

Humboldt Community Access & Resource Ce

1707 E Street, Suite #2
Eureka, CA 95501

INVOICE

Invoice Number: 5062
Invoice Date: Apr 10, 2018
Page: 1

Voice: 707-443-7077
Fax: 707-798-6292

Bill To:
COUNTY OF HUMBOLDT COUNTY ADMINISTRATIVE OFFICE 825 FIFTH ST., ROOM 112 EUREKA, CA 95501

Ship to:
COUNTY OF HUMBOLDT COUNTY ADMINISTRATIVE OFFICE 825 FIFTH ST., ROOM 112 EUREKA, CA 95501

Customer ID	Customer PO	Payment Terms	
MEASURE Z	w68079	Net 45 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Airborne		5/25/18

Quantity	Item	Description	Unit Price	Amount
		Personnel Costs 1-1-18 - 3/31/18		10,561.55
Subtotal				10,561.55
Sales Tax				
Total Invoice Amount				10,561.55
Payment/Credit Applied				
TOTAL				10,561.55

Check/Credit Memo No:

ATTACHMENT II - EXHIBIT F

Measure Z - Invoice

HCAR - 2-1-1 Humboldt
Jeanette Hurst
1707 E St., Suite 2 Eureka, CA 95501
707-443-7077-

Invoice Date: 4/15/2018

Invoice # MZ- _____

Invoice Period: 1/1/18-1/31/18

Description	Cost	Total Amount Due
Personnel Costs (Wages and Benefits)	\$10,561.55	
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	
		\$10,561.55

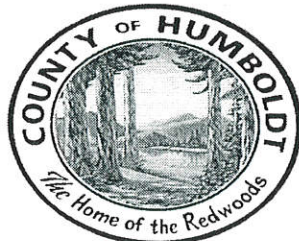
I certify that the information provided above is, to the best of my knowledge, complete and accurate; the expenditures are in accordance with the approved Agreement cited for services provided under the provision of that agreement. Full justification and backup records for the expenditures are maintained in our office at the address indicated.

Signature and date: *Tresa Bellairs* 4/9/18

Print Name and Title: Tresa Bellairs, Fiscal Director

Send invoice to:

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



_____ Date

_____ Date

(707) 445-7266

ATTACHMENT II - EXHIBIT E
Budget
HCAR - 2-1-1 Humboldt

Invoice Date: 4/10/18

Invoice # MZ- _____

Invoice Period: 1/1/18-3/31/18

Descriptions	Amounts	Approved Budget	Remaining Balance
A. Personnel Costs			
Title: Program Manager Salary and Benefits Calculation: Salaries & Benefits for Program Manager Duties Description:	10,561.55		(10,561.55)
Title: Salary and Benefits Calculation: Duties Description:			0
Title: Salary and Benefits Calculation: Duties Description:			0
Title: Salary and Benefits Calculation: Duties Description:			0
Total Personnel:		10,561.55	0.00
B. Operational Costs (Rent, Utilities, Phones, etc.)			
Title: Description:			0
Title: Description:			0
Title: Description:			0
Title: Description:			0
Total Operating Costs:		0	0
C. Consumables/Supplies (Supplies and Consumables should be separate)			
Title: Description:			0
Title: Description:			0
Title: Description:			0
Total Consumable/Supplies:		0	0

ATTACHMENT II - EXHIBIT E
Budget
HCAR - 2-1-1 Humboldt

Invoice Date: 4/10/18

Invoice # MZ- _____

Invoice Period: 1/1/18-3/31/18

Descriptions	Amounts	Approved Budget	Remaining Balance
D. Transportation/Travel (Local and Out-of-County should be separate)			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Total Transportation/Travel Costs:		0	0
E. Fixed Assets			
Title:			
Description:			
Title:			
Description:			
Total Other Costs:		0	0
Invoice Total:		10,561.55	