

PAYMENT IS FROM WASHINGTON STATE  
 DEPT OF SOC AND HLTH SERV  
 QUESTIONS? CALL (360) 664-5046

--3000



REMITTANCE ADVICE  
 RPT DWP82703

PAYEE  
 SNOHOMISH CO SUPERIOR COURT

VENDOR NUMBER  
 SWV0002794-13

BATCH  
 HM-940

WARRANT #  
 350693!

PAYMENT DATE  
 09 14 2005

INV DATE	INVOICE # - MESSAGE	ACCOUNT #	DOCUMENT #	AMOUNT
09 07 05	FEDERAL 0605	CONTRACT # 2110-80559	VHM01707	9,053.00
09 07 05	LOCAL 0605	CONTRACT # 2110-80559	VHM01707	3,052.00-
09 07 05	STATE 0605	CONTRACT # 2110-80559	VHM01707	4,664.00
				10,665.00 *
	IF YOU HAVE ANY QUESTIONS CONTACT KARLA MEHL 360-664-5046			

Form  
A19-1A  
(Rev. 8/04)



STATE OF WASHINGTON  
INVOICE VOUCHER

AGENCY NAME  
DSHS - DCS / HEADQUARTERS  
PO BOX 9162  
OLYMPIA, WA 98507-9162

VENDOR OR CLAIMANT (Warrant is to be payable to)  
SNOHOMISH CO SUPERIOR COURT  
ATTN: MAUREEN CORLAS  
3000 ROCKFELLER  
EVERETT, WA 98201  
M/S 610

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to IRS)  
SWV0002794-13

AGENCY NO	AGENCY USE ONLY	LOCATION CODE	ORDER AUTH. NO.
3000	EB1	EB1 CONTRACT	

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to obtain payment for materials, merchandise or services. Show complete detail for each item.  
VENDOR'S CERTIFICATE: I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

By: (Sign in Ink)  
Title: \_\_\_\_\_ Date: \_\_\_\_\_  
RECEIVED BY \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

DATE	DESCRIPTION	QUAN	UNIT	PRICE	AMOUNT	AGENCY USE
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	CONTRACT NO. 21110-80559					
	PERIOD OF SERVICE: JUNE 2005					
	REIMBURSEMENT OF CHILD SUPPORT ENFORCEMENT					
	PER ATTACHED EXPENDITURE REPORT(S).					
	COURT COMMISSIONER				\$10,665.00	
	ADJUSTMENT OF CLAIMS OF PRIOR PERIOD					

Email: m.corlas@co.snohomish.wa.us  
PREPARED BY: ROY PAULSON  
TELEPHONE NUMBER: 360-664-5048  
DATE: 09/07/05  
AGENCY APPROVAL: CARL ROPER  
VENDOR MESSAGE: USE FAX  
DATE: 9/7/05

DOC. DATE: 001707  
CURRENT DOC. NO.: 001707  
REF. DOC. NO.: SWV0002794-13  
VENDOR NUMBER: SWV0002794-13

REF DOC	TRANS	M	FUND	APPN	INDEX	SUB	OBJ	ORG	WORK	CITY/TWN	PROJECT	AMOUNT	INVOICE	
DOC	CODE	Q	INDEX	INDEX	INDEX	OBJ	OBJ	INDEX	CLASS	MOS	CODE		NUMBER	
	688		001	F4256	ER	9483	M7A0	9999		0605	8C31	9,053.00	FEDERAL	
	"		"	F4255	"	"	"	"		"	"	4,664.00	STATE	
	692		"	"	"	"	"	0010		"	"	(3,052.00)	LOCAL	
ACCOUNTING APPROVAL FOR PAYMENT												WARRANT TOTAL	10,665.00	WARRANT NUMBER

ROY PAULSON  
*[Signature]*





STATE OF WASHINGTON  
DIVISION OF CHILD SUPPORT  
EMPLOYEE ACTIVITY REPORT

COURT COMMISSIONER CHILD SUPPORT EMPLOYEE

COUNTY: SNOHOMISH

EMPLOYEE NAME: ARDEN BEDLE

MONTH END: Jun-05

\*Note: Do not include leave hours in your time below.  
Leave time is allocated and reimbursed proportionately.

