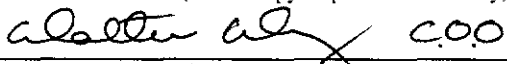


<b>UNITED STATES BANKRUPTCY COURT Western District of Washington</b>		<b>PROOF OF CLAIM</b>
Name of Debtor Court Reporting Institute Inc	Case Number: 06-14202-KAO Chapter: 7	<div style="font-size: 1.2em; font-weight: bold;">FILED</div> <div style="font-size: 0.8em;">Western District of Washington at Seattle</div> <div style="font-size: 1.2em; font-weight: bold;">MAY 17 2007</div> <div style="font-size: 1.5em; font-weight: bold; margin-top: 10px;">U.S. Bankruptcy Court</div> <div style="font-size: 0.8em; margin-top: 20px;">THIS SPACE FOR COURT USE ONLY</div>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>STATE OF WASHINGTON WORKFORCE TRAINING AND EDUCATION COORDINATING BOARD</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent:  <b>PEGGY RUDOLPH WORKFORCE TRAINING AND EDUCATION COORDINATING BOARD PO BOX 43015 OLYMPIA WA 98504-3105</b>		
Telephone number: <b>360-586-8682</b>		
Last four digits of account or other number by which creditor identifies debtor:	Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <b>TUITION RECOVERY TRUST FUND</b>		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ <div style="text-align: center;">(date) (date)</div>		
<b>2. Date debt was incurred: AUGUST 2006 – JANUARY 2007</b>		
<b>3. If court judgment, date obtained:</b>		
<b>4. Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case was filed. See reverse side for important explanations.		
<b>Secured Claim</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507(a)(____).  <i>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>	
<b>Unsecured Nonpriority Claim \$ 540,877.79</b>  <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
<b>5. Total Amount of Claim at Time Case Filed: \$ 540,877.79</b> <span style="float: right;"><b>\$540,877.79</b></span> <div style="text-align: center;">(unsecured) (secured) (priority) (Total)</div> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>7. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>8. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		<b>MAIL CLAIM TO:</b>  U.S. Bankruptcy Court 700 Stewart St, Room 6301 Seattle, WA 98101
Date <b>May 16, 2007</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):  <div style="text-align: center;">   <b>Heather A. Co.</b> </div>	

## INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to these general rules.

### DEFINITIONS

**Debtor**

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

**Creditor**

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

**Proof of Claim**

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the clerk of the bankruptcy court where the bankruptcy case was filed

**Secured Claim**

A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property.

Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television set, or other item of property. A lien may have been obtained through a court proceeding before the bankruptcy case began; in some states a court judgment is a lien. In addition, to the extent a creditor also owes money to the debtor (has a right of setoff), the creditor's claim may be a secured claim. (See also *Unsecured Claim*.)

**Unsecured Claim**

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

**Unsecured Priority Claim** Certain types of unsecured claims are given priority, so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as *Unsecured Nonpriority Claims*.

### Items to be completed in Proof of Claim form (if not already filled in)

**Court, Name of Debtor, and Case Number:**

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the court, all of this information is near the top of the notice.

**Information about Creditor:**

Complete the section giving the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If anyone else has already filed a proof of claim relating to this debt, if you never received notices from the bankruptcy court about this case, if your address differs from that to which the court sent notice, or if this proof of claim replaces or changes a proof of claim that was already filed, check the appropriate box on the form.

**1. Basis for Claim:**

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in the last four digits of your social security number and the dates of work for which you were not paid.

**2. Date Debt Incurred:**

Fill in the date when the debt first was owed by the debtor.

**3. Court Judgments:**

If you have a court judgment for this debt, state the date the court entered the judgment.

**4. Classification of Claim: Secured Claim:**

Check the appropriate place if the claim is a secured claim. You must state the type and value of property that is collateral for the claim, attach copies of the documentation of your lien, and state the

amount past due on the claim as of the date the bankruptcy case was filed. A claim may be partly secured and partly unsecured. (See DEFINITIONS, above).

**Unsecured Nonpriority Claim:**

Check the appropriate place if you have an unsecured nonpriority claim, sometimes referred to as a "general unsecured claim". (See DEFINITIONS, above.) If your claim is partly secured and partly unsecured, state here the amount that is unsecured. If part of your claim is entitled to priority, state here the amount **not** entitled to priority.

**Unsecured Priority Claim:** Check the appropriate place if you have an unsecured priority claim, and state the amount entitled to priority. (See DEFINITIONS, above). A claim may be partly priority and partly nonpriority if, for example, the claim is for more than the amount given priority by the law. Check the appropriate place to specify the type of priority claim.

**5. Total Amount of Claim at Time Case Filed:** Fill in the applicable amounts, including the total amount of the entire claim. If interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

**6. Credits:** By signing this proof of claim, you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor.

**7. Supporting Documents:** You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available, you must attach an explanation of why they are not available.

CRI Students	TRTF
	Award Amt
BEARDEMPHL, KATIE	526.83
BYRD, PATTI	25,056.00
CHANTLER, ALANA L	657.78
CHRISTENSEN, KARL A	18,534.00
CODY, CAREN L	1,950.00
COOK, CANDY MARIE	20,051.00
CRAYCRAFT, EVELYN M	7,084.00
CUPPS, LAURA E	1,897.00
DOCHTERMANN, KATRINA B	1,728.00
ESPINOZA, JULIE	18,730.00
EVANS, KAREN S	3,727.12
FACTOR, VALERIE	20,440.00
FLUEHR, CHERYL	14,642.00
FOLGER, GINA M	2,015.38
GARLAND, KELLY	25,691.00
GETCHELL, HEIDI A	1,800.00
GINTHER, MATTHEW R	411.00
GRAHAM, SARAH N	1,313.00
HARDING, ANNE	17,597.00
HOLM, MEGAN	14,825.00
HORNER, DEBBIE J	927.00
HOUGHTALING, NATALIE PAM	9,445.00
IACI, MICHELLE ANNE	470.00
IRWIN, STACY	12,909.00
JONES, RIKKI L	2,095.17
JORDAN, RINA	2,094.00
JORDENS, MARIANNE	4,123.00
KAUFMANN, MICHELE L	12,854.00
LAZELLE, AMBER	28,576.00
LEE, LINDA Y	1,966.00
LOGIC, LISA	10,276.64
LOHR, JULIE E	15,279.00
LY, AMY F	2,690.00
MAYER, SHERYL D	21.87
MC DONALD, KATHLEEN L	6,075.00
MC KINNEY, JUDY	19,900.00
MC LAUGHLIN, WILLIAM A	1,455.00
MC MANAMON, HEATHER	17,232.00
MINCEMOYER, CARSON S	1,951.00
MULCAHY, CHRISTINA	11,174.00
NAGAI, CHARLOTT L	23,875.00
NYSTROM, JOCELYN	25,277.00
PARESA, CHERYL	33,700.00
PRENTICE, TRACEY L	1,148.00

