

Measure Z - Invoice

Area 1 Agency on Aging
Russell Shorey
434 7th. St., Eureka, CA 95501
(707) 442-3763

Invoice Date: 4/29/2016

Invoice # MZ- _____ 0

Invoice Period: Jan - March 2016

| Description | Cost | Total Amount Due |
|--|------------|-------------------|
| Personnel Costs (Wages and Benefits) | | |
| | \$2,246.23 | |
| | | |
| Operational Costs (Rent, Utilites, Phones, etc.) | \$359.40 | |
| | | |
| Consumables/Supplies (Supplies and Consumables should be separate) | \$0.00 | |
| | | |
| Transportation/Travel (Local and out of county should be separate) | \$7.37 | |
| | | |
| Other (Indirect Costs, Contracts, etc.) | \$0.00 | |
| | | |
| | | \$2,613.00 |

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 and date: 

Print Name and Title: Russell Shorey, Director of Finance

Send invoice to:
COUNTY OF HUMBOLDT
 County Administrative Office
 825 Fifth Street, Room 112
 Eureka Ca 95501



4/29/16

 Date

 Date

(707) 445-7266

Budget
Agency Name

Invoice Date: 4/29/16

Invoice # MZ- _____

Invoice Period: Jan - March 2016

| Descriptions | Amounts | Approved Budget | Remaining Balance | |
|--|----------|-----------------|-------------------|------------|
| A. Personnel Costs | | | | |
| Title: Ombudsman Manager | | | | |
| Salary and Benefits | | | | |
| Calculation: | 2,246.23 | | (2,246.23) | |
| Duties Description: Manage Ombudsman Operations | | | | |
| Title: | | | | |
| Salary and Benefits | | | | |
| Calculation: | | | 0 | |
| Duties Description: | | | | |
| Title: | | | | |
| Salary and Benefits | | | | |
| Calculation: | | | 0 | |
| Duties Description: | | | | |
| Title: | | | | |
| Salary and Benefits | | | | |
| Calculation: | | | 0 | |
| Duties Description: | | | | |
| Total Personnel: | | 2,246.23 | 0.00 | (2,246.23) |
| B. Operational Costs (Rent, Utilities, Phones, etc.) | | | | |
| Title: | | | | |
| Description: Building Rent | | | 0 | |
| Title: | | | | |
| Description: Cleaning & Maintenance | | | 0 | |
| Title: | | | | |
| Description: Utilities | | | 0 | |
| Title: | | | | |
| Description: Overhead | 359.4 | | -359.4 | |
| Total Operating Costs: | | 359.4 | 0 | -359.4 |
| C. Consumables/Supplies (Supplies and Consumables should be separate) | | | | |
| Title: | | | | |
| Description: Office Supplies | | | 0 | |
| Title: | | | | |
| Description: Postage & Copier costs1 | | | 0 | |
| Title: | | | | |
| Description: Volunteer Recognition | | | 0 | |
| Title: | | | | |
| Description: Advertising | | | 0 | |
| Total Consumable/Supplies: | | 0 | 0 | 0 |

Budget
Agency Name

Invoice Date: 4/29/16

Invoice # MZ- _____

Invoice Period: Jan - March 2016

| Descriptions | Amounts | Approved Budget | Remaining Balance |
|--|---------|-----------------|-------------------|
| D. Transportation/Travel (Local and Out-of-County should be separate) | | | |
| Title: | | | |
| Description: Travel - Staff | 7.37 | | -7.37 |
| Title: | | | |
| Description: | | | 0 |
| Title: | | | |
| Description: | | | 0 |
| Total Transportation/Travel Costs: | | 7.37 | 0 |
| E. Fixed Assets | | | |
| Title: | | | |
| Description: | | | 0 |
| Title: | | | |
| Description: | | | 0 |
| Total Other Costs: | | 0 | 0 |
| Invoice Total: | | 2,613.00 | |