

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: 6/7/2019

Invoice # MZ- _____ 14

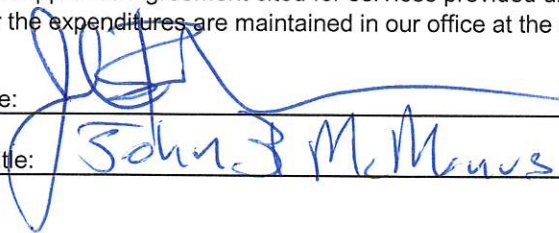
Invoice Period: 5/01/19-5/31/2019

Description	Cost	Total Amount Due
Personnel Costs (Wages and Benefits)	\$0.00	
Operational Costs (Rent, Utilities, Phones, etc.) Past unreimbursed services		
Residential Treatment (5 clients @ \$125 per day 68 billed days tota		\$8,500
Medically Managed Detoxification (5 clients @ \$175.00 per day 29 billed days total		5,075
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	
		13,575.00

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:

Print Name and Title:


6/07/2019
John B. McManus Executive 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

Alcohol Drug Care Services/Waterfront Recovery Services

Invoice Date: 6/7/2019

Invoice # MZ- 14

Invoice Period: 5/01/19-5/31/19

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 (5 clients @ \$125 per day 68 billed days total)	\$8,500		
Description:			
Title: Medically Managed Detoxification (5 clients @ \$175.00 per day 29 billed days total)	5,075		
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: 6/7/2019

Invoice # MZ- 14

Invoice Period: 5/01/19-5/31/19

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:	13,575.00		