5/16/2007

PRIEL, MELISSA	14,912.00
PUZIO, PHILIP B	912.00
QUESNELL, WENDE L	642.00
RAUSCHER, KAYLA	20,750.00
RECTOR, CRYSTAL	300.00
SALINAS, ANDREA R	1,162.00
SNOW, TYLER M	274.00
SPOLAR, SANDY L	5,946.00
STEELE, JULIA B	4,382.00
WELLS, CONSTANCE	21,000.00
WILLIS, TINA JUAREZ	26,408.00
TOTAL PAID	540,877.79

STATE OF WASHINGTON

VOUCHER #

06-115

## TUITION RECOVERY VOUCHER

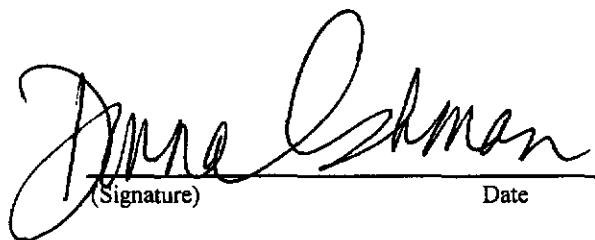
AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : KATIE E. BEARDEMPHLADDRESS : 3008 N NARROWS DR #C104TACOMA WA 98407

 10/30/06  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$526.83
	NAME : <u>KATIE E. BEARDEMPHL</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
Date	Current Doc. No.		Ref. Doc. No.		Vendor Number	
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		526.83	06-115

Approve for Payment by	Date	Total	Warrant Number
		526.83	

## STATE OF WASHINGTON

VOUCHER #

06-070

## TUITION RECOVERY VOUCHER


## AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

## CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : PATTI BYRDADDRESS : 21624 - 9TH AVE SE #D103BOTHELL WA 98021

 8/31/06  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					<b>\$25,056.00</b>
	NAME : <u>PATTI BYRD</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
<b>198</b>	<b>503</b>	<b>04</b>	<b>99</b>		<b>25,056.00</b>	<b>06-070</b>

Approve for Payment by	Date	Total	Warrant Number
		<b>25,056.00</b>	

## TUITION RECOVERY VOUCHER

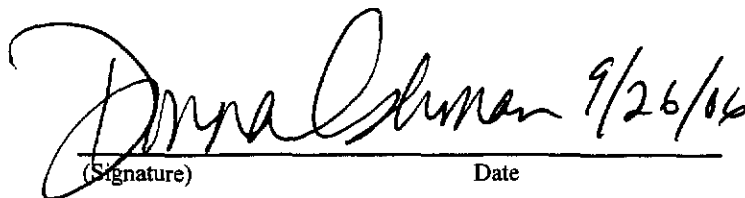
## AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

## CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : ALANA L. CHANTLERADDRESS : 1753 NW 56TH ST #2SEATTLE WA 98107

  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$657.78
	NAME : <u>ALANA L. CHANTLER</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		657.78	06-092

Approve for Payment by	Date	Total	Warrant Number
		657.78	

## STATE OF WASHINGTON

VOUCHER #

06-072

## TUITION RECOVERY VOUCHER


## AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

## CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : KARL A. CHRISTENSEN  
ADDRESS : 22904 - 40TH PL W  
MOUNTLAKE TERRACE WA 98043

  
(Signature) 8/31/06  
Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR : NAME : <u>KARL A. CHRISTENSEN</u> S.S. # _____ SCHOOL : <u>CRI CAREER TRAINING</u>					<b>\$18,534.00</b>
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		18,534.00	06-072

Approve for Payment by	Date	Total	Warrant Number
		18,534.00	



## TUITION RECOVERY VOUCHER

## AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : CAREN L. CODYADDRESS : 5906 - 3RD NWSEATTLE WA 98107

*Donna L. Shuman* 9/26/06  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$1,950.00
	NAME : <u>CAREN L. CODY</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					

Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		1,950.00	06-097

Approve for Payment by	Date	Total	Warrant Number
		1,950.00	

## STATE OF WASHINGTON

VOUCHER #

06-112

## TUITION RECOVERY VOUCHER

## AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

## CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : CANDY MARIE COOKADDRESS : 1206 MILL CREEK BLVD #C202MILL CREEK WA 98012

  
(Signature) Date 10/30/0

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$20,051.00
	NAME : <u>CANDY MARIE COOK</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
	_____					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		20,051.00	06-112

Approve for Payment by	Date	Total	Warrant Number
		20,051.00	

## STATE OF WASHINGTON

VOUCHER #

06-126

## TUITION RECOVERY VOUCHER

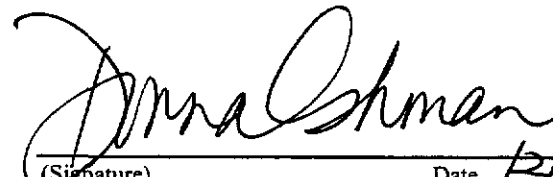
## AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : EVELYN M. CRAYCRAFTADDRESS : 21740 NE 176TH PLWOODINVILLE WA 98077

