

ATTACHMENT II - EXHIBIT F

AL TO PAY
110010322102

W01903

Measure Z - Invoice

Agency Name MCC
Coordinator/Contact KATHLEEN SONN
Address
Phone

Invoice Date: July 30, 2018

Invoice # MZ- 024

Invoice Period: 4th Quarter

Description	Cost	Total Amount Due
Personnel Costs (Wages and Benefits)		
RCAA - Planning Consultants for walkability	\$0.00 3,915.80	
Operational Costs (Rent, Utilities, Phones, etc.)	\$0.00	
Consumables/Supplies (Supplies and Consumables should be separate)	\$0.00	
Community Informational meeting	100.00	
MCC office Supplies - Information disseminator	320.00	
Transportation/Travel (Local and out of county should be separate)	\$0.00	
Other (Indirect Costs, Contracts, etc.)	\$0.00	
		4,335.80 \$0.00

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: Kathleen July 30, 2018

Print Name and Title: Kathleen Sonn, MCC board member

Send Invoice to:

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



(707) 445-7266

_____	Date
_____	Date

ATTACHMENT II - EXHIBIT E
Budget
Agency Name

Invoice Date: July 30, 2018

Invoice # MZ- _____

Invoice Period: 4th Quarter

Descriptions	Amounts	Approved Budget	Remaining Balance
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A. Personnel Costs

Title: <u>RCAA - Walkability planning Consultants</u> Salary and Benefits Calculation: <u>Invoice #4 & #5 (1,158.30 & 2,757.50)</u> Duties Description: <u>Assesment of safety in downtown WC</u>	<u>3,915.80</u>	<u>11,500.00</u>	0.00 <u>2,249.76</u>
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: 3,915.80 ~~0.00~~ 0.00 0.00

B. Operational Costs (Rent, Utilities, Phones, etc.)

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

Total Operating Costs: 0 0 0

C. Consumables/Supplies (Supplies and Consumables should be separate)

Title: <u>Community Information Meeting</u> Description: <u>Information dissemination & refreshments</u>	<u>100.00</u>	<u>1,000.00</u>	
Title: <u>Office Supplies</u> Description: <u>Ink, and office supplies</u>	<u>320.00</u>		
Title:			
Description:			
Title:			
Description:			

ATTACHMENT II - EXHIBIT E
Budget
Agency Name

Invoice Date: July 30, 2018

Invoice # MZ- _____

Invoice Period: 4th quarter

Descriptions	Amounts	Approved Budget	Remaining Balance
Total Consumable/Supplies:	420.00	0	0
D. Transportation/Travel (Local and Out-of-County should be separate)			
Title:			0
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:	0.00		

4,335.80

Remaining
2,249.76