

ATTACHMENT II - EXHIBIT E

Measure Z - Invoice

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

Invoice Date: 1/29/2018

Invoice # MZ- _____
 Invoice Period: Oct - Dec 2017

Description	Cost	Total Amount Due
Personnel Costs (Wages and Benefits)		
	\$9,717.00	
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	
		\$9,717.00

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* 1/29/2018

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



(707) 445-7266

1/29/18

 Date

 Date