  
(Signature) Date 12/20/06

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$7,084.00
	NAME : <u>EVELYN M. CRAYCRAFT</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		7,084.00	06-126

Approve for Payment by	Date	Total	Warrant Number
		7,084.00	

## STATE OF WASHINGTON

VOUCHER #

06-107

## TUITION RECOVERY VOUCHER

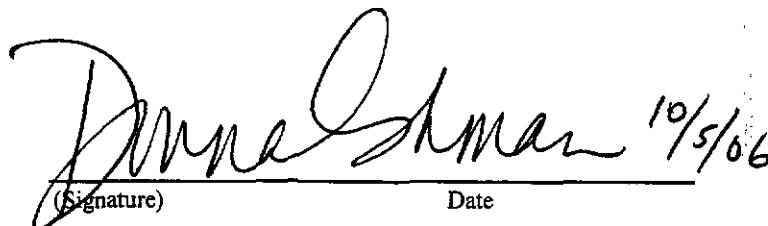
AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : LAURA E. CUPPSADDRESS : 15043 - 8TH AVE S #23BURIEN WA 98148

  
(Signature) Date 10/5/06

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$1,897.00
	NAME : <u>LAURA E. CUPPS</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
Date	Current Doc. No.		Ref. Doc. No.		Vendor Number	
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		1,897.00	06-107

Approve for Payment by	Date	Total	Warrant Number
		1,897.00	

STATE OF WASHINGTON

VOUCHER #

06-104

## TUITION RECOVERY VOUCHER

AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : KATRINA B. DOCHTERMANNADDRESS : 13910 - 2ND AVE NESEATTLE WA 98125

*Donna Schman* 10/5/06  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$1,728.00
	NAME : <u>KATRINA B. DOCHTERMANN</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
	_____					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		1,728.00	06-104

Approve for Payment by	Date	Total	Warrant Number
		1,728.00	

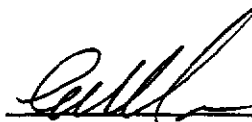
## TUITION RECOVERY VOUCHER

## AGENCY NAME

Workforce Training & Education Coordinating Board  
 128 - 10 Avenue S.W.  
 P.O. Box 43105  
 Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
 herein are proper charges for tuition recovery  
 per RCW 28C.10.084

NAME : JULIE ESPINOZAADDRESS : 14924 - 57TH PL WEDMONDS WA 98026
  
 (Signature)

8/31/16  
 Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$18,730.00
	NAME : <u>JULIE ESPINOZA</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
Date	Current Doc. No.		Ref. Doc. No.		Vendor Number	
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		18,730.00	06-075

Approve for Payment by	Date	Total	Warrant Number
		18,730.00	

TUITION RECOVERY VOUCHER

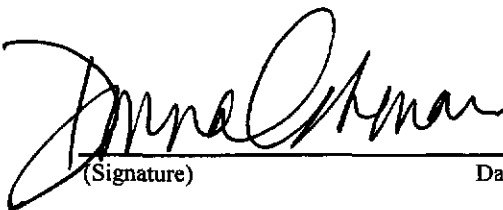
AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : KAREN S. EVANS  
ADDRESS : 315 NW 193RD CT  
SHORELINE WA 98177

 9/26/06  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR : NAME : KAREN S. EVANS S.S. # SCHOOL : CRI CAREER TRAINING					\$3,727.12
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		3,727.12	06-089

Approve for Payment by	Date	Total	Warrant Number
		3,727.12	

STATE OF WASHINGTON

VOUCHER #

06-076

## TUITION RECOVERY VOUCHER


AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : VALERIE FACTORADDRESS : 10311 MIDVALE AVE N #ASEATTLE WA 98133

 8/31/00  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$20,440.00
	NAME : <u>VALERIE FACTOR</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		20,440.00	06-076

Approve for Payment by	Date	Total	Warrant Number
		20,440.00	



## STATE OF WASHINGTON

VOUCHER #

06-086

## TUITION RECOVERY VOUCHER

## AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : CHERYL FLUEHRADDRESS : 2142 - 8TH AVE N #309SEATTLE WA 98109

(Signature)

Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$14,642.00
	NAME : <u>CHERYL FLUEHR</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
	_____					
Date	Current Doc. No.		Ref. Doc. No.		Vendor Number	
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		14,642.00	06-086

Approve for Payment by	Date	Total	Warrant Number
		14,642.00	

STATE OF WASHINGTON

VOUCHER #

06-110

## TUITION RECOVERY VOUCHER

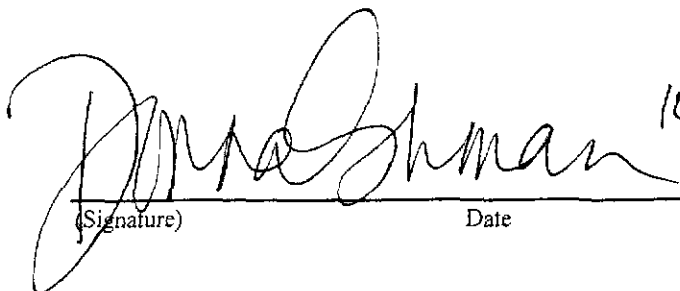
AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : GINA M. FOLGERADDRESS : 11927 - 39TH AVE NWGIG HARBOR WA 98332

  
(Signature) 10/11/06  
Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR : NAME : <u>GINA M. FOLGER</u> S.S. # _____ SCHOOL : <u>CRI CAREER TRAINING</u>					<b>\$2,015.38</b>
Date	Current Doc. No.		Ref. Doc. No.		Vendor Number	
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
<b>198</b>	<b>503</b>	<b>04</b>	<b>99</b>		<b>2,015.38</b>	<b>06-110</b>

