

# ATTACHMENT II - EXHIBIT F

## Measure Z - Invoice

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

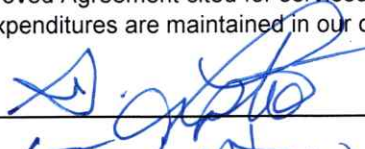
Invoice Date: 6/30/19

Invoice # MZ- 12STAR0031

Invoice Period: 4/1/19 - 6/30/19

Description	Cost	Total Amount Due
Personnel Costs (Wages and Benefits)	\$19,826.00	\$19,826.00
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>\$19,826.00</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:  7/11/19  
 Print Name and Title: LEE Lupton, CEO

Send invoice to:

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



(707) 445-7266

\_\_\_\_\_ Date

\_\_\_\_\_ Date

ATTACHMENT II - EXHIBIT E  
Budget  
Southern Trinity Health Services, Inc.

Invoice Date: 6/30/19

Invoice # MZ- 12STAR0031

Invoice Period: 4/19 - 6/30/19

Descriptions	Amounts	Approved Budget	Remaining Balance
<b>A. Personnel Costs</b>			
Title: Ambulance crew member Salary and Benefits Calculation: Wages and Taxes \$9,879 Group Insurance \$2094  Duties Description:	11,973.00	11973	0.00
Title: Ambulance crew member Salary and Benefits Calculation: Wages and Taxes \$3,539 Group Insurance \$1,491  Duties Description:	5,030.00	5030	0
Title: Ambulance crew member Salary and Benefits Calculation: Wages and Taxes \$2,823  Duties Description:	2,823.00	2823	0
Title: Salary and Benefits Calculation:  Duties Description:			0
<b>Total Personnel:</b>		<b>19,826.00</b>	<b>19,826.00</b>
<b>B. Operational Costs (Rent, Utilities, Phones, etc.)</b>			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
<b>Total Operating Costs:</b>		<b>0</b>	<b>0</b>
<b>C. Consumables/Supplies (Supplies and Consumables should be separate)</b>			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
<b>Total Consumable/Supplies:</b>		<b>0</b>	<b>0</b>

ATTACHMENT II - EXHIBIT E  
Budget  
Southern Trinity Health Services, Inc.

Invoice Date: 6/30/19

Invoice # MZ- 12STAR0031

Invoice Period: 4//19 - 6/30/19

Descriptions	Amounts	Approved Budget	Remaining Balance
<b>D. Transportation/Travel (Local and Out-of-County should be separate)</b>			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
<b>Total Transportation/Travel Costs:</b>		<b>0</b>	<b>0</b>
<b>E. Fixed Assets</b>			
Title:			
Description:			
Title:			
Description:			
<b>Total Other Costs:</b>		<b>0</b>	<b>0</b>
<b>Invoice Total:</b>		<b>19,826.00</b>	