

**CLAIMS PAYMENT REQUEST**

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 8/7/2023

Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
400	DocuSign adjustment	6/27/2023	ban155	Banner Bank	\$ 79.53		6541.00.561.00.31.0002	
400	Eastsound Sewer & Water District	7/31/2023	ban155	Banner Bank	\$ 142.33		6541.00.561.00.47.0010	
400	Signs.com credit/reorder door sign	7/27/2023	ban155	Banner Bank	\$ 1.80		6541.00.561.00.49.0000	
20230717	Equipment Purchase	7/17/2023	isl726	Island Health	\$ 743.31		6541.00.594.61.64.0004	
51072	NW Tech	8/1/2023	nwt155	NW Tech	\$ 331.30		6541.00.561.00.41.0040	
5992	Clinic toilet repair	7/27/2023	cto100	Odie's Plumbing	\$ 308.66		6541.00.561.00.48.0010	

TOTAL THIS PAGE \$ 1,606.93

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

8/7/2023

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.



A80A84BC16C84A6...  
Pegi Groundwater, Auditing Officer

8/7/2023

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  
08/07/2023 12:34:29PM

Invoice Accounting Report  
San Juan County

Page: 1

Invoice #: 20230717 Invoice Date: 08/07/2023 Doc Date: 08/07/2023 Due Date: 08/08/2023  
Vendor #: isl726 Name: ISLAND HOSPITAL Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Island Hospital Equipment Purchase	E 6541.00.594.61.64.0004	743.31	

Invoice #: 400 Invoice Date: 08/07/2023 Doc Date: 08/07/2023 Due Date: 08/07/2023  
Vendor #: ban155 Name: BANNER BANK Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	DocuSign invoice adjustment	E 6541.00.561.00.31.0002	79.53	
2	EastSound Sewer & Water District	E 6541.00.561.00.47.0010	142.33	
3	Signs.com credit/reorder door sign	E 6541.00.561.00.49.0000	1.80	

Invoice Total: 223.66

Invoice #: 51072 Invoice Date: 08/07/2023 Doc Date: 08/07/2023 Due Date: 08/07/2023  
Vendor #: nwt155 Name: NW TECHNOLOGY SOLUTIONS, LLC Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	NW Technology	E 6541.00.561.00.41.0040	331.30	

Invoice #: 5992 Invoice Date: 08/07/2023 Doc Date: 08/07/2023 Due Date: 08/08/2023  
Vendor #: cto100 Name: CTO, INC. Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Odie's Plumbing	E 6541.00.561.00.48.0010	308.66	

Grand Total: 1,606.93

Page: 1



Account Number: ##### 2738  
Closing Date: 06/30/23  
Credit Limit: \$15,000.00  
Available Credit: \$13,797.28



Account Inquiries



Customer Service: (855) 891-4821  
Lost or Stolen Card: (866) 839-3409



Please Direct Written Inquiries to:  
BANNER BANK  
PO BOX 2181  
WALLA WALLA, WA 99362-0181



To pay on-line:  
www.bannerbank.com

Account Summary

Previous Balance	\$	7,424.31
Purchases	+	1,634.10
Cash	+	0.00
Special	+	0.00
Credits	-	744.80 -
Payments	-	7,110.89 -
Other Debits	+	0.00
<b>Finance Charges</b>	<b>+</b>	<b>0.00</b>
<b>NEW BALANCE</b>	<b>\$</b>	<b>1,202.72</b>

Payment Information



**Total Minimum Payment Due \$37.00**  
**Payment Due Date 07/25/23**

Minimum Payment	\$	37.00
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Mail Payments to: BANNER BANK PO BOX 2181 WALLA WALLA WA 99362-0181