Approve for Payment by	Date	Total	Warrant Number
		<b>2,015.38</b>	

## STATE OF WASHINGTON

VOUCHER #

06-122

## TUITION RECOVERY VOUCHER

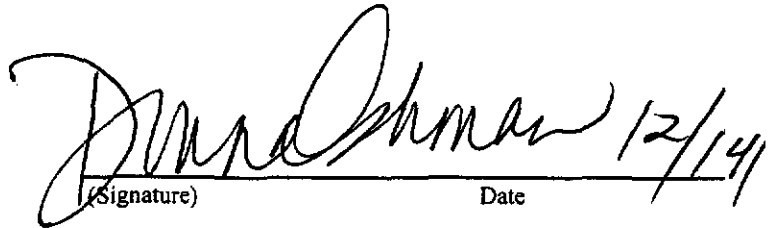
## AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : KELLY GARLANDADDRESS : 2024 - 3RD AVE #613SEATTLE WA 98121

  
(Signature) Date 12/14/

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$25,691.00
	NAME : <u>KELLY GARLAND</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
Date	Current Doc. No.		Ref. Doc. No.		Vendor Number	
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		25,691.00	06-122

Approve for Payment by	Date	Total	Warrant Number
		25,691.00	

STATE OF WASHINGTON

VOUCHER #

06-114

## TUITION RECOVERY VOUCHER

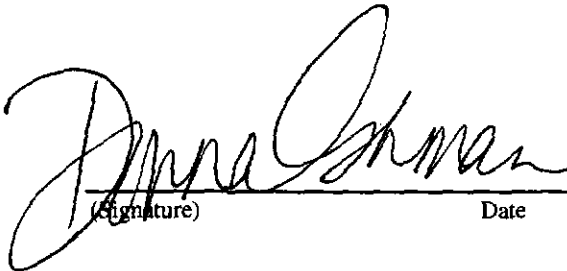
## AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

## CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : HEIDI A. GETCHELLADDRESS : 8320 LAKE CITY WAY NE #301SEATTLE WA 98115

 10/26/06  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$1,800.00
	NAME : <u>HEIDI A. GETCHELL</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
	_____					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		1,800.00	06-114

Approve for Payment by	Date	Total	Warrant Number
		1,800.00	

## TUITION RECOVERY VOUCHER

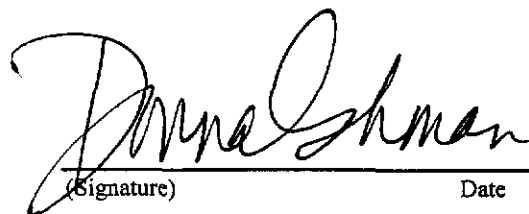
## AGENCY NAME

Workforce Training & Education Coordinating Board  
128<sup>th</sup> 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : MATTHEW R. GINTHERADDRESS : 8610 NE 136TH STKIRKLAND WA 98034

 10/5/06  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$411.00
	NAME : <u>MATTHEW R. GINTHER</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
	_____					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		411.00	06-108

Approve for Payment by	Date	Total	Warrant Number
		411.00	

## STATE OF WASHINGTON

VOUCHER #

06-091

## TUITION RECOVERY VOUCHER

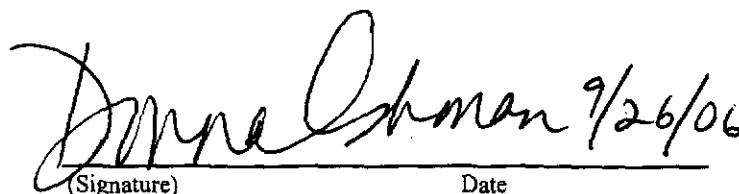
## AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : SARAH N. GRAHAMADDRESS : 5242 - 12TH AVE NE MAIN FLOORSEATTLE WA 98105

 9/26/06  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$1,313.00
	NAME : <u>SARAH N. GRAHAM</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		1,313.00	06-091

Approve for Payment by	Date	Total	Warrant Number
		1,313.00	

STATE OF WASHINGTON

VOUCHER #

06-074

## TUITION RECOVERY VOUCHER

AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : ANNE HARDING

ADDRESS : 1404 - 90TH AVE NE

EVERETT WA 98205

  
(Signature)8/31/06  
Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$17,597.00
	NAME : ANNE HARDING					
	S.S. #					
	SCHOOL : CRI CAREER TRAINING					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		17,597.00	06-074

Approve for Payment by	Date	Total	Warrant Number
		17,597.00	

## STATE OF WASHINGTON

VOUCHER #

06-077

## TUITION RECOVERY VOUCHER


AGENCY NAME

Workforce Training & Education Coordinating Board  
 128 - 10 Avenue S.W.  
 P.O. Box 43105  
 Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
 herein are proper charges for tuition recovery  
 per RCW 28C.10.084

NAME : MEGAN HOLMADDRESS : 1108 OAKES AVEEVERETT WA 98201

 8/3/06  
 (Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR : NAME : <u>MEGAN HOLM</u> S.S. # _____ SCHOOL : <u>CRI CAREER TRAINING</u>					\$14,825.00
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		14,825.00	06-077

Approve for Payment by	Date	Total	Warrant Number
		14,825.00	



TUITION RECOVERY VOUCHER

AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : DEBBIE J. HORNER  
ADDRESS : 4919 - 175TH AVE SE  
SNOHOMISH WA 98290

*Donna Estman* 9/26/06  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :  NAME : <u>DEBBIE J. HORNER</u>  S.S. # _____  SCHOOL : <u>CRI CAREER TRAINING</u>  _____					\$927.00
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		927.00	06-090

Approve for Payment by	Date	Total	Warrant Number
		927.00	

STATE OF WASHINGTON

VOUCHER #

06-101

## TUITION RECOVERY VOUCHER

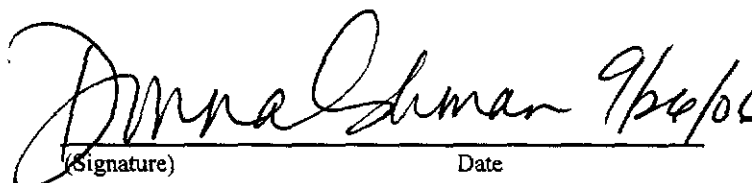
AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : NATALIE (PAM) HOUGHTALINGADDRESS : 23226 - 38TH PL WBRIER WA 98036

