

**CLAIMS PAYMENT REQUEST**

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 4/16/2024 Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
53612	Technology services	4/1/2024	nwt155	NW Technology	\$ 363.52		6541.00.561.00.41.0040	
20240401	Island Health X-ray maintenance	4/1/2024	isl726	Island Health	\$ 5,013.50		6541.00.561.00.48.0300	
3844	SJC accounting fees	4/1/2024	san180	San Juan County	\$ 534.52		6541.00.561.00.41.0020	
2470590	Katie Raebel dental analysis	3/31/2024	wip144	WIPFLI	\$ 7,550.00		6541.00.561.00.41.0070	
244890	San Juan Pest Control	4/5/2024	san246	San Juan Pest Control	\$ 313.28		6541.00.561.00.48.0010	
10797.01	Water Sewer - EWUA Deye Lane	3/31/2024	eas350	EWUA	\$ 97.90		6541.00.561.00.47.0010	
10798.01	Water Sewer - EWUA Deye Parcel	3/31/2024	eas350	EWUA	\$ 50.00		6541.00.561.00.47.0010	
4102024	SJC BOH & NW Rural Health Conf. expenses	4/10/2024	cho002	Chris Chord	\$ 133.67		6541.00.561.00.43.0020	

TOTAL THIS PAGE \$ 14,056.39

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 4/15/2024  
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.

  
 \_\_\_\_\_  
 Pegi Groundwater, Auditing Officer 4/15/2024  
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.

\_\_\_\_\_  
 Mark Salierno, Commissioner/Board Secretary Date

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

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04/15/2024 9:46:53AMInvoice Accounting Report  
San Juan County

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**Invoice #:** 10797.01      **Invoice Date:** 04/15/2024      **Doc Date:** 04/15/2024      **Due Date:** 04/16/2024  
**Vendor #:** eas350      **Name:** EASTSOUND WATER USERS ASSN      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Water Sewer - EWUA Deye Lane	E 6541.00.561.00.47.0010	97.90	

**Invoice #:** 10798.01      **Invoice Date:** 04/15/2024      **Doc Date:** 04/15/2024      **Due Date:** 04/16/2024  
**Vendor #:** eas350      **Name:** EASTSOUND WATER USERS ASSN      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Water Sewer, EWUA Deye Parcel	E 6541.00.561.00.47.0010	50.00	

**Invoice #:** 20240401      **Invoice Date:** 04/15/2024      **Doc Date:** 04/15/2024      **Due Date:** 04/16/2024  
**Vendor #:** isl726      **Name:** ISLAND HOSPITAL      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Island Health - X-ray maintenance	E 6541.00.561.00.48.0030	5,013.50	

**Invoice #:** 244890      **Invoice Date:** 04/15/2024      **Doc Date:** 04/15/2024      **Due Date:** 04/16/2024  
**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	313.28	

**Invoice #:** 2470590      **Invoice Date:** 04/15/2024      **Doc Date:** 04/15/2024      **Due Date:** 04/15/2024  
**Vendor #:** wip144      **Name:** WIPFLI, LLP      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Katie Raebel, dental analysis	E 6541.00.561.00.41.0070	7,550.00	

**Invoice #:** 3844      **Invoice Date:** 04/15/2024      **Doc Date:** 04/15/2024      **Due Date:** 04/16/2024  
**Vendor #:** san180      **Name:** SAN JUAN COUNTY      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	SJC Accounting fees	E 6541.00.561.00.41.0020	534.52	

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04/15/2024 9:46:53AM

## Invoice Accounting Report

San Juan County

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**Invoice #:** 4102024**Invoice Date:** 04/15/2024**Doc Date:** 04/15/2024**Due Date:** 04/15/2024**Vendor #:** cho002**Name:** CHORD, CHRISTOPHER RYAN**Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	SJC BOH & NW Rural Health Conf Expenses	E 6541.00.561.00.43.0020	133.67	

**Invoice #:** 53612**Invoice Date:** 04/15/2024**Doc Date:** 04/15/2024**Due Date:** 04/15/2024**Vendor #:** nwt155**Name:** NW TECHNOLOGY SOLUTIONS, LLC**Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Technology Services	E 6541.00.561.00.41.0040	363.52	

**Grand Total:** 14,056.39

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