

	A	B	C	D
1				
2	North Sound Behavioral Health Administrative Services Organization			
3	Dedicated Marijuana Account Program			
4	Cost Reimbursement Budget			
5	January 1, 2020 to June 30, 2020			
6	San Juan County Human Services			
7				
8				
9				
10	Revenues			
11				
12	Dedicated Marijuana Account Funding	\$	35,489	
13				
14	Total	\$	35,489	
15				
16				
17	Expenses			
18				
19	Dedicated Marijuana Account	\$	35,489	
20				
21	Total	\$	35,489	

	A	B	C	D
1				
2	North Sound Behavioral Health Administrative Services Organization			
3	Housing and Recovery Through Peer Services			
4	Cost Reimbursement Budget			
5	January 1, 2020 to June 30, 2020			
6	San Juan County Human Services			
7				
8				
9				
10	Revenues			
11				
12	HARPS State Funds	\$	1,715.00	
13				
14	Total	\$	1,715.00	
15				
16				
17	Expenses			
18				
19	HARPS Housing Vouchers	\$	1,715.00	
20				
21	Total	\$	1,715.00	

	A	B	C	D
1				
2	North Sound Behavioral Health Administrative Services Organization			
3	Jail Services Program			
4	Cost Reimbursement Budget			
5	January 1, 2020 to June 30, 2020			
6	San Juan County Human Services			
7				
8				
9				
10	Revenues			
11				
12	Jail Service Funding	\$ 11,194.05		
13				
14	Total	\$ 11,194.05		
15				
16				
17	Expenses			
18				
19	Jail Service	\$ 11,194.05		
20				
21	Total	\$ 11,194.05		

Intentionally Blank

January 1, 2020 to June 30, 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		
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