

Measure Z - Invoice

Alcohol Drug Care Services/Waterfront Recovery Services
John B. McManus
 2109 Broadway Suite A Eureka, Ca. 95501
 (707) 445-1391

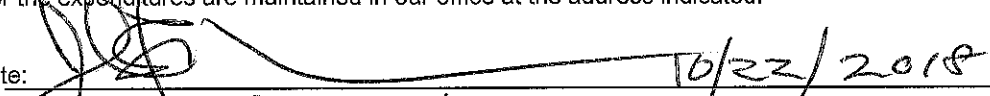
Invoice Date: 10/22/2018

Invoice # MZ- _____ 5

Invoice Period: 8/01/2018-8/31/2018

Description	Cost	Total Amount Due
Personnel Costs (Wages and Benefits)	\$0.00	
Operational Costs (Rent, Utilities, Phones, etc.) Past unreimbursed services		
Residential Treatment (7 clients @ \$125 per day 155 billed days total)		\$19,375
Medically Managed Detoxification (11 clients @ \$175 per 71 billed days total)		12,475
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	
		31,850.00

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:  10/22/2018
 Print Name and Title: John B. McManus E.D.

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

Alcohol Drug Care Services/Waterfront Recovery Services

Invoice Date: 9/5/2018

Invoice # MZ- 5

Invoice Period: 8/01/18-8/31/18

Descriptions	Amounts	Approved Budget	Remaining Balance
A. Personnel Costs			
Title: Salary and Benefits Calculation:			0.00
Duties Description:			
Title: Salary and Benefits Calculation:			0
Duties Description:			
Title: Salary and Benefits Calculation:			0
Duties Description:			
Title: Salary and Benefits Calculation:			0
Duties Description:			
Total Personnel:		0.00	0.00
B. Operational Costs (Rent, Utilities, Phones, etc.)			
Title: Residential Treatment (7 clients @ \$125 per day 155 billed days total)	\$19,375		
Description:			
Title: Medically Managed Detoxification (11 clients @ \$175 per 71 billed days total)	12,475		
Description:			
Title:			
Description:			
Title: Past Unreimbursed Services			
Description:			
Total Operating Costs:		0	0
C. Consumables/Supplies (Supplies and Consumables should be separate)			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			

ATTACHMENT II - EXHIBIT E

Budget

Alcohol Drug Care Services/Waterfront Recovery Services

Invoice Date: 9/5/2018

Invoice # MZ- 5

Invoice Period: 8/01/18-8/31/18

Descriptions	Amounts	Approved Budget	Remaining Balance
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:	31,850.00		

Measure Z - Invoice

Alcohol Drug Care Services/Waterfront Recovery Services
John B. McManus
2109 Broadway Suite A Eureka, Ca. 95501
(707) 445-1391

Invoice Date: 10/22/2018

Invoice # MZ- _____ 6

Invoice Period: 9/01/2018-9/30/2018

Description	Cost	Total Amount Due
Personnel Costs (Wages and Benefits)		
	\$0.00	
Operational Costs (Rent, Utilities, Phones, etc.) Past unreimbursed services		
Residential Treatment (8 clients @ \$125 per day 121 billed days total)		\$15,125
Medically Managed Detoxification (14 clients @ \$175 per 86 billed days total)		15,050
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	
		30,175.00

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: *John B. McManus* 10/22/2018

Print Name and Title: John B. McManus E.D.

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

Alcohol Drug Care Services/Waterfront Recovery Services

Invoice Date: 10/22/2018

Invoice # MZ- 6

Invoice Period: 9/01/18-9/30/18

Descriptions	Amounts	Approved Budget	Remaining Balance
A. Personnel Costs			
Title: Salary and Benefits Calculation:			0.00
Duties Description:			
Title: Salary and Benefits Calculation:			0
Duties Description:			
Title: Salary and Benefits Calculation:			0
Duties Description:			
Title: Salary and Benefits Calculation:			0
Duties Description:			
Total Personnel:		0.00	0.00
B. Operational Costs (Rent, Utilities, Phones, etc.)			
Title: Residential Treatment (8 clients @ \$125 per day 121 billed days total)	\$15,125		
Description:			
Title: Medically Managed Detoxification (14 clients @ \$175 per 86 billed days total)	15,050		
Description:			
Title:			
Description:			
Title: Past Unreimbursed Services			
Description:			
Total Operating Costs:		0	0
C. Consumables/Supplies (Supplies and Consumables should be separate)			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			

ATTACHMENT II - EXHIBIT E

Budget

Alcohol Drug Care Services/Waterfront Recovery Services

Invoice Date: 10/22/2018

Invoice # MZ- 6

Invoice Period: 9/01/18-9/30/18

Descriptions	Amounts	Approved Budget	Remaining Balance
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:	30,175.00		

Measure Z - Invoice

Alcohol Drug Care Services/Waterfront Recovery Services
John B. McManus
2109 Broadway Suite A Eureka, Ca. 95501
(707) 445-1391

Invoice Date: 10/22/2018

Invoice # MZ- _____ 3

Invoice Period: 7/01/2018-7/31/2018

Description	Cost	Total Amount Due
Personnel Costs (Wages and Benefits)	\$0.00	
Operational Costs (Rent, Utilities, Phones, etc.) Past unreimbursed services		
Residential Treatment (8 clients @ \$125 per day 102 billed days total)		\$12,750
Medically Managed Detoxification (14 clients @ \$175 per 67 billed days total)		11,725
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	
		24,475.00

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: *[Signature]* 10/22/2018
 Print Name and Title: John B McManus Executive Director

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

Alcohol Drug Care Services/Waterfront Recovery Services

Invoice Date: 8/2/2018

Invoice # MZ- 3

Invoice Period: 7/01/18-7/31/18

Descriptions	Amounts	Approved Budget	Remaining Balance
A. Personnel Costs			
Title: Salary and Benefits Calculation:			0.00
Duties Description:			
Title: Salary and Benefits Calculation:			0
Duties Description:			
Title: Salary and Benefits Calculation:			0
Duties Description:			
Title: Salary and Benefits Calculation:			0
Duties Description:			
Total Personnel:		0.00	0.00
B. Operational Costs (Rent, Utilities, Phones, etc.)			
Title: Residential Treatment (8 clients @ \$125 per day 102 billed days total)	\$12,750		
Description:			
Title: Medically Managed Detoxification (14clients @ \$175 per 67 billed days)			
Title: total	11,725		
Description:			
Title:			
Description:			
Title: Past Unreimbursed Services			
Description:			
Total Operating Costs:		0	0
C. Consumables/Supplies (Supplies and Consumables should be separate)			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			

ATTACHMENT II - EXHIBIT E

Budget

Alcohol Drug Care Services/Waterfront Recovery Services

Invoice Date: 8/2/2018

Invoice # MZ- 3

Invoice Period: 7/01/18-7/31/18

Descriptions	Amounts	Approved Budget	Remaining Balance
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:	24,475.00		