

**ATTACHMENT II - EXHIBIT F**

Measure Z - Invoice

**Southern Trinity Health Center**  
**Brooke Entsminger**  
**P.O. Box 4 Mad River, CA 95552**  
**707-574-6616 ext 209**

Invoice Date: 5/16/2019

Invoice # MZ- 12STAR0031

Invoice Period: 1/1/19 - 3/31/19

Description	Cost	Total Amount Due
Personnel Costs (Wages and Benefits)	\$21,287.00	\$21,287.00
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>\$21,287.00</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: *Lee Lupton* 5/16/19

Print Name and Title: Lee Lupton, CEO

Send invoice to:

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



\_\_\_\_\_ Date

\_\_\_\_\_ Date

(707) 445-7266

