FROM (DEPT/ DIVISION): Kim Beck CDDP	
SUBJECT: Training Payable – Safety Training	
Background: Approval is sought for payment for Safety Training. The payable is before the Board due to the amount.	Requested Action: Approve payable to Kola Shippentower Thompson in the amount of \$6,950.00
ATTACHMENTS: Payable	
*********For International Checkoffs:	al Use Only*********
() Dept. Head (copy)() Budget (copy)() Fiscal	To be notified of Meeting: Kim Beck
() Budget (copy) () Fiscal (X) Legal (copy) () (Other - List:)	Needed at Meeting:
*************	*******
Scheduled for meeting on: November 5, 2025	

Action taken:

AGENDA ITEM FOR ADMINISTRATIVE MEETING

() Discussion only (X) Action

UMATILLA COUNTY PAYMENT REQUEST

PEID-AC	77384	Call Finance for PEID #		AUTHORIZATION-APPROVAL	ON-APPROVAL	
NAME	Kola Shippentower Thompson	nosdi	DEPARTMENT	Kale	¥	DATE PAID
ADDRESS			CFO	SIGNATURE IF OVER \$1,000	OVER \$1,000	
ADDRESS	50 NE Mount Hebron Drive	Ve	Board	DATE - ATTACH APPROVAL	H APPROVAL	CHECK NUMBER
CITY, STATE, ZIP	CITY, STATE, ZIP Pendleton, OR 97801		SUBMITTED	11/3/	11/3/2025	RETURN - HOLD
	THE COOK	i voitai a conta		1000	L	
AMOON	ACCOUNI #	DESCRIPTION	INVOICE NUMBER	INVOICE LOIAL	INVOICE DATE	FINANCE CODES
\$1,450.00	2185-10-54900-590000	2185-10-54900-590000 10.13.2025 Safety Trainng Workshop	10132025	\$1,450.00	2/24/25	
\$5,500.00		2185-10-54900-590000 11.19.25 Master Trainer Safety Training	11192025	\$5,500.00		
		2024-2025 ODDS SE Grant				
\$6,950.00	\$6,950.00 PAGE TOTAL		Office Use: Pretravel Auth rec:	with rec:	Contract Reviewed:	Routine:
\$6,950.00	\$6,950.00 GRAND TOTAL		Office Use: Tax ID Reviewed:		Quotes: Bids:	



ISSUED TO:

Developmental Disabilities Program 817 SE 13th Pendleton OR 97801 INVOICE NO: #10132025

10.30.2025

DESCRIPTION	UNIT PRICE	QTY	TOTAL
10.13 Safety Training Workshop - 5 attendees	\$1,450	1	\$1,450

TOTAL		\$1,450.00
<u></u>	Balance Due	\$1,450.00

PAYMENT DETAILS

Checks made payable to: Kola Thompson 50 NE Mount Hebron Dr

Pendleton OR 97801

PayPal: @KolaShippentower Venmo: @kshippentower CashApp: \$kshippentower thank



ISSUED TO:

Developmental Disabilities Program 817 SE 13th Pendleton OR 97801 INVOICE NO:

#11192025

10.30.2025

DESCRIPTION	UNIT PRICE	QTY	TOTAL
11.19 Master Trainer Safety Training - 12 attendees - 6 hours	\$5,500	1	\$5,500

TOTAL	\$5,500.00
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Balance Due \$5,500.00

PAYMENT DETAILS

Checks made payable to: Kola Thompson

50 NE Mount Hebron Dr Pendleton OR 97801

PayPal: @KolaShippentower Venmo: @kshippentower CashApp: \$kshippentower thank