  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description	Amount
	TUITION REIMBURSEMENT FOR : NAME : <u>NATALIE (PAM) HOUGHTALING</u> S.S. # _____ SCHOOL : <u>CRI CAREER TRAINING</u>	\$9,445.00

Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		9,445.00	06-101

Approve for Payment by	Date	Total	Warrant Number
		9,445.00	

TUITION RECOVERY VOUCHER

AGENCY NAME

Workforce Training & Education Coordinating Board  
 128 - 10 Avenue S.W.  
 P.O. Box 43105  
 Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed herein are proper charges for tuition recovery per RCW 28C.10.084

NAME : MICHELLE ANNE IACI  
 ADDRESS : 14714 - 53RD AVE W #106  
 EDMONDS WA 98026

*Annal Shuman* 9/26/06  
 (Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$470.00
	NAME : MICHELLE ANNE IACI					
	S.S. #					
	SCHOOL : CRI CAREER TRAINING					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		470.00	06-095

Approve for Payment by	Date	Total	Warrant Number
		470.00	

## STATE OF WASHINGTON

VOUCHER #

06-078

## TUITION RECOVERY VOUCHER


AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : STACY IRWINADDRESS : 22901 - 35TH AVE WBRIER WA 98036

 8/3/06  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					<b>\$12,909.00</b>
	NAME : <u>STACY IRWIN</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
<b>198</b>	<b>503</b>	<b>04</b>	<b>99</b>		<b>12,909.00</b>	<b>06-078</b>

Approve for Payment by	Date	Total	Warrant Number
		<b>12,909.00</b>	

## TUITION RECOVERY VOUCHER

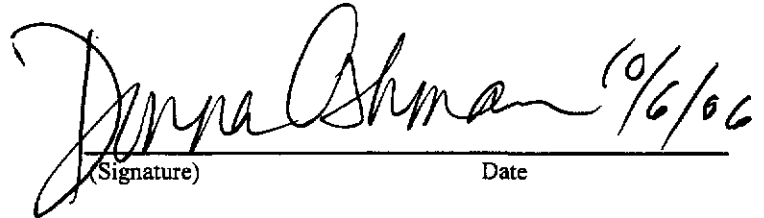
## AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

## CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : RIKKI L. JONESADDRESS : 1464 PARK AVENUETENINO WA 98589

  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$2,095.17
	NAME : <u>RIKKI L. JONES</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		2,095.17	06-109

Approve for Payment by	Date	Total	Warrant Number
		2,095.17	

## STATE OF WASHINGTON

VOUCHER #

06-123

## TUITION RECOVERY VOUCHER

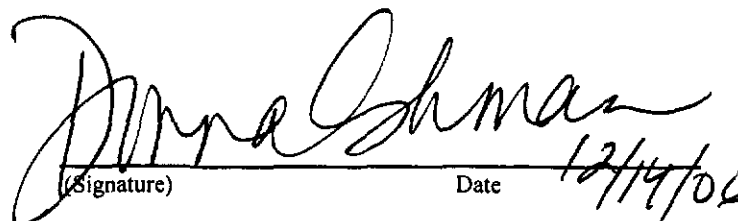
## AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

## CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : RINA JORDANADDRESS : 709 E PIKE ST #116SEATTLE WA 98122

  
(Signature) Date 12/14/06

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$2,094.00
	NAME : <u>RINA JORDAN</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
Date	Current Doc. No.		Ref. Doc. No.		Vendor Number	
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		2,094.00	06-123

Approve for Payment by	Date	Total	Warrant Number
		2,094.00	

TUITION RECOVERY VOUCHER

AGENCY NAME

Arkforce Training & Education Coordinating Board  
 - 10 Avenue S.W.  
 P.O. Box 43105  
 Olympia, WA 98504-3105


WARRANT (Warrant to be payable to)

I hereby certify that the items and totals listed herein are proper charges for tuition recovery per RCW 28C.10.084

NAME : MARIANNE JORDENS

ADDRESS : 4518 - 33RD AVE W

SEATTLE WA 98199

 9/26/06  
 (Signature) Date

Reimbursement to Clients of Tuition Recovery only

Description			Amount			
TUITION REIMBURSEMENT FOR :			\$4,123.00			
NAME : <u>MARIANNE JORDENS</u>						
S.S. # _____						
SCHOOL : <u>CRI CAREER TRAINING</u>						
_____						
Current Doc. No.			Ref. Doc. No.		Vendor Number	
is. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		4,123.00	06-093

Approved for Payment by	Date	Total	Warrant Number
		4,123.00	

## STATE OF WASHINGTON

VOUCHER #

06-117

## TUITION RECOVERY VOUCHER

AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : MICHELE L. KAUFFMANADDRESS : 9746 PHINNEY AVE NSEATTLE WA 98103

(Signature)

Date

10/30/02

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$12,854.00
	NAME : <u>MICHELE L. KAUFFMAN</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		12,854.00	06-117

Approve for Payment by	Date	Total	Warrant Number
		12,854.00	



STATE OF WASHINGTON

VOUCHER #

06-119

## TUITION RECOVERY VOUCHER

AGENCY NAME

Workforce Training & Education Coordinating Board  
28 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : AMBER LAZELLEADDRESS : 23617 - 71ST DR SEWOODINVILLE WA 98072

*Donna Ashman* 11/13/01  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$28,576.00
	NAME : <u>AMBER LAZELLE</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
Date	Current Doc. No.		Ref. Doc. No.		Vendor Number	
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		28,576.00	06-119

Approve for Payment by	Date	Total	Warrant Number
		28,576.00	

## TUITION RECOVERY VOUCHER

AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : LINDA Y. LEEADDRESS : 27405 - 99TH AVE SWVASHON WA 98070

  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$1,966.01
	NAME : <u>LINDA Y. LEE</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
Date	Current Doc. No.		Ref. Doc. No.		Vendor Number	
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		1,966.01	06-100