Account Activity Since Your Last Statement

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
06/01	06/02	PPLN01	55263523152747001209450	ORCAS POWER & LIGHT CO EASTSOUND WA	\$ 678.71
06/06	06/07	PPLN01	05436843157200064881405	4TE*WASHINGTON ALARM I SEATTLE WA	60.65
06/08	06/09	PPLN01	55480773159207340800023	FOXS BOXES LLC FRIDAY HARBOR WA	270.75
06/08	06/09	PPLN01	55131583159083738877477	ROCKISLAND COMM. 360-378-5884 WA	85.00
06/11	06/12	PPLN01	55429503162713970630069	ADOBE *ACROPRO SUBS 4085366000 CA	51.96
06/20	06/21	PPLN01	55432863171209344411122	TMOBILE*AUTO PAY 800-937-8997 WA	114.91
06/26	06/28	PPLN01	75456673178900013983509	MIDTOWNER MOTEL CHELAN WA	150.26
				0000513119 5096822561	
				ARRIVAL 06/25/23 DEPART 06/26/23	
06/27	06/28	PPLN01	55429503179027877408722	DOCUSIGN SEATTLE WA	79.53
06/28	06/29	PPLN01	75418233179177165351178	PY *EASTSOUND SEWER AN EASTSOUND WA	142.33
<b>Payments, Adjustments and Others</b>					
06/02	06/04		000000000000000000000000	PAYMENT - THANK YOU	858.67 -
05/03	06/15		70008603166555166070010	PAYMENT - THANK YOU WALLA WALLA WA	2,838.85 -
05/25	06/15		70008603166555166070028	PAYMENT - THANK YOU WALLA WALLA WA	1,191.13 -
05/31	06/15	PPLN01	75532373166028166972000	FINANCE CHARGE CREDIT	26.14 -
05/31	06/15	PPLN01	75532373166029166072000	FINANCE CHARGE CREDIT	2.60 -
06/15	06/15		70008603166777166120013	XFER FROM 0400	684.35 -
06/16	06/16		70008603167777167350014	FIN CHARGE REVERSAL	31.71 -
06/20	06/21		000000000000000000000000	PAYMENT - THANK YOU	2,107.33 -
06/29	06/30		000000000000000000000000	PAYMENT - THANK YOU	114.91 -

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW 5 DAYS FOR MAIL DELIVERY

BANNER BANK  
PO BOX 2181  
WALLA WALLA WA 99362-0181



**Account Number**  
##### 2738

Check box to indicate name/address change on back of this coupon

<b>Closing Date</b>	<b>New Balance</b>	<b>Total Minimum Payment Due</b>	<b>Payment Due Date</b>
06/30/23	\$1,202.72	\$37.00	07/25/23

AMOUNT OF PAYMENT ENCLOSED



CHRISTOPHER CHORD  
SJC PHD 3  
PO BOX 226  
EASTSOUND WA 98245-0226



MAKE CHECK PAYABLE TO:  
BANNER BANK  
PO BOX 2181  
WALLA WALLA WA 99362-0181



**MANAGE YOUR ACCOUNT ONLINE AT BANNERBANK.COM. IT'S FREE! IT'S EASY! FOR ONE CARD, ENROLL UNDER "ACCESS YOUR ACCOUNTS." REVIEW ACTIVITY, TRACK SPENDING, SET ALERTS, AND MORE. TO MANAGE YOUR COMPANY'S CREDIT CARDS, SELECT "COMPANY CARD ADMIN." VIEW CARD BALANCES, DOWNLOAD TRANSACTIONS, CHANGE CARDHOLDER CREDIT LIMITS, MAKE PAYMENTS, AND MORE. ENROLL TODAY!**

Plan Level Information										
Plan Name	Plan Description	FCM *	Previous Balance	Average Daily Balance	Periodic Rate **	Corresponding APR	Finance Charges	Fees/Finance Charge	Effective APR	Ending Balance
<b>Purchases</b>										
PPLN01 001	PURCHASE PLAN	G	\$7,424.31	\$0.00	0.99916% (M)	11.9900%	\$0.00	\$0.00	0.0000%	\$1,202.72
<b>Cash</b>										
CPLN01 001	CASH PLAN	A	\$0.00	\$0.00	1.50000% (M)	18.0000%	\$0.00	\$0.00	0.0000%	\$0.00
<b>Total</b>			\$7,424.31	\$0.00			\$0.00	\$0.00	0.0000%	\$1,202.72
Days In Billing Cycle: 30						APR = Annual Percentage Rate				
*See last page for explanation of Finance Charge Method (FCM)						** Periodic Rate (M)=Monthly (D)=Daily				
(V) = Variable Rate If you have a variable rate account the periodic rate and Annual Percentage Rate (APR) may vary.										

