

Attachment C

Consolidated Homeless Program
Payment Voucher

Crisis Support Network

PO Box 311

Raymond WA 98577

360-875-6702

Invoice Date
Period of Service

Pacific County General Administration
PO Box 6
South Bend WA 98586
360-875-9334

Contract for Services with Pacific County Re: Consolidated Homeless Program Matching Funds
2012 Budget - \$28,500

Line Item	Approved Budget	Previously Reported	Current Request Amount*	Total Requested	Remaining Balance
Program Operations	12,000.00			-	12,000.00
Rental Assistance	5,750.00			-	5,750.00
Emergency Housing Assistance	5,750.00			-	5,750.00
Update 10 Year Plan to End Homelessness	5,000.00			-	5,000.00
				-	-
Totals	28,500.00	-		-	28,500.00
	Total this Request		\$ -		

I, the undersigned, do hereby certify under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct to the best of my knowledge. *See attached documentation for services provided.

Kristine Camenzind, Director