Approve for Payment by	Date	Total	Warrant Number
		1,966.01	

## STATE OF WASHINGTON

VOUCHER #

06-084

## TUITION RECOVERY VOUCHER

AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : LISA LOGIC  
ADDRESS : PO BOX 1218  
NORTH BEND WA 98045

 10/19/10  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$10,276.64
	NAME : <u>LISA LOGIC</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
	_____					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		10,276.64	06-084

Approve for Payment by	Date	Total	Warrant Number
		10,276.64	

## STATE OF WASHINGTON

VOUCHER #

06-127

## TUITION RECOVERY VOUCHER

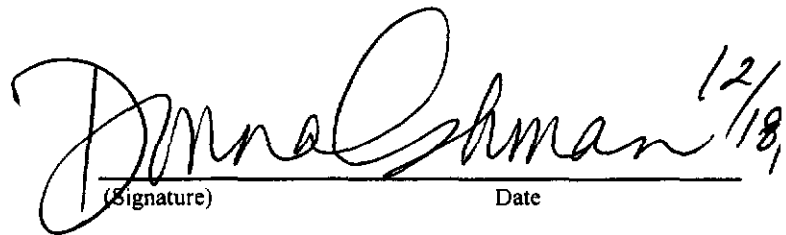
AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : JULIE LOHR  
ADDRESS : 10505 ALTON AVE NE  
SEATTLE WA 98125

  
(Signature) Date 12/18

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$15,279.00
	NAME : <u>JULIE LOHR</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
Date	Current Doc. No.		Ref. Doc. No.		Vendor Number	
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		15,279.00	06-127

Approve for Payment by	Date	Total	Warrant Number
		15,279.00	

STATE OF WASHINGTON

VOUCHER #

06-105

TUITION RECOVERY VOUCHER

AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : AMY F. LY

ADDRESS : 17865 - 28TH AVE NE

LAKE FOREST PARK WA 98155

*Donna Ohman* 10/5/06  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$2,690.00
	NAME : <u>AMY F. LY</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
Date	Current Doc. No.		Ref. Doc. No.		Vendor Number	
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		2,690.00	06-105

Approve for Payment by	Date	Total	Warrant Number
		2,690.00	

STATE OF WASHINGTON

VOUCHER #

06-129

TUITION RECOVERY VOUCHER

AGENCY NAME

Workforce Training & Education Coordinating Board  
28 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed herein are proper charges for tuition recovery per RCW 28C.10.084

NAME : SHERYL D. MAYER

ADDRESS : 1240 SE CRESCENT DR

SHELTON WA 98584

*Donna Shuman* 1/22/07  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description	Amount
	TUITION REIMBURSEMENT FOR :	\$21.87
	NAME : <u>SHERYL D. MAYER</u>	
	S.S. # _____	
	SCHOOL : <u>CRI CAREER TRAINING</u>	
	_____	

Date	Current Doc. No.		Ref. Doc. No.		Vendor Number	
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		21.87	06-129

Approve for Payment by	Date	Total	Warrant Number
		21.87	

STATE OF WASHINGTON

VOUCHER #

06-088

TUITION RECOVERY VOUCHER

AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105


CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : KATHLEEN L. MC DONALD

ADDRESS : 1028 - 23RD AVE E

SEATTLE WA 98112

  
(Signature)

9/25/06  
Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$6,075.00
	NAME : KATHLEEN L. MC DONALD					
	S.S. #					
	SCHOOL : CRI CAREER TRAINING					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		6,075.00	06-088

Approve for Payment by	Date	Total	Warrant Number
		6,075.00	

## TUITION RECOVERY VOUCHER

AGENCY NAME

Workforce Training & Education Coordinating Board  
 128 - 10 Avenue S.W.  
 P.O. Box 43105  
 Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
 herein are proper charges for tuition recovery  
 per RCW 28C.10.084

NAME : JUDY MC KINNEY

ADDRESS : 18102 - 15TH AVE NE #310

SHORELINE WA 98155



(Signature)

8/31/06

Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$19,900.00
	NAME : JUDY MC KINNEY					
	S.S. #					
	SCHOOL : CRI CAREER TRAINING					
Date	Current Doc. No.		Ref. Doc. No.		Vendor Number	
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		19,900.00	06-080

Approve for Payment by	Date	Total	Warrant Number
		19,900.00	



STATE OF WASHINGTON

VOUCHER #

06-094

## TUITION RECOVERY VOUCHER

AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : WILLIAM A. MC LAUGHLIN  
ADDRESS : 9518 - 49TH AVE W #15G  
MUKILTEO WA 98225

 9/26/06  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description				Amount			
	TUITION REIMBURSEMENT FOR :				\$1,455.00			
	NAME : <u>WILLIAM A. MC LAUGHLIN</u>							
	S.S. # _____							
	SCHOOL : <u>CRI CAREER TRAINING</u>							
	_____							
Date	Current Doc. No.		Ref. Doc. No.		Vendor Number			
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number		
198	503	04	99		1,455.00	06-094		

Approve for Payment by	Date	Total	Warrant Number
		1,455.00	

## TUITION RECOVERY VOUCHER

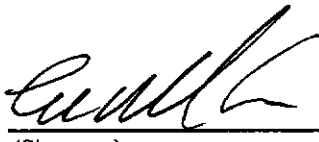
## AGENCY NAME

Workforce Training & Education Coordinating Board  
 128 - 10 Avenue S.W.  
 P.O. Box 43105  
 Olympia, WA 98504-3105

## CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
 herein are proper charges for tuition recovery  
 per RCW 28C.10.084

NAME : HEATHER MC MANAMONADDRESS : 14200 NE 171st ST #H-101WOODINVILLE WA 98072

 8/3/10  
 (Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$17,232.00
	NAME : <u>HEATHER MC MANAMON</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		17,232.00	06-073

Approve for Payment by	Date	Total	Warrant Number
		17,232.00	

TUITION RECOVERY VOUCHER


AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed herein are proper charges for tuition recovery per RCW 28C.10.084