- a) 45.50 Hrs Child Support unit functions
- b) 130.50 Hrs Other (Non-Child Support) activities
- c) 176.00 Hrs Total Hours Worked (a+b)
- d) 74.15% % Percentage of Hours Unallowable (b/c)
- e) \$9,331 Total Employee Salary for the Month (do not include benefits)
- f) \$6,919 Unallowable Employee Salary to be Deducted from Claim (e\*d)
- g) \$2,412 Total Employee Salary Allowable to Child Support (e-f)

\_\_\_\_\_  
Signature of Court Commissioner or Designee

\_\_\_\_\_  
Date

STATE OF WASHINGTON  
DIVISION OF CHILD SUPPORT

EMPLOYEE ACTIVITY REPORT  
COURT COMMISSIONER CHILD SUPPORT EMPLOYEE

COUNTY: SNOHOMISH  
EMPLOYEE NAME: LESTER STEWART MONTH END: Jun-05

\*Note: Do not include leave hours in your time below.  
Leave time is allocated and reimbursed proportionately.

a)	<u>71.75</u>	Hrs	Child Support unit functions
b)	<u>88.25</u>	Hrs	Other (Non-Child Support) activities
c)	<u>160.00</u>	Hrs	Total Hours Worked (a+b)
d)	<u>55.16%</u>	%	Percentage of Hours Unallowable (b/c)
e)	<u>\$9,331</u>		Total Employee Salary for the Month (do not include benefits)
f)	<u>\$5,147</u>		Unallowable Employee Salary to be Deducted from Claim (e*d)
g)	<u>\$4,184</u>		Total Employee Salary Allowable to Child Support (e-f)

\_\_\_\_\_  
Signature of Court Commissioner or Designee

\_\_\_\_\_  
Date

DIVISION OF CHILD SUPPORT (DCS)

**SNOHOMISH COUNTY COURT COMMISSIONERS**  
**CHILD SUPPORT EXPENDITURE REPORT**

For Month of: June, 2005

Contract Number 2110-80559

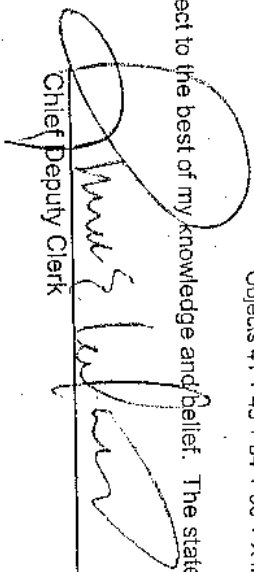
Column 1	Column 2	Column 3	Column 4	Column 5
BASUB 554	Account Titles	Cash Processing	Support Registry	Total
Object		Child Support Costs	Costs	Costs
10	Salaries and Wages	10,110.17		
20	Personnel Benefits			
	Total Personnel Services			
	Matchable Rates	1.000%		
30	Supplies			
41	Professional Services: Except Data Processing			
41	Professional Services: Data Processing			
42	Communications			
43	Travel			
45	Oper. Rentals/Leases: Except D.P. & Interest			
45	Operating Rentals/Leases: Data Processing			
	(Fill In) 44-Advertising; 46-Insurance; 47-Public Utilities			
	(Fill In) 48-Repairs & Maint; 49-Misc; 50-Intergovernmental Svcs			
64	Equipment: Except Data Processing			
64	Equipment: Data Processing			
66	Cap. Rent/Lease: Except Data Processing			
66	Cap. Rent/Lease: Data Processing			
	Total Direct Costs	10,110.17		
X2	Cost Pool 27.57 % of Salaries	2,787.37		
	Net Costs	12,897.54		
X3	Indirect Costs 8.11% of Salaries	819.93		
	Total Costs	13,717.47		
	Matchable Costs: (Col. 3 X 100% Col. 4 X 100%)	13,717.47		
	Federal Share: (Matchable Costs X 66%)	9,053.53		
	Comm Fed Incentive: (Total Departmental Costs X 12.5% of Net)	1,612.19		
	(State Share - Support Registry Only)			
	Total	10,665.72		

Matchable F.T.E. \_\_\_\_\_

Matchable Data Proc. Costs -  
 Objects 41 + 45 + 64 + 66 + X Match Rate \_\_\_\_\_

I certify that the statements in this report are correct to the best of my knowledge and belief. The statements are based on information derived from certified time sheets.

