/>	<input type="checkbox"/> EXACT REPRINT <input type="checkbox"/> REVISION	<input type="checkbox"/> OF →	PRINTING ORDER NO.
ADDRESS	PHONE 378-3100	<input type="checkbox"/> TYPESET	<input type="checkbox"/> CAMERA READY	DATE WANTED 1-19-87 SAP		

QUANTITY	DESCRIPTION
2000	embossed seal blue and gold, see attached for addition of years

RELATING TO PUBLICATIONS:
 This order includes 45 copies for library distribution as provided in ORS 182.070
 This order does not qualify as a publication per ORS 182.070 or agreement with State Librarian

COPY	Copy Complete _____	Finished Size 4 1/8 x 5 3/8 No. of Pages _____	Text Ink Color blue
	Copy to Come _____	Printed One Side <input checked="" type="checkbox"/> Both Sides <input type="checkbox"/> Head to Head <input type="checkbox"/> Tumble <input type="checkbox"/>	Cover Ink Color _____
	Layout Attached _____	Number from _____ to _____ Die Cut _____	Perforate _____ Score _____

STOCK	Stock <i>Starwhite Bristol or equivalent</i> Wt. 200 Color white
	Stock _____ Wt. _____ Color _____
	Stock (Cover) _____ Wt. _____ Color _____
	Stock (Insert) _____ Wt. _____ Color _____

BINDING	Fold _____	PAD ____ Sheets per Pad ____ Sets per Pad <input type="checkbox"/> _____ Single Set <input type="checkbox"/> Top <input type="checkbox"/> Left <input type="checkbox"/> Bottom <input type="checkbox"/> Right	BIND <input type="checkbox"/> Saddle <input type="checkbox"/> Wraparound <input type="checkbox"/> Perfect <input type="checkbox"/> Loose leaf <input type="checkbox"/> Plastic bind _____ COLOR _____ <input type="checkbox"/> Strip bind _____ COLOR _____	COLLATE _____ SEQUENCE PACKING <input type="checkbox"/> Ream Wrap <input type="checkbox"/> Box <input type="checkbox"/> Shrink Wrap _____ <input type="checkbox"/> Other _____	
	<input type="checkbox"/> 2 round standard _____ <input type="checkbox"/> 3 round standard _____ <input type="checkbox"/> Other _____	ROUND CORNER <input type="checkbox"/> Four <input type="checkbox"/> Two	TAB ____ Positions	STAPLE <input type="checkbox"/> Upper Left <input type="checkbox"/> Side <input type="checkbox"/> Other _____	

Remarks _____

Reviewed and Approved
by Forms Control Officer _____

Return Art Work To _____

PRINTING DIVISION DEPARTMENT OF GENERAL SERVICES PRINTING ORDER

NO. P 24830

1 2 1 0 1 0 (Agency No.)

NOTE: Please Refer to the Above Number When Inquiring About This Job

DEPARTMENT: Governor's Office; BY: Ruby J. Lewis; PHONE NO.: 8-3100; SHIPPING ADDRESS: Governor's Office, Atiyeh International, 519 SW Park, 2nd floor, Portland, OR; DATE ORDERED: 12-29-86; REQUISITION NO.: [handwritten]; FUND: [blank]; YEAR: [blank]; ACCT. NO.: 121-010; APPN.: [blank]

CALL FOR AGENCY PICKUP [] PHONE []; (PLEASE ENTER ALL KNOWN DATA); PROOF TO: [] MAIL [] GALLEY [] DYLUX [] EXACT REPRINT [] OF [] PRINTING ORDER NO. []; [] CALL [] COLOR KEY [] REVISION []; ADDRESS: []; PHONE: 378-3100; TYPESET []; CAMERA READY []; DATE WANTED: SAP

Table with 2 columns: QUANTITY, DESCRIPTION. Row 1: 1000 Business Cards, Embossed seal for the Governor, blue and gold see attached for corrections

RELATING TO PUBLICATIONS: [] This order includes 45 copies for library distribution as provided in ORS 182.070 [] This order does not qualify as a publication per ORS 182.070 or agreement with State Librarian