**NAME CHANGE**

Please use blue or black ink to complete form

Last

First  Middle

**ADDRESS CHANGE**

Street

City  State  ZIP Code

Home Phone (  )  -  Business Phone (  )  -

**SIGNATURE REQUIRED TO AUTHORIZE CHANGES**

Signature \_\_\_\_\_





Account Number: ##### 2738  
 Closing Date: 06/30/23  
 Credit Limit: \$15,000.00  
 Available Credit: \$13,797.28



### IMPORTANT INFORMATION

Finance Charge Calculation Methods and Computation of Average Daily Balance Subject to FINANCE CHARGE. The Finance Charge Calculation Method applicable to your Account for purchases, balance transfers and cash advances is specified on the front side of this statement and explained below. The FINANCE CHARGE imposed during the billing cycle will be determined by multiplying the applicable Average Daily Balance by the applicable Periodic Rate.

Purchases - Method G - Average Daily Balance (including current transactions). The FINANCE CHARGE on purchases begins from the date the transaction is posted to your account. If, however, the outstanding balance on your prior monthly statement was paid in full prior to the statement due date or was zero, and you pay your entire New Balance in full within 25 days after the closing date, no FINANCE CHARGE will be imposed on your purchases.

We figure the FINANCE CHARGE on your purchases by applying the Periodic Rate for purchases to the "Average Daily Balance" of purchases for your Account (including current transactions). To get the "Average Daily Balance" we take the beginning purchase balance of your Account each day, add any new purchases and subtract any payments or credits and unpaid FINANCE CHARGE. This gives us the daily balance for purchases. Then we add up all the daily balances for the billing cycle and divide by the number of days in the billing cycle. This gives us the Average Daily Balance for purchases.

Balance Transfers - Method A - Average Daily Balance (including current transactions). The FINANCE CHARGE on balance transfers begins from the date the transaction is posted to your account. There is no grace period for balance transfers.

We figure the FINANCE CHARGE on your balance transfers by applying the Periodic Rate for balance transfers to the "Average Daily Balance" of balance transfers for your Account (including current transactions). To get the "Average Daily Balance" we take the beginning balance transfer balance of your Account each day, add any new balance transfers and subtract any payments or credits and unpaid FINANCE CHARGE. This gives us the daily balance for balance transfers. Then we add up all the daily balances for the billing cycle and divide by the number of days in the billing cycle. This gives us the Average Daily Balance for balance transfers.

Cash Advances - Method A - Average Daily Balance (including current transactions). The FINANCE CHARGE on cash advances begins from the date the transaction is posted to your account. There is no grace period for cash advances.

We figure the FINANCE CHARGE on your cash advances by applying the Periodic Rate for cash advances to the "Average Daily Balance" of cash advances for your Account (including current transactions). To get the "Average Daily Balance" we take the beginning cash advance balance of your Account each day, add any new cash advances and subtract any payments or credits and unpaid FINANCE CHARGE. This gives us the daily balance for cash advances. Then we add up all the daily balances for the billing cycle and divide by the number of days in the billing cycle. This gives us the Average Daily Balance for cash advances.

Payment Crediting and Credit Balance. Payments received at the location specified on the front of the statement after the phrase "MAKE CHECK PAYABLE TO" will be credited as of the date of receipt to the account specified on the payment coupon. Payments received at locations other than the address specified or payments that do not conform to the requirements set forth on or with the periodic statement (e.g. missing payment stub, payment envelope other than as provided with your statement, multiple checks or multiple coupons in the same envelope) may be subject to delay in crediting, but shall be credited within five days of receipt. If there is a credit balance due on your account, you may request in writing, a full refund. Submit your request to the address indicated on the front of this statement after the phrase "Please Direct Written Inquiries to:".

Closing Date. The closing date is the last day of the billing cycle; all transactions received after the closing date will appear on your next statement.

Annual Fee. If your account has been assessed an annual fee, you may avoid paying this annual fee by sending written notification of termination within 30 days following the mailing date of this bill, to the address found at the top of the first page of this bill under your financial institutions name. You may use your Card(s) during this 30 day period but immediately thereafter must send your Card(s), which you have cut in half to this same address.

Negative Credit Reports. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

### BILLING RIGHTS SUMMARY

In Case of Errors or Inquiries About Your Bill. If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet of paper at the address indicated on the front of this statement after the phrase, "Please Direct Written Inquiries to:" as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

### Special Rule For Credit Card Purchases

If you have a problem with the quality of goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than \$50.00 and the purchase was made in your home state or within 100 miles of your mailing address. (If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.)