8/2/05  
 DATE

  
 Chief Deputy Clerk

No person, because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities.

**DIVISION OF CHILD SUPPORT (DCS)**

**CHILD SUPPORT ENFORCEMENT PROGRAM - MONTHLY TIME SHEET RECAP  
SNOHOMISH COUNTY - COURT COMMISSIONER**

June, 2005

<b>NAMES</b>	<b>SALARY</b>	<b>HRS/CS</b>	<b>HRS/OTH</b>	<b>HRS/LVE</b>	<b>TOT/HRS</b>	<b>HRS/WK</b>	<b>CS%</b>	<b>CS \$</b>
Bedle, Arden	\$9,330.83	45.50	130.50	0.00	176.00	176.00	0.2585	\$2,412.23
Brudvik, Jacalyn	\$9,330.83	60.25	99.75	16.00	176.00	160.00	0.3766	\$3,513.64
Stewart, Lester	\$9,330.83	71.75	88.25	16.00	176.00	160.00	0.4484	\$4,184.29
<b>TOTALS:</b>	<b>\$27,992.49</b>	<b>177.50</b>	<b>318.50</b>	<b>32.00</b>	<b>528.00</b>	<b>496.00</b>		<b>\$10,110.17</b>

OFFICE OF SUPPORT ENFORCEMENT (OSE)  
 EMPLOYEE'S CHILD SUPPORT TIME LOG  
 COURT COMMISSIONER

Month/Year: **June-2005**

Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
Date	Total Child Support Hours	Other Than Child Support Hours	Paid Leave Hours	Total Paid Hours
1	0.75	7.25		8.00
2	5.25	2.75		8.00
3	0.75	7.25		8.00
4				
5				
6	4.25	3.75		8.00
7	0.50	7.50		8.00
8	0.50	7.50		8.00
9	4.25	3.75		8.00
10	0.50	7.50		8.00
11				
12				
13	4.25	3.75		8.00
14	0.75	7.25		8.00
15	0.50	7.50		8.00
16	4.75	3.25		8.00
17	0.25	7.75		8.00
18				
19				
20	3.50	4.50		8.00
21	0.50	7.50		8.00
22	0.75	7.25		8.00
23	4.25	3.75		8.00
24	0.50	7.50		8.00
25				
26				
27	3.25	4.75		8.00
28	0.75	7.25		8.00
29	0.50	7.50		8.00
30	4.25	3.75		8.00
<b>Totals</b>	<b>45.50</b>	<b>130.50</b>	<b>0.00</b>	<b>176.00</b>

County: \_\_\_\_\_

SNOHOMISH

Employee's Name  
**ARDEN J BEDLE**

Social Security Number:  
**CONFIDENTIAL DO NOT DISCLOSE**

Position Title:  
**COURT COMMISSIONER**

Gross Salary for the Month:  
**\$9,330.83**

**CERTIFICATION**

BY EMPLOYEE: I do hereby certify to the best of my knowledge and belief that this is a true and accurate report of my time.

**JUL 26 2005**

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

BY SUPERVISOR: I hereby certify that this employee's Time Log is true and correct to the best of my knowledge.

Supervisor's Signature *Arden Bedle* Date *8/1/05*

SUMMARY	
Total Hours Paid	176.00
Paid Leave Hours	0.00
Total Hours Worked	176.00

Tasks Performed:  
 Courtroom Proceedings

No person, because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities.