NAME : CARSON S. MINCEMOYER  
ADDRESS : 623 NW 83RD ST  
SEATTLE WA 98117

  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$1,951.00
	NAME : CARSON S. MINCEMOYER					
	S.S. #					
	SCHOOL : CRI CAREER TRAINING					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		1,951.00	06-102

Approve for Payment by	Date	Total	Warrant Number
		1,951.00	

## TUITION RECOVERY VOUCHER


## AGENCY NAME

Workforce Training & Education Coordinating Board  
 128 - 10 Avenue S.W.  
 P.O. Box 43105  
 Olympia, WA 98504-3105

## CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
 herein are proper charges for tuition recovery  
 per RCW 28C.10.084

NAME : CHRISTINA MULCAHYADDRESS : 6038 - 4TH AVE NWSEATTLE WA 98107

  
 (Signature) 8/3/06  
 Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$11,174.00
	NAME : <u>CHRISTINA MULCAHY</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		11,174.00	06-081

Approve for Payment by	Date	Total	Warrant Number
		11,174.00	

## TUITION RECOVERY VOUCHER

## AGENCY NAME

Workforce Training & Education Coordinating Board  
 128 - 10 Avenue S.W.  
 P.O. Box 43105  
 Olympia, WA 98504-3105

## CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
 herein are proper charges for tuition recovery  
 per RCW 28C.10.084

NAME : CHARLOTT L. NAGAI  
 ADDRESS : 4803 - 224TH ST SW  
MOUNTLAKE TERRACE WA 98043

*Anna Shuman* 11/07/2006  
 (Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
0	TUITION REIMBURSEMENT FOR :					\$23,875.00
CL	NAME : <u>CHARLOTT L. NAGAI</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		23,875.00	06-118

Approve for Payment by	Date	Total	Warrant Number
		23,875.00	

## TUITION RECOVERY VOUCHER

## AGENCY NAME

Workforce Training & Education Coordinating Board  
 128 - 10 Avenue S.W.  
 P.O. Box 43105  
 Olympia, WA 98504-3105

## CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
 herein are proper charges for tuition recovery  
 per RCW 28C.10.084

NAME : JOCELYN NYSTROMADDRESS : 12028 NE 138TH PLKIRKLAND WA 98034

*Donna Shuman* 10/30/06  
 (Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$25,277.00
	NAME : <u>JOCELYN NYSTROM</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		25,277.00	06-113

Approve for Payment by	Date	Total	Warrant Number
		25,277.00	

## TUITION RECOVERY VOUCHER


## AGENCY NAME

Workforce Training & Education Coordinating Board  
 128 - 10 Avenue S.W.  
 P.O. Box 43105  
 Olympia, WA 98504-3105

## CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
 herein are proper charges for tuition recovery  
 per RCW 28C.10.084

NAME : CHERYL PARESA  
 ADDRESS : 12303 HARBOUR POINT BLVD #L205  
MUKILTEO WA 98275

  
 (Signature)

8/31/06  
 Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$33,700.00
	NAME : <u>CHERYL PARESA</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
	_____					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		33,700.00	06-071

Approve for Payment by	Date	Total	Warrant Number
		33,700.00	

## TUITION RECOVERY VOUCHER

## AGENCY NAME

Workforce Training & Education Coordinating Board  
 128 - 10 Avenue S.W.  
 P.O. Box 43105  
 Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
 herein are proper charges for tuition recovery  
 per RCW 28C.10.084

NAME : MELISSA PRIELADDRESS : 5313 - 188TH ST SW #8LYNNWOOD WA 98037

*Donna Shuman* 9/106  
 (Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$14,912.00
	NAME : <u>MELISSA PRIEL</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		14,912.00	06-085

Approve for Payment by	Date	Total	Warrant Number
		14,912.00	



## TUITION RECOVERY VOUCHER

## AGENCY NAME

Workforce Training & Education Coordinating Board  
 128 - 10 Avenue S.W.  
 P.O. Box 43105  
 Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
 herein are proper charges for tuition recovery  
 per RCW 28C.10.084

NAME : KAYLA RAUSCHERADDRESS : 3116 - 164TH ST SW #907LYNNWOOD WA 98087
  
 (Signature)

8/3/06  
 Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$20,750.00
	NAME : <u>KAYLA RAUSCHER</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
	_____					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		20,750.00	06-079

Approve for Payment by	Date	Total	Warrant Number
		20,750.00	

STATE OF WASHINGTON

VOUCHER #

06-124

## TUITION RECOVERY VOUCHER

## AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : TRACEY L. PRENTICEADDRESS : 21806 POPLAR WAYBRIER WA 98036

(Signature)

Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$1,148.00
	NAME : <u>TRACEY L. PRENTICE</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
	_____					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		1,148.00	06-124

Approve for Payment by	Date	Total	Warrant Number
		1,148.00	

TUITION RECOVERY VOUCHER

AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed herein are proper charges for tuition recovery per RCW 28C.10.084

NAME : PHILLIP B. PUZIO  
ADDRESS : 7312 - 126TH AVE NE  
KIRKLAND WA 98033

*Donna L. Schuman* 9/26/06  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$912.00
	NAME : PHILLIP B. PUZIO					
	S.S. #					
	SCHOOL : CRI CAREER TRAINING					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		912.00	06-098

Approve for Payment by	Date	Total	Warrant Number
		912.00	

STATE OF WASHINGTON

VOUCHER #

06-106

TUITION RECOVERY VOUCHER

AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : WENDE L. QUESNELL

ADDRESS : 2350 - 217TH PL SW

BRIER WA 98036

*Donna Shuman* 10/5/06  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$642.00
	NAME : <u>WENDE L. QUESNELL</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		642.00	06-106

