



Exhibit B
CITY OF RENTON
 BILLING VOUCHER – HUMAN SERVICES CONTRACTOR

To: City of Renton Human Services
 1055 S. Grady Way, 6th Floor
 Renton, WA 98057
 Attn: Dianne Utecht

Agency: Navos Mental Health Solutions _____ Telephone: _206-439-2570

Program: Employment Services _____

Reporting Period: 1st Quarter _____ Date of Invoice: __4-8-11__
 (Specify quarter or month)

Authorized Signature

Expense Categories	Annual Contract Award	Current Quarter Expenses	Current Y-T-D	Contract Balance
Personnel	\$5000.00	0	0	\$5000.00
Total		↓		
Amount to be Reimbursed		\$0.00		