

WARRANT LIST 2/29/2024

ALREADY PAID

1. REDWOOD ROOFERS FEBRUARY 11<sup>TH</sup> 2024 INVOICE \$61187.50

NEEDS APPROVAL

1. PROPS & MEASURES \$4500
2. SARA SPRING \$988.52
3. MENDO LITHO \$180.81

# REDWOOD ROOFERS

17851 NORTH HIGHWAY 1  
FORT BRAGG, CA 95437  
(707) 937-1700

## INVOICE

11 February 2024

Mendocino Coast Health Care District  
775 River Drive  
Fort Bragg, CA 95437

ID NUMBER: 515CYPRESSDRIVEFORTBRAGGCCA95437COMMERICAL

Date	Description	Cost
11 February 2024	<b>Roofing Bid:</b> Mendocino Coast Health Care District   515 Cypress Drive   Fort Bragg, CA 95437   Commercial Building. <b>Cost Of Labor &amp; Materials.</b>	\$120,375.00
	<b>TOTAL DUE</b>	\$120,375.00

Thank You,

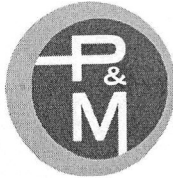
  
Dakota Murray | General Manager  
Redwood Roofers | Contractor's License # 957548  
707.937.1700 (Phone) | 707.937.4345 (FAX)  
[info@redwoodroofers.com](mailto:info@redwoodroofers.com) | [www.redwoodroofers.com](http://www.redwoodroofers.com)

### PAYMENT TERMS

**SIGNING PAYMENT:** 10% OR \$1,000.00 WHICHEVER IS LESS IS DUE UPON THE EXECUTION OF THE CONTRACT

**MATERIALS DEPOSIT:** HALF OF TOTAL BALANCE DUE UPON THE COMMENCEMENT OF THE WORK

**FINAL PAYMENT:** TOTAL AMOUNT OF REMAINDER OF THE CONTRACT (TO INCLUDE ALL CHANGE ORDERS) DUE WITHIN 5 DAYS OF THE COMPLETION OF THE JOB.



**PROPS & MEASURES**  
STRATEGY & COMMUNICATIONS

**Invoice#** inv04768  
**Invoice Date** 02/03/2024

**Remit to:**

Props & Measures  
1569 Solano Ave., #493  
Berkeley, CA 94707

**Send Wire/ACH Payments to:**

Bank Name: Citizens Bank  
Account Name: Props & Measures  
Routing Number: 021 313 103  
Account Number: 4028951142  
Account Type: Checking

**Billed to:**

Mendocino Coast Health Care District  
775 River Drive  
Fort Bragg, CA 95437

Description	Amount
Consulting Fee #3 due February 1 for January Service	\$4,500.00

Invoice Subtotal \$4,500.00

**inv04768 Total \$4,500.00**

Open Invoice(s)	Date	Total Charges	Payments Applied	Balance Due
inv04740	12/27/2023	\$7,800.00	\$0.00	\$7,800.00

**TOTAL DUE & PAYABLE \$12,300.00**

Sara Spring  
PO BOX 252  
MENDOCINO CA 95460

2/19/2024

TRIP TO SACRAMENTO FOR AUDIT WORK

2/14/2024-2/17/2024

HOTEL	3 DAYS AT PER DIEM OF \$145.00	\$ 435.00
MEALS	WED	51.75
	THURS	69
	FRI	69
	SAT	51.75
		\$ 241.50
MILEAGE	465.7	\$ 312.02
	TOTAL	\$ 988.52



PO Box 1350  
Carmel Valley, CA 93924

# Invoice

Date	Invoice #
12/31/2023	16178

Bill To:
Mendocino Coast Health Care District

P.O. No.	Due Date	Inv Sent
	1/30/2024	1/22/2024

Date	Description	Amount
12/31/2023	Contract Service Fee for second half of December - Agency Administrator Srvc  Balanced billed to date is \$6,600 against an NTE of \$92,400 1 of 7 Payments	6,600.00

Electronic Payment Information: Five Star Bank Routing: 121143037 Account: 003528782	<b>Total</b> \$6,600.00
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# Invoice

PO Box 1350  
Carmel Valley, CA 93924

Date	Invoice #
12/31/2023	16178

Bill To:
Mendocino Coast Health Care District

P.O. No.	Due Date	Inv Sent
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