

Measure Z - Invoice

Humboldt County Fire Chiefs Association
Contact -- Bill Gillespie
533 C Street, Eureka, CA 95501
707-441-4000

Invoice Date: 1/29/2016

Invoice # MZ- _____ 0

Invoice Period: Oct. - Dec. 2015

Description	Cost	Total Amount Due
Personnel Costs (Wages and Benefits)		
	\$0.00	
Operational Costs (Rent, Utilities, Phones, etc.)	\$5,759.69	\$5,759.69
First Quarter Dispatch Fees, Processed 12-23-15		
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.)	\$644,003.13	\$644,003.13
Wildland PPE, 179 sets. PO# U61554 (\$157,865.11)		
Structural PPE, 204 sets. PO# 61567 (431,100.14)		
Self Contained Breathing Apparatus, Bottles, Masks. PO# 61555 (\$55,037.88)		
		\$649,762.82

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 and date: Bill Gillespie 1-28-2016

Print Name and Title: Bill Gillespie, Vice President, Humboldt County Fire Chiefs Association

Send invoice to:

COUNTY OF HUMBOLDT
 County Administrative Office
 825 Fifth Street, Room 112
 Eureka Ca 95501



(707) 445-7266

_____ Date

_____ Date

Budget
Agency Name

Invoice Date: 1/29/16

Invoice # MZ- _____

Invoice Period: Oct. - Dec. 2015

Descriptions	Amounts	Approved Budget	Remaining Balance
A. Personnel Costs			
Title: Salary and Benefits Calculation: Duties Description:			0.00
Title: Salary and Benefits Calculation: Duties Description:			0
Title: Salary and Benefits Calculation: Duties Description:			0
Title: Salary and Benefits Calculation: Duties Description:			0
Total Personnel:		0.00	0.00
B. Operational Costs (Rent, Utilities, Phones, etc.)			
Title: Dispatch Fees Description: First Quarter Dispatch Fees, processed 12-23-15	5,759.69		
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

Budget
Agency Name

Invoice Date: 1/29/16

Invoice # MZ- _____

Invoice Period: Oct. - Dec. 2015

Descriptions	Amounts	Approved Budget	Remaining Balance
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: Structural and Wildland PPE	588965.25		
Description: PO #6157 (\$431,100.14)- Structural PPE, 2014 sets; PO#61554 (\$157,865.11) - Wildland PPE, 179 sets			
Title: Self Contained Breathing Apparatus	55037.88		
Description: PO #61555 (\$55,037.88) 7 SCBA w/cylinder, 24 cylinder, 16 face piece			
Total Other Costs:		649,762.82	2,234,735.00
Invoice Total:		649,762.82	189,472.10
		Remaining 1st Qtr	
		839234.92	