

ATTACHMENT II - EXHIBIT B

Measure Z - Invoice

Agency Name Coordinator/Contact Address Phone

Invoice Date: 12/31/2016

Invoice # MZ- 2

Invoice Period: 10/31/16-12/31/16

Description	Cost	Total Amount Due
Personnel Costs (Wages and Benefits)	\$7,332.18	
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	
		\$7,332.18

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: *Brooke Woodcox* 30-Jan-17

Print Name and Title: Brooke Woodcox, Finance Director

Send invoice to:

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



_____ Date

_____ Date

(707) 445-7266