Account Number: #### #### 2738  
Closing Date: 07/31/23  
Credit Limit: \$15,000.00  
Available Credit: \$13,746.75



Account Inquiries



Customer Service: (855) 891-4821  
Lost or Stolen Card: (866) 839-3409



Please Direct Written Inquiries to:  
BANNER BANK  
PO BOX 2181  
WALLA WALLA, WA 99362-0181

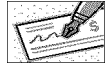


To pay on-line:  
www.bannerbank.com

Account Summary

Previous Balance	\$	1,202.72
Purchases	+	1,624.24
Cash	+	0.00
Special	+	0.00
Credits	-	0.00
Payments	-	4,412.56
Other Debits	+	2,838.85
<b>Finance Charges</b>	<b>+</b>	<b>0.00</b>
<b>NEW BALANCE</b>	<b>\$</b>	<b>1,253.25</b>

Payment Information



Total Minimum Payment Due \$38.00

Minimum Payment	\$	38.00
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Payment Due Date 08/25/23

Mail Payments to: BANNER BANK PO BOX 2181 WALLA WALLA WA 99362-0181

Account Activity Since Your Last Statement

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
07/03	07/04	PPLN01	55263523184747001289322	ORCAS POWER & LIGHT CO EASTSOUND WA	\$ 724.73
07/05	07/06	PPLN01	55429503187027447442136	DOCUSIGN SEATTLE WA	140.79
07/06	07/07	PPLN01	05436843187200059114238	4TE*WASHINGTON ALARM I SEATTLE WA	60.65
07/08	07/09	PPLN01	55480773189207340100022	FOXES BOXES LLC FRIDAY HARBOR WA	270.75
07/08	07/09	PPLN01	55131583189083728821505	ROCKISLAND COMM. 360-378-5884 WA	85.00
07/11	07/12	PPLN01	55432863192202865015765	DRI*SIGNS 888-222-4929 CA	31.32
07/11	07/12	PPLN01	55429503192713498098728	ADOBE *ACROPRO SUBS 4085366000 CA	51.96
07/20	07/21	PPLN01	55432863201205708474767	TMOBILE*AUTO PAY 800-937-8997 WA	114.91
07/27	07/28	PPLN01	55432863208207897961847	DRI*SIGNS 888-222-4929 CA	1.80
07/28	07/30	PPLN01	75418233209179338835727	PY *EASTSOUND SEWER AN EASTSOUND WA	142.33
<b>Payments, Adjustments and Others</b>					
07/14	07/16		000000000000000000000000	PAYMENT - THANK YOU	1,574.51 -
06/15	07/20		70008603201555201740012	PAYMENT - THANK YOU WALLA WALLA WA	2,838.05 -
05/03	07/20	PPLN01	7000860320177201730013	MISAPP PAYMENT ADJUSTMENT	2,838.85

MANAGE YOUR ACCOUNT ONLINE AT BANNERBANK.COM. IT'S FREE! IT'S EASY! FOR ONE CARD, ENROLL UNDER "ACCESS YOUR ACCOUNTS." REVIEW ACTIVITY, TRACK SPENDING, SET ALERTS, AND MORE. TO MANAGE YOUR COMPANY'S CREDIT CARDS, SELECT "COMPANY CARD ADMIN." VIEW CARD BALANCES, DOWNLOAD TRANSACTIONS, CHANGE CARDHOLDER CREDIT LIMITS, MAKE PAYMENTS, AND MORE. ENROLL TODAY!

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW 5 DAYS FOR MAIL DELIVERY

BANNER BANK  
PO BOX 2181  
WALLA WALLA WA 99362-0181



Account Number  
#### #### 2738

Check box to indicate name/address change on back of this coupon

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
07/31/23	\$1,253.25	\$38.00	08/25/23

AMOUNT OF PAYMENT ENCLOSED

\$

CHRISTOPHER CHORD  
SJC PHD 3  
PO BOX 226  
EASTSOUND WA 98245-0226



MAKE CHECK PAYABLE TO:  
BANNER BANK  
PO BOX 2181  
WALLA WALLA WA 99362-0181

Plan Level Information										
Plan Name	Plan Description	FCM *	Previous Balance	Average Daily Balance	Periodic Rate **	Corresponding APR	Finance Charges	Fees/Finance Charge	Effective APR	Ending Balance
<b>Purchases</b>										
PPLN01 001	PURCHASE PLAN	G	\$1,202.72	\$0.00	0.99916% (M)	11.9900%	\$0.00	\$0.00	0.0000%	\$1,253.25
<b>Cash</b>										
CPLN01 001	CASH PLAN	A	\$0.00	\$0.00	1.50000% (M)	18.0000%	\$0.00	\$0.00	0.0000%	\$0.00
	<b>Total</b>		\$1,202.72	\$0.00			\$0.00	\$0.00	0.0000%	\$1,253.25
Days In Billing Cycle: 31						APR = Annual Percentage Rate				
*See last page for explanation of Finance Charge Method (FCM)						** Periodic Rate (M)=Monthly (D)=Daily				
(V) = Variable Rate If you have a variable rate account the periodic rate and Annual Percentage Rate (APR) may vary.										