Approve for Payment by	Date	Total	Warrant Number
		642.00	

## TUITION RECOVERY VOUCHER

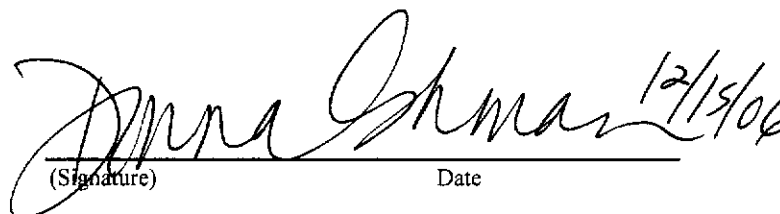
AGENCY NAME

Workforce Training & Education Coordinating Board  
 128 - 10 Avenue S.W.  
 P.O. Box 43105  
 Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
 herein are proper charges for tuition recovery  
 per RCW 28C.10.084

NAME : CRYSTAL RECTORADDRESS : 17107 - 103RD PL NEGRANITE FALLS WA 98252

  
 (Signature) Date 12/15/06

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$300.00
	NAME : <u>CRYSTAL RECTOR</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		300.00	06-125

Approve for Payment by	Date	Total	Warrant Number
		300.00	

TUITION RECOVERY VOUCHER

AGENCY NAME

Workforce Training & Education Coordinating Board  
18 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed herein are proper charges for tuition recovery per RCW 28C.10.084

NAME : ANDREA R. SALINAS  
ADDRESS : 1660 S 58TH ST  
TACOMA WA 98408

*Donna Schman* 10/30/06  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

te	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$1,162.05
	NAME : <u>ANDREA R. SALINAS</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
te	Current Doc. No.		Ref. Doc. No.			Vendor Number
ans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		1,162.05	06-116

Approve for Payment by	Date	Total	Warrant Number
		1,162.05	

## TUITION RECOVERY VOUCHER

AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

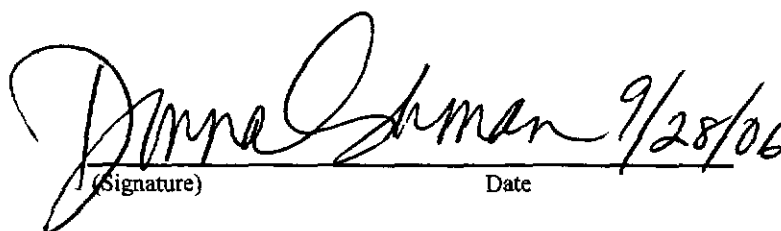
CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : TYLER M. SNOW

ADDRESS : 7229 NE 156TH ST

KENMORE WA 98028

  
(Signature) Date 9/28/06

Reimbursement to Clients of Tuition Recovery only

Date	Description	Amount
	TUITION REIMBURSEMENT FOR :	\$274.00
	NAME : TYLER M. SNOW	
	S.S. #	
	SCHOOL : CRI CAREER TRAINING	

Date	Current Doc. No.		Ref. Doc. No.		Vendor Number	
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		274.00	06-103

approve for Payment by	Date	Total	Warrant Number
		274.00	

TUITION RECOVERY VOUCHER

AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : SANDY L. SPOLAR  
ADDRESS : 9009 W MALL DR #610  
EVERETT WA 98208

 9/26/06  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$5,946.00
	NAME : SANDY L. SPOLAR					
	S.S. #					
	SCHOOL : CRI CAREER TRAINING					
Date	Current Doc. No.		Ref. Doc. No.		Vendor Number	
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		5,946.00	06-096

Approve for Payment by	Date	Total	Warrant Number
		5,946.00	



## TUITION RECOVERY VOUCHER

## AGENCY NAME

Workforce Training & Education Coordinating Board  
128 - 10 Avenue S.W.  
P.O. Box 43105  
Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
herein are proper charges for tuition recovery  
per RCW 28C.10.084

NAME : JULIA B. STEELEADDRESS : 2413 NW 62ND ST #B1SEATTLE WA 98107

 9/26/06  
(Signature) Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$4,382.00
	NAME : <u>JULIA B. STEELE</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					

Date	Current Doc. No.		Ref. Doc. No.		Vendor Number	
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		4,382.00	06-099

Approve for Payment by	Date	Total	Warrant Number
		4,382.00	

## TUITION RECOVERY VOUCHER


## AGENCY NAME

Workforce Training & Education Coordinating Board  
 128 - 10 Avenue S.W.  
 P.O. Box 43105  
 Olympia, WA 98504-3105

CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
 herein are proper charges for tuition recovery  
 per RCW 28C.10.084

NAME : CONSTANCE WELLSADDRESS : 6013 BEAR CREEK CTCOLUMBUS GA 31909

  
 (Signature) 8/31/06  
 Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$21,000.00
	NAME : <u>CONSTANCE WELLS</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
	_____					
Date	Current Doc. No.		Ref. Doc. No.		Vendor Number	
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		21,000.00	06-083

Approve for Payment by	Date	Total	Warrant Number
		21,000.00	

## TUITION RECOVERY VOUCHER

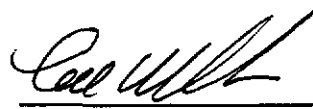
## AGENCY NAME

Workforce Training & Education Coordinating Board  
 128 - 10 Avenue S.W.  
 P.O. Box 43105  
 Olympia, WA 98504-3105

## CLAIMANT ( Warrant to be payable to )

I hereby certify that the items and totals listed  
 herein are proper charges for tuition recovery  
 per RCW 28C.10.084

NAME : TINA JUAREZ WILLISADDRESS : 2323 OAKES AVEEVERETT WA 98201

  
 (Signature)

8/3/10  
 Date

Reimbursement to Clients of Tuition Recovery only

Date	Description					Amount
	TUITION REIMBURSEMENT FOR :					\$26,408.00
	NAME : <u>TINA JUAREZ WILLIS</u>					
	S.S. # _____					
	SCHOOL : <u>CRI CAREER TRAINING</u>					
Date	Current Doc. No.		Ref. Doc. No.			Vendor Number
Trans. Code	Fund	Major Group	Major Source	Sub Source	Amount	Invoice Number
198	503	04	99		26,408.00	06-082

Approve for Payment by	Date	Total	Warrant Number
		26,408.00	