

ATTACHMENT II - EXHIBIT F

Measure Z - Invoice

K'ima:w Medical Center
Mary Benedict, Controller
P.O. Box 1288 Hoopa, CA 95546
(530) 625-4261 ext. 287

Invoice Date: 10/29/2018

Invoice # MZ- 1

Invoice Period: JUL-SEP 2018

Description	Cost	Total Amount Due
Personnel Costs (Wages and Benefits)	\$97,642.03	
Operational Costs (Rent, Utilities, Phones, etc.)	\$17,383.51	
Consumables/Supplies (Supplies and Consumables should be separate)	\$7,112.42	
Transportation/Travel (Local and out of county should be separate)	\$607.02	
Other (Indirect Costs, Contracts, etc.)	\$1,222.03	
Less Revenue Received for Period	(\$57,371.48)	
		\$66,595.53

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: Mary Benedict 10/29/2018

Print Name and Title: Mary Benedict, Controller

Send invoice to:

COUNTY OF HUMBOLDT

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

(707) 445-7266



10/29/2018

Date

Date