COPY

Copy Complete []; Finished Size [] X [] No. of Pages []; Text Ink Color: Blue; Copy to Come []; Printed One Side [] Both Sides [] Head to Head [] Tumble []; Cover Ink Color []; Layout Attached []; Sample Attached: XX; Number from [] to [] Die Cut []; Perforate [] Score []

STOCK

Stock [] Wt. [] Color []; Stock [] Wt. [] Color []; Stock (Cover) [] Wt. [] Color []; Stock (Insert) [] Wt. [] Color []

BINDING

Fold []; PUNCH: [] 2 round standard [] 3 round standard [] Other []; ROUND CORNER: [] Four [] Two; PAD: [] Sheets per Pad [] Sets per Pad [] Single Set [] Top [] Left [] Bottom [] Right; TAB: [] Positions; BIND: [] Saddle [] Wraparound [] Perfect [] Loose leaf [] Plastic bind [] Strip bind; STAPLE: [] Upper Left [] Side [] Other; COLLATE: []; SEQUENCE: []; PACKING: [] Ream Wrap [] Box [] Shrink Wrap [] Other

Remarks []; Reviewed and Approved by Forms Control Officer []; Return Art Work To []

PRINTING DIVISION DEPARTMENT OF GENERAL SERVICES PRINTING ORDER

NO. P 24830

121010 (Agency No.)

NOTE: Please Refer to the Above Number When Inquiring About This Job

DEPARTMENT: Governor's Office; BY: Ruby J. Lewis; PHONE NO.: 8-3100; SHIPPING ADDRESS: Governor's Office, Atiyeh International, 519 SW Park, 2nd floor, Portland, OR; DATE ORDERED: 12-29-86; REQUISITION NO. [handwritten]; FUND: 121-010; ACCT. NO.: 121-010

PROOF TO: [checkboxes]; ADDRESS: [checkboxes]; PHONE: 378-3100; TYPESET [checkbox]; CAMERA READY [checkbox]; DATE WANTED: 1-19-87; SAP

Table with 2 columns: QUANTITY, DESCRIPTION. Row 1: 1000 Business Cards, Embossed seal for the Governor, blue and gold see attached for corrections

RELATING TO PUBLICATIONS: This order includes 45 copies for library distribution as provided in ORS 182.070. This order does not qualify as a publication per ORS 182.070 or agreement with State Librarian

COPY

COPY section: Copy Complete, Copy to Come, Layout Attached, Sample Attached XX; Finished Size, No. of Pages, Text Ink Color Blue; Printed One Side, Both Sides, Head to Head, Tumble; Number from to, Die Cut; Perforate, Score

STOCK

STOCK section: Stock, Wt., Color for multiple items

BINDING

BINDING section: PUNCH, ROUND CORNER, PAD, TAB, BIND, STAPLE, COLLATE, SEQUENCE, PACKING

Remarks section: Reviewed and Approved by Forms Control Officer; Return Art Work To

PROGRAM
EXEC #44

105 EXECUTIVE DEPARTMENT

SEQUENCE
(AG-21-FD-CC-03)

PAGE 1107
1,107

EXPENDITURE PROJECTION DETAIL - BY COST CENTER WITHIN FUND
ACCOUNTING MONTH OF DEC 1979 (9) TENNITON ENDING 06/30/79
909 GOVERNOR-ELECT-GENERAL FUND APPROPRIATION

