

**CLAIMS PAYMENT REQUEST**

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 2/28/2023

Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
5161	Structured Communications - network cables	11/21/2022	str654	Structured Communications	\$ 5,066.37		6541.00.561.00.48.0010	
115261	Chmelik Sitkin & Davis Legal	1/26/2023	chm100	Chmelik, Sitkin, Davis	\$ 2,720.00		6541.00.561.00.41.0030	
10797.01	Water Sewer - EWUA - Deye Ln	1/31/2023	eas350	EWUA	\$ 108.49		6541.00.561.00.47.0010	
10798.01	Water Sewer - EWUA - Deye Parcel	1/31/2023	eas350	EWUA	\$ 45.00		6541.00.561.00.47.0011	
750461	Island Hardware & Supply	2/20/2023	isl730	Island Hardware & Supply	\$ 90.39		6541.00.561.00.48.0010	
3689	San Juan County Auditing/Financial	2/16/2023	sjcaudit	San Juan County Auditor	\$ 416.96		6541.00.561.00.41.0020	
2023Q1	Rent District Office December-Feb	2/26/2023	bro005	Brown Dog holding	\$ 2,439.00		6541.00.561.00.45.0000	

TOTAL THIS PAGE \$ 10,886.21

I, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor performed as described herein, that any advance payment is due and payable pursuant to a contract or is available as an option for full or partial fulfillment of a contractual obligation, and that the claim is a just, due and unpaid obligation against the Orcas Island Health Care District, and that I am authorized to authenticate and certify to said claim.



Chris Chord, Superintendent

Date

I, the undersigned, do hereby certify under penalty of perjury that the claim is a just, due and unpaid obligation against the Orcas Island Health Care District, and that I am authorized to certify to said claim.

DocuSigned by:

*Pegi A. Grandwater*

A86A84BC16C84A6

Pegi Grandwater, Auditing Officer

2/28/2023

Date

**Board Authorization**

I attest that the duly elected board for the OIHCD has reviewed the claims listed above (including original backup materials) and have approved said claims by majority vote at a meeting open to the public.

\_\_\_\_\_  
Diane Boteler, Commissioner/Board Secretary

\_\_\_\_\_  
Date

**Note: It is the DISTRICTS' responsibility to maintain adequate, original, records to substantiate these claims.**

**Invoice Accounting Report by Vendor Name**  
San Juan County

apInAVnn  
02/28/2023 8:24:44AM

Vendor Number: bro005 Name: BROWN DOG HOLDINGS, LLC

Invoice Number	Line No	Line Description	Account Number	Amount	Type
2023Q1	1	District Office 1st Quarter rent 2023	E 6541.00.561.00.45.0000	2,439.00	in

Vendor Number: chm100 Name: CHMELIK SITKIN & DAVIS, PS

Invoice Number	Line No	Line Description	Account Number	Amount	Type
115261	1	Legal Services January 2023	E 6541.00.561.00.41.0030	2,720.00	in

Vendor Number: eas350 Name: EASTSOUND WATER USERS ASSN

Invoice Number	Line No	Line Description	Account Number	Amount	Type
10797.01	1	Water Sewer Deve Ln Cline	E 6541.00.561.00.47.0010	108.49	in
10798.01	1	Water Sewer Deve Parcel	E 6541.00.561.00.47.0011	45.00	in
				<b>Vendor Total:</b>	153.49

Vendor Number: isi730 Name: ISLAND HARDWARE & SUPPLY

Invoice Number	Line No	Line Description	Account Number	Amount	Type
750461	1	Island Hardware Clinic Maintenance	E 6541.00.561.00.48.0010	90.39	in

Vendor Number: sicaudit Name: SAN JUAN CO AUDITOR

Invoice Number	Line No	Line Description	Account Number	Amount	Type
3689	1	SJC Auditors finance services fee	E 6541.00.561.00.41.0020	416.96	in

Vendor Number: str654 Name: STRUCTURED COMMUNICATIONS

Invoice Number	Line No	Line Description	Account Number	Amount	Type
5161	1	Structured Communications network	E 6541.00.561.00.48.0010	5,066.37	in

**Grand Total:** 10,886.21