

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00


Date: 10/31/2023

Page 1 of 1

| Invoice # | Description | Inv. Date | Vendor # | Vendor Name | Amount | Grant /Level | Bars # | 1099 |
|--------------|-------------------------------|------------|----------|-------------------------|-------------|--------------|------------------------|------|
| 20230919 | Clinic Chubb insurance policy | 9/19/2023 | ric102 | Rice Insurance | \$ 8,574.00 | | 6541.00.561.00.46.0002 | |
| 119245 | CSD Attorneys | 9/30/2023 | chm100 | CSD Attorneys at Law | \$ 4,564.00 | | 6541.00.561.00.41.0030 | |
| 20231021 | Gray Gailey - article | 10/21/2023 | gai001 | Gray Gailey | \$ 350.00 | | 6541.00.561.00.41.0050 | |
| 2159 | Sage Building - clinic HVAC | 10/16/2023 | sag102 | Sage Building Solutions | \$ 1,957.52 | | 6541.00.561.00.48.0010 | |
| 231865 | San Juan Pest Control | 10/23/2023 | san246 | San Juan Pest Control | \$ 312.99 | | 6541.00.561.00.48.0010 | |
| 4C59EFD9-003 | Website services | 10/16/2023 | str102 | Streamline | \$ 249.00 | | 6541.00.561.00.42.0030 | |
| 1078 | Capital Needs Assessment | 10/9/2023 | pac003 | Pacific Crest Reserves | \$ 3,855.15 | | 6541.00.561.00.48.0030 | |

TOTAL THIS PAGE \$ 19,862.66

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.

DocuSigned by:

 5DA79705AA62461...
 Chris Chord, Superintendent

10/30/2023
 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:

 A80A84BC16C84A6...
 Pegi Groundwater, Auditing Officer

10/30/2023
 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.

apInAinv
10/30/2023 11:46:32AM

Invoice Accounting Report
San Juan County

Page: 1

Invoice #: 10121021 **Invoice Date:** 10/30/2023 **Doc Date:** 10/30/2023 **Due Date:** 10/30/2023
Vendor #: gai001 **Name:** GAILEY, GRAY **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|-------------------------------|--------------------------|---------------|------------------|
| 1 | Gray Gailey - Sounder Article | E 6541.00.561.00.41.0050 | 350.00 | |

Invoice #: 1078 **Invoice Date:** 10/30/2023 **Doc Date:** 10/30/2023 **Due Date:** 10/30/2023
Vendor #: pac003 **Name:** PACIFIC CREST RESERVES, LLC **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|--------------------------|--------------------------|---------------|------------------|
| 1 | Capital Needs Assessment | E 6541.00.561.00.48.0030 | 3,855.15 | |

Invoice #: 119245 **Invoice Date:** 10/30/2023 **Doc Date:** 10/30/2023 **Due Date:** 10/31/2023
Vendor #: chm100 **Name:** CSD ATTORNEYS AT LAW **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|-------------------------|--------------------------|---------------|------------------|
| 1 | CSC Attorneys at Law | E 6541.00.561.00.41.0030 | 4,564.00 | |

Invoice #: 20230919 **Invoice Date:** 10/30/2023 **Doc Date:** 10/30/2023 **Due Date:** 10/30/2023
Vendor #: ric102 **Name:** RICE INSURANCE **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|-------------------------------|--------------------------|---------------|------------------|
| 1 | Clinic CHUBB insurance policy | E 6541.00.561.00.46.0002 | 8,574.00 | |

Invoice #: 2159 **Invoice Date:** 10/30/2023 **Doc Date:** 10/30/2023 **Due Date:** 10/30/2023
Vendor #: sag102 **Name:** SAGE BUILDING SOLUTIONS, INC **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|-----------------------------|--------------------------|---------------|------------------|
| 1 | Sage Building - clinic HVAC | E 6541.00.561.00.48.0010 | 1,957.52 | |

Invoice #: 231865 **Invoice Date:** 10/30/2023 **Doc Date:** 10/30/2023 **Due Date:** 10/31/2023
Vendor #: san246 **Name:** SAN JUAN PEST CONTROL **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|-------------------------|--------------------------|---------------|------------------|
| 1 | San Juan Pest Control | E 6541.00.561.00.48.0010 | 312.99 | |

Page: 1

apInAinv
10/30/2023 11:46:32AM

Invoice Accounting Report
San Juan County

Invoice #: 4C59EFD9-003 **Invoice Date:** 10/30/2023 **Doc Date:** 10/30/2023 **Due Date:** 10/30/2023
Vendor #: str102 **Name:** STREAMLINE SOFTWARE, INC. **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|---------------------|-------------------------|--------------------------|------------------|------------------|
| 1 | Website Services | E 6541.00.561.00.42.0030 | 249.00 | |
| Grand Total: | | | <u>19,862.66</u> | |