

## 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: 10/29/2019

Invoice # MZ- 1

Invoice Period: JUL-SEP 2019

Description	Cost	Total Amount Due
Personnel Costs (Wages and Benefits)	\$96,318.50	
Operational Costs (Rent, Utilities, Phones, etc.)	\$21,045.40	
Consumables/Supplies (Supplies and Consumables should be separate)	\$10,398.77	
Transportation/Travel (Local and out of county should be separate)	\$277.90	
Other (Indirect Costs, Contracts, etc.)	\$1,045.21	
Less Revenue Received for Period	(\$77,437.00)	
		<b>\$51,648.79</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: *Mary Benedict*

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

10/29/2019  
Date

\_\_\_\_\_  
Date