

ATTACHMENT II - EXHIBIT E

Measure Z - Invoice

<p>City of Trinidad City Manager Daniel Berman P.O. Box 390, Trinidad, CA 95570 707-498-4937</p>

Invoice Date: June 29th, 2017

Invoice # MZ- _____

Invoice Period: July 1 2016-June 29 2017

Description	Cost	Total Amount Due
Personnel Costs (Wages and Benefits)	\$75,000.00	
Costs are for Sheriff Deputy Services in Trinidad via our contract with HCSO.		
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.)		
		\$75,000.00

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:

Daniel Berman 6/29/17

Print Name and Title: **Daniel Berman, City Manager**

Send invoice to:

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



29-Jun-17

Date

Date

(707) 445-7266