01/12/80

	VOUCHERED THIS MONTH	VOUCHERED TO DATE	ENCUMBRANCES	APPROPRIATION OR LIMITATION	UNDEBTED BALANCE	--- MONTHLY AVERAGE --- TO DATE	--- TO SPEND
20 01 00 00 GOVERNOR-ELECT-GENERAL FUND 77-79							
911.000 SALARIES AND WAGES		9,372.62			9,372.62-		
912.900 PAYROLL EXPENSES - OTHER		1,321.74			1,321.74-		
920.000 SERVICES				20,000.00	20,000.00		
921.102 IN STATE TRAVEL PROGRAM		353.53			353.53-		
921.103 IN STATE TRVL NONSTATE		773.18			773.18-		
922.100 POSTAGE		345.69			345.69-		
922.200 COMMUNICATION SERVICES		598.37	92.03		598.37-		
922.300 DUPLICATING SERVICE		38.28			38.28-		
922.700 CONTROL ACCOUNTING		45.10			45.10-		
922.750 PAYROLL PREPARATION		10.15			10.15-		
923.200 RENTAL OF OFFICE EQUIPMT		120.00			120.00-		
923.600 CONFERENCE		29.55			29.55-		
925.100 ACCOUNTING		123.00			123.00-		
925.550 LEGAL		492.00			492.00-		
933.100 OFFICE SUPPLIES		197.69			197.69-		
PERSONAL SERVICES		10,624.36			10,624.36-		
SERVICES AND SUPPLIES		3,126.54	92.03	20,000.00	16,781.43		
**** FUND TOTAL		13,820.90	92.03	20,000.00	6,087.07		

PROGRAM EXEC 155 S.F.R. ACCOUNTING MONTH OF JUL 1960
 105 EXECUTIVE DEPARTMENT EXPENDITURE PROJECTION DETAIL - BY COST CENTER WITHIN FUND
 SEQUENCE (65-61-FD-CC-00) 601
 197 STERLING MACHINE CO/10775 601
 859 ACCOUNTING DIVISION-GEN FUND APPROPRIATION 08/07/60

	VOUCHERED THIS MONTH	VOUCHERED TO DATE	ENCUMBRANCES	APPROPRIATION OR LIMITATION	UNALLOTTED BALANCE	MONTHLY AVERAGE TO DATE	MONTHLY AVERAGE TO SPEND
21-01-00-00 TRANSITION OFFICE OF THE GOVERNOR							
911.000 SALARIES AND WAGES		10,227.61		10,970.00	642.39		
911.550 OTHER PAYROLL EXPENSES		1,970.34			1,970.34-		
920.000				3,112.00	3,112.00		
921.500 OFFICE EXPENSES		1,808.23			1,808.23-		
922.000 FISCAL CONTROL		106.74			106.74-		
925.000 EMPLOYEE RECRUITMENT AND I		10.00			10.00-		
SALARY EXPENSES		10,227.61		10,970.00	642.39		
OTHER PAYROLL EXPENSES		1,970.34			1,970.34-		
SERVICES AND SUPPLIES		1,808.23		3,112.00	1,808.23		
*** DIVISION TOTAL		14,002.92		13,982.00	20.92-		

ESTIMATED COST OF SERVICES

REFER TO THIS NUMBER
IN ALL COMMUNICATIONS

Order for Service No.

NAME OF CARRIER

CUMMINGS TRANSFER CO.
ICC No. MC-13313

ADDRESS OF CARRIER

P.O. Box 826, Albany, Oregon 97321 • (503)928-3365

Date 1/6 19 81

NAME OF SHIPPER

ATIYEH

ADDRESS

CAPITOL BLDG

PHONE

378-3111

SHIPMENT MOVING FROM

GOVERNOR'S OFFICE

TO

DOWNTOWN PLD

SHIPPER'S DESTINATION CONTACT

ROBIN / SALLY

PHONE

PACKING DATE
OR PERIOD OF
TIME REQUESTED

1/9

LOADING DATE
OR PERIOD OF
TIME REQUESTED

1/9

DELIVERY DATE
OR PERIOD OF
TIME REQUESTED

1/10

IMPORTANT NOTICE This estimate covers only the articles and services listed. It is not a guarantee that the actual charges will not exceed the amount of the estimate. Common carriers are required by law to collect transportation and other incidental charges computed on the basis of rates shown in their lawfully published tariffs, regardless of prior rate quotations or estimates made by the carrier or its agents. Exact charges for loading, transporting, and unloading are based upon the weight of the goods transported, and such charges may not be determined prior to the time the goods are loaded on the van and weighed. Charges for additional services will be added to the transportation charges.