**NAME CHANGE**

Please use blue or black ink to complete form

Last

First  Middle

**ADDRESS CHANGE**

Street

City  State  ZIP Code

Home Phone (  )  -  Business Phone (  )  -

**SIGNATURE REQUIRED TO AUTHORIZE CHANGES**

Signature \_\_\_\_\_



Account Number: ##### 2738  
 Closing Date: 07/31/23  
 Credit Limit: \$15,000.00  
 Available Credit: \$13,746.75



### IMPORTANT INFORMATION

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Balance Transfers - Method A - Average Daily Balance (including current transactions). The FINANCE CHARGE on balance transfers begins from the date the transaction is posted to your account. There is no grace period for balance transfers.

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Payment Crediting and Credit Balance. Payments received at the location specified on the front of the statement after the phrase "MAKE CHECK PAYABLE TO" will be credited as of the date of receipt to the account specified on the payment coupon. Payments received at locations other than the address specified or payments that do not conform to the requirements set forth on or with the periodic statement (e.g. missing payment stub, payment envelope other than as provided with your statement, multiple checks or multiple coupons in the same envelope) may be subject to delay in crediting, but shall be credited within five days of receipt. If there is a credit balance due on your account, you may request in writing, a full refund. Submit your request to the address indicated on the front of this statement after the phrase "Please Direct Written Inquiries to: ".

Closing Date. The closing date is the last day of the billing cycle; all transactions received after the closing date will appear on your next statement.

Annual Fee. If your account has been assessed an annual fee, you may avoid paying this annual fee by sending written notification of termination within 30 days following the mailing date of this bill, to the address found at the top of the first page of this bill under your financial institutions name. You may use your Card(s) during this 30 day period but immediately thereafter must send your Card(s), which you have cut in half to this same address.

Negative Credit Reports. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

### BILLING RIGHTS SUMMARY

In Case of Errors or Inquiries About Your Bill. If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet of paper at the address indicated on the front of this statement after the phrase, "Please Direct Written Inquiries to: " as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

### Special Rule For Credit Card Purchases

If you have a problem with the quality of goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than \$50.00 and the purchase was made in your home state or within 100 miles of your mailing address. (If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.)



DocuSign Inc. (a US company)  
 221 Main Street, Suite 1550  
 San Francisco, CA 94105  
 US Tax ID: 91-2183967

## CREDIT MEMO

Credit Memo Date: 06/26/2023  
 Credit Memo #: CM01739346  
 Purchase Order #:

Account Name: Orcas Island Health Care District  
 Billing Account #: A01014681

Bill To: Orcas Island Health Care District  
 chris@orcashealth.org

Ship To: Orcas Island Health Care District  
 chris@orcashealth.org

Washington 98245  
 United States

Washington 98245  
 United States

Item	Service Period	Tax Amount	Extended Price
Envelope Allowance -- Proration Credit	06/26/2023-06/04/2024	\$0.00	\$0.00
Seats -- Proration	06/26/2023-07/04/2023	(\$3.24)	(\$39.00)
Seats -- Proration Credit	06/26/2023-06/04/2024	\$46.94	\$565.57
Envelope Allowance -- Proration	06/26/2023-07/04/2023	\$0.00	\$0.00
<b>Net Total:</b>			<b>\$526.57</b>
<b>Tax*:</b>			<b>\$43.70</b>
<b>TOTAL:</b>			<b>\$570.27</b>
<b>Currency:</b>			<b>USD</b>

### TRANSACTIONS ASSOCIATED TO THIS CREDIT MEMO

<b>Applied Amount</b>	<b>\$570.27</b>
<b>Balance</b>	<b>\$0.00</b>
<b>Currency</b>	<b>USD</b>



# INVOICE

**DocuSign Inc.**  
 221 Main St.,  
 Suite 1550  
 San Francisco, CA 94105

Invoice Date: 06/05/2023  
 Invoice #: INV41550087  
 Payment Terms: Due Upon Receipt  
 Due Date: 06/05/2023  
 Purchase Order #:  
 Account Number: A01014681

