



	A	B	C	D
1				
2	<b>North Sound Behavioral Health Administrative Services Organization</b>			
3	<b>Dedicated Cannabis Account Program</b>			
4	<b>Cost Reimbursement Budget</b>			
5	<b>January 1, 2024 - June 30, 2024</b>			
6	<b>San Juan County Human Services</b>			
7				
8				
9				
10	<b>Revenues</b>			
11				
12	Dedicated Cannabis Account Funding	\$ 35,489		
13				
14	Total	\$ 35,489		
15				
16				
17	<b>Expenses</b>			
18				
19	Dedicated Cannabis Account	\$ 35,489		
20				
21	Total	\$ 35,489		

## North Sound Behavioral Health

### Monthly Billing Form

Agency Name \_\_\_\_\_  
 Program \_\_\_\_\_  
 Period Covered \_\_\_\_\_

**Expenses**

Salaries & Wages	\$	-
Personnel Benefits	\$	-
Office & Operating Supplies	\$	-
Small Tool & Minor Equipment	\$	-
Professional Services	\$	-
Communications	\$	-
Travel	\$	-
Operating Rentals	\$	-
Insurance	\$	-
Utilities	\$	-
Repair & Maintenance	\$	-
Machinery & Equipment	\$	-
Miscellaneous Expense	\$	-
Capital	\$	-
Direct Cost Allocations	\$	-
Indirect Cost Allocations	\$	-
Other		
Total	\$	-

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination.

Signature of Agency Representative \_\_\_\_\_  
 Name of Agency Representative \_\_\_\_\_  
 Date \_\_\_\_\_

Submit to [fiscal@nsbhaso.org](mailto:fiscal@nsbhaso.org)