

Measure Z - Invoice

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

Invoice Date: 7/29/2016

Invoice # MZ- _____ 0

Invoice Period: April - June 2016

| Description | Cost | Total Amount Due |
|--|------------|-------------------|
| Personnel Costs (Wages and Benefits) | | |
| | \$2,625.00 | |
| Operational Costs (Rent, Utilites, 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 | |
| | | \$2,625.00 |

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: *Russell Shorey*

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



7/29/16
Date

Date

(707) 445-7266