

Exhibit E

PROPOSED BUDGET

Agency Name:
Coordinator/Contact:
Address:
Phone:

Descriptions	Costs	Requested Budget	Remaining Balance
A. Personnel Costs			
Title:			
Salary and Benefits			0
Duties Description:			
Title:			
Salary and Benefits			0
Duties Description:			
Title:			
Salary and Benefits			0
Duties Description:			
Title:			
Salary and Benefits			0
Duties Description:			
Title:			
Salary and Benefits			0
Duties Description:			
Total Personnel:		0.00	0.00
B. Operational Costs (Rent, Utilities, Phones, etc.)			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Total Operating Costs:		0	0
C. Consumables/Supplies (Supplies and Consumables should be separate)			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Total Consumable/Supplies:		0	0
D. Transportation/Travel (Local and Out-of-County should be separate)			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Total Transportation/Travel Costs:		0	0
E. Fixed Assets			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Total Other Costs:		0	0
Budget Total:		0.00	

EXHIBIT F

Exhibit F - Measure Z - Proposed Invoice

Agency Name:
Coordinator/Contact:
Address:
Phone:

Invoice Date: _____

Invoice # MZ- _____

Invoice Period: _____

Description	Cost	Total Amount Due
Personnel Costs (Wages and Benefits)	\$0.00	
Operational Costs (Rent, Utilities, Phones, etc.)	\$0.00	
Consumables/Supplies (Supplies and Consumables should be separate)	\$0.00	
Transportation/Travel (Local and out of county should be separate)	\$0.00	
Other (Indirect Costs, Contracts, etc.)	\$0.00	
		\$0.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the expenditures are in accordance with the approved Agreement cited for services provided under the provision of that agreement. Full justification and backup records for the expenditures are maintained in our office at the address indicated.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Approved by County Administrative Office: _____ Date: _____

Humboldt County Administrative Office
 825 Fifth Street, Room 112
 Eureka Ca 95501



cao@co.humboldt.ca.us
 (707) 445-7266

Notes on using the budget and invoice template

- 1 We prefer this form over others but other formats may be used as long as all requested information is provided
- 2 Complete the Budget tab first, the Invoice tab will auto-populate the appropriate fields based on this data.
- 3 Be sure to sign the invoice and budget documents before submitting
- 4 All invoice categories and items should match the approved project budget

NOTE: The worksheet has been created to assist in the completion of the invoice. The worksheet will self populate the invoice except on highlighted cells. The worksheet is a tool to use to insure that all expenditures are accurately represented.