OFFICE OF SUPPORT ENFORCEMENT (OSE)  
 EMPLOYEES CHILD SUPPORT TIME LOG  
 COURT COMMISSIONER

Month/Year: **June-2005**

Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
Date	Total Child Support Hours	Other Than Child Support Hours	Paid Leave Hours	Total Paid Hours
1	4.00	4.00		8.00
2	0.00	8.00		8.00
3		0.00	8.00	8.00
4				
5	7.25	0.75		8.00
6	4.75	3.25		8.00
7	3.50	4.50		8.00
8	3.00	5.00		8.00
9	1.50	6.50		8.00
10				
11				
12	2.00	6.00		8.00
13	0.75	7.25		8.00
14		0.00	8.00	8.00
15	5.25	2.75		8.00
16	2.00	6.00		8.00
17				
18				
19	2.00	6.00		8.00
20	4.50	3.50		8.00
21	4.00	4.00		8.00
22	2.25	5.75		8.00
23	2.50	5.50		8.00
24				
25				
26	7.00	1.00		8.00
27	3.00	5.00		8.00
28	1.00	7.00		8.00
29		8.00		8.00
30				
<b>Totals</b>	<b>80.25</b>	<b>99.75</b>	<b>16.00</b>	<b>176.00</b>

County: \_\_\_\_\_

SNOWHOMISH

Employee's Name  
**JACALYN BRUDVIK**

Social Security Number:  
**CONFIDENTIAL DO NOT DISCLOSE**

Position Title:  
**COURT COMMISSIONER**

Gross Salary for the Month:  
**\$9,330.83**

**CERTIFICATION**

BY EMPLOYEE: I do hereby certify to the best of my knowledge and belief that this is a true and accurate report of my time.

*Jacalyn Brudvik*  
 Employee's Signature      Date **7/22/05**

BY SUPERVISOR: I hereby certify that this employee's Time Log is true and correct to the best of my knowledge.

*Vicki Quisenberry*  
 Supervisor's Signature      Date **8/1/05**

SUMMARY	
Total Hours Paid	176.00
Paid Leave Hours	16.00
Total Hours Worked	160.00

Tasks Performed:  
 Courtroom Proceedings

No person, because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities.

OFFICE OF SUPPORT ENFORCEMENT (OSE)  
 EMPLOYEE'S CHILD SUPPORT TIME LOG  
 COURT COMMISSIONER

Month/Year: **June-2005**

Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
Date	Total Child Support Hours	Other Than Child Support Hours	Paid Leave Hours	Total Paid Hours
1	3.75	4.25		8.00
2	4.00	4.00		8.00
3	4.00	4.00		8.00
4				
5				
6	4.00	4.00		8.00
7	3.75	4.25		8.00
8	4.00	4.00		8.00
9	0.50	7.50		8.00
10		0.00	8.00	8.00
11				
12				
13		0.00	8.00	8.00
14	2.75	5.25		8.00
15	3.75	4.25		8.00
16	4.25	3.75		8.00
17	3.25	4.75		8.00
18				
19				
20	3.25	4.75		8.00
21	3.75	4.25		8.00
22	3.75	4.25		8.00
23	4.25	3.75		8.00
24	4.00	4.00		8.00
25				
26				
27	3.50	4.50		8.00
28	4.00	4.00		8.00
29	4.75	3.25		8.00
30	2.50	5.50		8.00
Totals	71.75	88.25	16.00	176.00

County: \_\_\_\_\_

SNOHOMISH

Employee's Name  
**LESTER STEWART**

Social Security Number:  
**CONFIDENTIAL DO NOT DISCLOSE**

Position Title:  
**COURT COMMISSIONER**

Gross Salary for the Month:  
**\$9,330.83**

**CERTIFICATION**

BY EMPLOYEE: I do hereby certify to the best of my knowledge and belief that this is a true and accurate report of my time.

*[Signature]* **JUL 26 2005**

Employee's Signature Date

BY SUPERVISOR: I hereby certify that this employee's Time Log is true and correct to the best of my knowledge.

*[Signature]* \_\_\_\_\_

Supervisor's Signature Date **8/1/05**

**SUMMARY**

Total Hours Paid	176.00
Paid Leave Hours	16.00
Total Hours Worked	160.00

Tasks Performed: \_\_\_\_\_

Courtroom \_\_\_\_\_

Proceedings \_\_\_\_\_

No person, because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities.