DOES NOT APPLY IF ESTIMATE IS BINDING

FOR BINDING ESTIMATES

This binding estimate represents the charges for only those services listed hereon. Charges for any additional services will be added to the binding estimate price.

Signature of Shipper or his Representative

N/A

Date

FOR NON-BINDING ESTIMATES

If the total tariff charges for the listed articles and services exceed this estimate by more than ten percent, then, upon your request, the carrier must relinquish possession of your shipment upon delivery in advance of the payment of the total amount of tariff charges shown on the bill of lading or freight bill. You are still obligated to pay the balance of the total charges within 30 days.

Maximum amount to be paid on delivery of your C O D Shipment in cash, certified check or money order is (total estimated cost plus 10 percent):

\$ N/A

Tariff Item No	ESTIMATED COST OF SERVICE (Based on tariff <u>8-C</u> MF-I.C.C. NO. _____)	ESTIMATED CHARGES
190	Transportation. Est wt <u>900</u> lbs. @ <u>11.40</u> per 100 lbs.	<u>102.60</u>
170	Valuation Charge (for liability on part of carrier in excess of (that assumed when its lowest rates are charged))	
	On Transportation: \$ _____ @ 50¢ per \$100, or fraction thereof	
	On Storage-In-Transit @ _____ c per cwt. (10% of monthly storage rate) for each 30 days or fraction thereof	
170	Additional Transportation charges: (Explain) _____	
Sec 9	Pickup or delivery for storage in transit _____ lbs. @ _____ c per 100 lbs.	
185	Storage in Transit at _____ lbs. @ _____ c per 100 lbs. (for each 30 days)	
185	Warehouse handling _____ lbs. @ _____ c per 100 lbs. (or fraction thereof) (one time charge)	
115	Extra pickup & delivery at <u>PLU @ CAPITOL BLDG DEL TO DOWNTOWN PLD</u>	<u>120</u>
195	Special servicing of appliances _____	
135	Piano or Organ handling and/or carry _____	
160	Elevator, stair or excessive distance <u>@ .95 cwt</u>	<u>8.55</u>
130	Bulky Article loading and unloading _____	
106	CONTAINERS (see below) <u>TO PACK CLOCK</u>	<u>6.05</u>
105	Packing (see below)	<u>14.20</u>
105	Unpacking (see below)	
120	Labor _____ man/men for _____ hrs. @ _____ (per man per hour)	
	Other services _____ (Explain)	

TOTAL AMOUNT OF BINDING ESTIMATE \$ 112
 TOTAL ESTIMATED COST \$ 251.40
 IN ADDITION

COST ESTIMATE WAS GIVEN TO SHIPPER
 WAS NOT

	CONTAINERS			PACKING			UNPACKING		
	Estimated Number	Per Each	TOTAL	Estimated Number	Per Each	TOTAL	Estimated Number	Per Each	TOTAL
Dish-pack, drum, etc	1	\$ 6.05	\$ 6.05	1	\$ 14.20	\$ 14.20			
Cartons Less than 3 cubic feet									
3 cubic feet									
4 1/2 cubic feet									
6 cubic feet									
6 3/4 cubic feet									
Wardrobe Carton									
Crib Mattress Carton									
Mattress Carton (not exceeding 39" x 80")									
Mattress Carton (not exceeding 54" x 75")									
Mattress Carton (exceeding 54" x 75")									
Mattress Cover (plastic or paper)									
Corrugated Containers Specially designed for mirrors, paintings, glass tops, etc									
Crates Custom made for mirrors, paintings, glass tops, etc									
	Estimated Container	COSTS \$		Estimated Packing	COSTS \$		Estimated	COSTS \$	

THIS EST IS IN ADDITION TO FIRST EST. WEIGHT WILL BE COMBINED TO GET LOWER RATE

Remarks _____
 NOTICE: Articles not to be shipped should be indicated by a "check mark" in the column provided on the table of measurements (Table of measurements on reverse side)

