

	A	B	C	D
1				
2	<b>North Sound Behavioral Health Administrative Services Organization</b>			
3	<b>Dedicated Marijuana Account Program</b>			
4	<b>Cost Reimbursement Budget</b>			
5	<b>July 1, 2020 to December 31, 2020</b>			
6	<b>San Juan County Human Services</b>			
7				
8				
9				
10	<b>Revenues</b>			
11				
12	Dedicated Marijuana Account Funding	\$ 35,489		
13				
14	Total	\$ 35,489		
15				
16				
17	<b>Expenses</b>			
18				
19	Dedicated Marijuana Account	\$ 35,489		
20				
21	Total	\$ 35,489		
22				
23				
24				
25				
26				
27				
28	Any unspent funding will rollover into January to June 2021			

	A	B	C	D
1				
2	<b>North Sound Behavioral Health Administrative Services Organization</b>			
3	<b>Housing and Recovery Through Peer Services</b>			
4	<b>Cost Reimbursement Budget</b>			
5	<b>July 1, 2020 to December 31, 2020</b>			
6	<b>San Juan County Human Services</b>			
7				
8				
9				
10	<b>Revenues</b>			
11				
12	HARPS State Funds	\$ 1,715.00		
13				
14	Total	\$ 1,715.00		
15				
16				
17	<b>Expenses</b>			
18				
19	HARPS Housing Vouchers	\$ 1,715.00		
20				
21	Total	\$ 1,715.00		
22				
23				
24				
25				
26				
27				
28	Any unspent funding will rollover into January to June 2021			

	A	B	C	D
1				
2	<b>North Sound Behavioral Health Administrative Services Organization</b>			
3	<b>Jail Services Program</b>			
4	<b>Cost Reimbursement Budget</b>			
5	<b>July 1, 2020 to December 31, 2020</b>			
6	<b>San Juan County Human Services</b>			
7				
8				
9				
10	<b>Revenues</b>			
11				
12	Jail Service Funding	\$ 11,194.05		
13				
14	Total	\$ 11,194.05		
15				
16				
17	<b>Expenses</b>			
18				
19	Jail Service	\$ 11,194.05		
20				
21	Total	\$ 11,194.05		
22				
23				
24				
25				
26				
27				
28	Any unspent funding will rollover into January to June 2021			

Intentionally Blank

July 1, 2020 to December 31, 2020

## 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		
<b>Total</b>	<b>\$</b>	<b>-</b>

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)