

# ATTACHMENT II - EXHIBIT B

## Measure Z - Invoice

**City of Rio Dell**  
**Brooke Woodcox**  
**675 Wildwood Ave**  
**764-3532**

Invoice Date: 12/31/2017

Invoice # MZ- 6

Invoice Period: Oct - Dec 2017

Description	Cost	Total Amount Due
Personnel Costs (Wages and Benefits)	\$5,858.41	
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	
		<b>\$5,858.41</b>

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: \_\_\_\_\_

Send invoice to

**COUNTY OF HUMBOLDT**  
 County Administrative Office  
 825 Fifth Street, Room 112



Date \_\_\_\_\_

# ATTACHMENT II - EXHIBIT B

Eureka Ca 95501



Date

(707) 445-7266

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ATTACHMENT II - EXHIBIT A  
Budget  
City of Rio Dell

Invoice Date: 12/31/17

Invoice # MZ- 6

Invoice Period: Oct - Dec 2017

Descriptions	Amounts	Approved Budget	Remaining Balance
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**A. Personnel Costs**

Title: Records Technician Salary and Benefits Calculation: \$16.91/hour, plus FICA and Workers Comp. (Actual amount) Answering the phone, waiting on the public, issuing animal licenses, processing records requests, scanning/filing into paperless storage Duties Description: system, assist with code enforcement & nuisance abatement.	5,858.41	34,100.00	28,241.59
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Title: Salary and Benefits Calculation: Duties Description:			0.00
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Title: Salary and Benefits Calculation: Duties Description:			0
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Title: Salary and Benefits Calculation: Duties Description:			0
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<b>Total Personnel:</b>	5,858.41	34,100.00	28,241.59
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**B. Operational Costs (Rent, Utilities, Phones, etc.)**

Title: Description:			
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Title: Description:			
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Title: Description:			
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Title: Description:			
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<b>Total Operating Costs:</b>	0	0	0
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**C. Consumables/Supplies (Supplies and Consumables should be separate)**

Title: Description:			
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Title: Description:			
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ATTACHMENT II - EXHIBIT A  
Budget  
City of Rio Dell

Invoice Date: 12/31/17

Invoice # MZ- 6

Invoice Period: Oct - Dec 2017

Descriptions	Amounts	Approved Budget	Remaining Balance
Title:			
Description:			
Title:			
Description:			

**Total Consumable/Supplies:** 0 0 0

**D. Transportation/Travel (Local and Out-of-County should be separate)**

Title:			
Description:			
Title:			
Description:			
Title:			
Description:			

**Total Transportation/Travel Costs:** 0 0 0

**E. Fixed Assets**

Title:			
Description:			
Title:			
Description:			

**Total Other Costs:** 0 0 0

**Invoice Total:** 5,858.41

## Notes on using the invoice template

- 1 We prefer this form over others but other invoice formats may be used as long as all requested information is provided
- 2 Be sure to sign the invoice. Electronic submissions still need signatures.
- 3 Invoices may be submitted electronically to [crivera@co.humboldt.ca.us](mailto:crivera@co.humboldt.ca.us)
- 4 All invoice categories and items should match the approved project budget
- 5 Do not submit receipts, bills or other documentation with invoices, but do keep those for your records
- 6 ~~Invoices can be submitted at any time but should not be submitted more frequently than monthly.~~

The invoice worksheet has been created to assist in the completion of the invoice. If you choose to use the worksheet, it will self populate the invoice except on highlighted cells.

## **Notes on using the invoice template**

In an effort to help the invoicing process be as simplified as possible DHHS Financial Services has provided the attached invoice and worksheet. These documents are also available electronically and will self populate from the worksheet to the invoice. In addition below we have provided a few reminders when submitting the invoice.

- \* While we prefer that the provided attached invoice and worksheet, other formats may be used as long as it contains all the same information.
- \* Be sure to sign the invoice. Electronic submissions still need signatures.
- \* Invoices may be submitted electronically to; [crivera@co.humboldt.ca.us](mailto:crivera@co.humboldt.ca.us)
- \* All invoice categories and items should match the approved project budget.
- \* Receipts, bills or other documentation for expenses invoiced are not required to be submitted with the invoice, however they are required to be accessible upon requested. Please be sure to keep them.
- \* Agreements in excess of \$10,000 are required to submit regular invoices. Agreements of \$10,000 or less are only required to submit a final invoice at the end of the agreement term. Invoices can be submitted either Monthly or Quarterly. They should not be submitted more frequently than monthly.
- \* Budget changes should be discussed with the CalFresh Outreach Coordinator. Generally changes smaller than 20% of the total budget do not require prior written approval from DHHS. Any shifts in the total amount of the personnel category must be approved by DHHS.
- \* Indirect costs are not allowed to exceed 10% of Salary and Benefits.