CUMMINGS TRANSFER CO.
 AGENCY
399-7300

Kou Bann Mgr
 SIGNATURE AND TITLE OF ESTIMATOR
Chankes!
 SIGNATURE OF SHIPPER

<u>Agency</u>	<u>Budget Page</u>	<u>LFO Analysis Page</u>	<u>Bill No.</u>	<u>Biennium</u>
Governor's Transition Executive Department	G-10	G-2	SB 5547	1985-87

Subcommittee: General Government

Sens: Hannon, Wyers

Reps: Bauman, Jones

Jan Wyers
Sen. Jan Wyers, Chairperson

Date: February 1, 1985

Prepared by: (Executive Department)

Don Peer *Don Peer*

Reviewed by: (Legislative Fiscal Office)

Richard J. Burke *Richard J. Burke*

<u>Budget Description</u>	<u>1983-85</u>	<u>1985-87</u>		
	<u>Estimated Expenditures</u>	<u>Governor's Printed Budget Recommendation</u>	<u>Committee Recommendation</u>	<u>Differences from Governor's Rec.</u>
<u>EXPENSES</u>				
General Fund	\$ --	\$80,000	\$40,000	\$-40,000

SUMMARY OF SUBCOMMITTEE ACTION

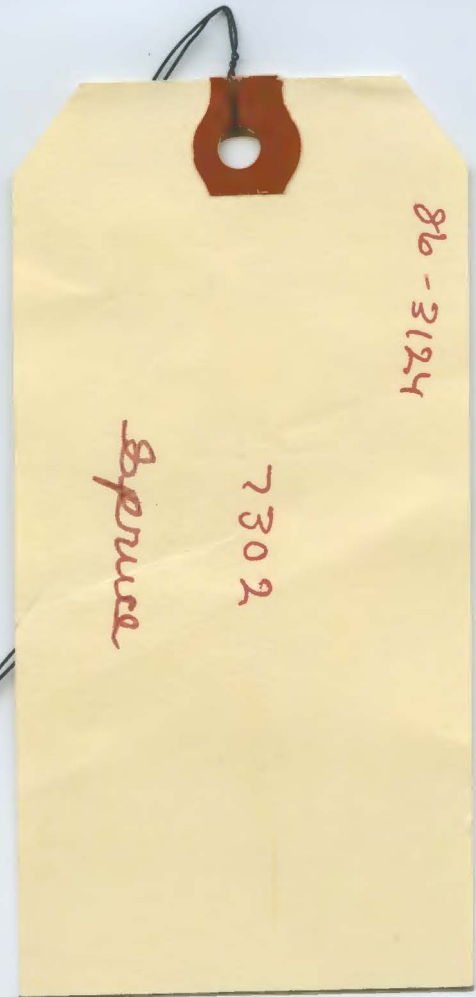
The Subcommittee adopted the Governor's recommendation for providing funds for transition in the Office of the Governor for both the Governor-Elect and the outgoing Governor. The Subcommittee reduced the recommended amount of funding to \$40,000, with \$20,000 for the Governor-Elect and \$20,000 for the outgoing Governor. The funds are provided to assist with the administrative costs associated with preparation for the assumption of duties, and with completion of the term of office.

The funds are appropriated to the Executive Department for disbursement to pay expenses.

The transition in the Office of the Governor will occur following the election of November 1986.

DETAIL OF SUBCOMMITTEE ACTION

	<u>Committee Action</u>	<u>Amount Adopted</u>
<u>GOVERNOR-ELECT:</u>		
General Fund	\$-20,000	\$20,000
<u>OUTGOING GOVERNOR:</u>		
General Fund	<u>-20,000</u>	<u>20,000</u>
Total Subcommittee Action	\$-40,000	\$40,000



Job N^o: 86-3124

Metal Shop, By: _____ Date: _____

F.F., By: _____ Date: _____

U.S., By: *Demora* Date: _____

Mattress Fcty, By: _____ Date: _____

Whse., By: _____ Date: _____

SHIP. Manifest N^o: _____ Date: _____

CUSTOMER COMMENTS: _____

BY: _____ DATE: _____