

**KITSAP COUNTY PERSONNEL & HUMAN SERVICES DEPARTMENT
Invoice Form**

Invoice Number: _____

Invoice Date: _____

Billing Amount: \$ _____

Agency: _____ **Tribe**

Program: To provide improved mental health services to local Native American communities.

Contract: KC-_____

Time Period: January 1, 2012 – December 31, 2012

I, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered, the labor performed as described herein, and that the claim is just, due and unpaid obligation against the County of Kitsap, and that I am authorized to authenticate and certify said claim.

Contracting Agency Director

Date

Remit Invoice to:
Anders Edgerton, Regional Administrator
Peninsula Regional Support Network
Kitsap County
614 Division St. MS-23
Port Orchard, WA 98366

Send Check to:
Tribal Chair

**KITSAP COUNTY PERSONNEL & HUMAN SERVICES DEPARTMENT
Expenditure Report**

Agency: _____ Tribe

Program: To provide improved mental health services to local Native American communities.

Contract: KC-_____

Time Period: January 1, 2012 – December 31, 2012

Current Billing: Month _____ Year 2012

Expenditure Cost Category	Contract Amount	Current Billing	Life to Date Billed	Contract Balance
Mental Health	\$10,700.			
Total	\$10,700.			