Bill To: Orcas Island Health Care District  
 chrisc@orcashealth.org  
 Washington 98245  
 United States

Ship To: Orcas Island Health Care District  
 chrisc@orcashealth.org  
 Washington 98245  
 United States

Subscription	Item	Description	Service Period	Quantity	Unit Price	Tax Amount	Extended Price
A-S01013966	SKU-00000564	eSignature Standard Edition - Seat Subscription-Seats	06/05/2023-06/04/2024	2	300.00	49.80	600.00
<b>Subtotal:</b>							600.00
<b>Tax*:</b>							49.80
<b>Total:</b>							649.80
<b>Currency:</b>							USD

**DO NOT REMIT PAYMENT**

**Account will be settled using your chosen payment method on file.**

Tax\*-Taxation based on 'Ship To' address information.

For additional information, including answers to frequently asked billing questions, please visit our Billing Support site at: <https://www.docusign.com/support>

Eastsound Sewer and Water District  
PO Box 640  
Eastsound, WA 98245  
Phone (360) 376-2720  
Email: info@eswd.org

Pay Online Now!  
<https://www.eswd.org/>  
Pay By Phone: 855-380-0826



SAN JUAN COUNTY PUBLIC HEALTH DIST  
P.O. BOX 226  
EASTSOUND, WA 98245



### ACCOUNT STATEMENT

#### ACCOUNT INFORMATION

ACCOUNT: 0267  
SERVICE ADDRESS: 7 DEYE LANE  
SERVICE PERIOD: 07/01/2023 to 07/31/2023  
BILLING DATE: 07/31/2023  
DUE DATE: 08/28/2023  
PHONE PAYMENT ID #: 265  
PHONE PAYMENT PIN #: 6460

#### CURRENT ACTIVITY

Sewer \$103.94  
Capital Improvement \$25.99  
Capital Repairs \$8.25

TOTAL CURRENT CHARGES \$138.18

#### ACCOUNT SUMMARY

PREVIOUS BALANCE \$138.18  
PAYMENTS RECEIVED \$-138.18  
  
ADJUSTMENTS \$0.00  
BALANCE FORWARD \$0.00  
NEW CHARGES \$138.18  
  
AMOUNT DUE \$138.18  
AMOUNT DUE AFTER 08/28/2023 \$152.00

#### MESSAGE

OUR OFFICE IS NOW CLOSED TO THE PUBLIC AS CONSTRUCTION HAS BEGUN. PAYMENTS CAN BE MAILED, DROPPED OFF AT OFFICE CUPBOARD OR USE THE ONLINE PAYMENT PORTAL. THE OFFICE PAYMENT BOX IS NOT ACCESSIBLE. WE CAN BE REACHED VIA PHONE, SHOWN ABOVE, OR EMAIL:  
GENERAL MANAGER- JASON BRADSHAW  
JASONB@ESWD.ORG  
BUSINESS MANAGER - SUSIE CHAPMAN  
SUSIEC@ESWD.ORG



PAYMENTS RECEIVED AFTER THE DUE DATE  
WILL BE SUBJECT TO A LATE FEE

#### Payment Coupon

Return this stub in the envelope provided with a check payable to ESWD.

#### ACCOUNT INFORMATION

ACCOUNT: 0267  
SERVICE ADDRESS: 7 DEYE LANE  
BILLING DATE: 07/31/2023

#### DUE DATE

August 28, 2023

#### AMOUNT DUE

\$138.18

#### AMOUNT ENCLOSED



SAN JUAN COUNTY PUBLIC HEALTH DIST  
P.O. BOX 226  
EASTSOUND, WA 98245

Eastsound Sewer and Water District  
PO Box 640  
Eastsound, WA 98245



**From:** [sarah.s@signs.com](mailto:sarah.s@signs.com)  
**To:** [Ellen Fraser](#)  
**Subject:** Job #11304037  
**Date:** Tuesday, July 18, 2023 2:48:50 PM

---

Hi Ellen,

How are you?

Thank you for your prompt response. I appreciate you as well for understanding, Ellen. I will definitely take note and escalate this matter regarding your concern on our website to make sure we can have it more user friendly.

I submitted the request for the credit of \$22.92, this will reflect on your Signs account within 1-2 business days. This credit does not have any expiration date and you can use this on your next order.

Thank you for working with me on this. Have a good day!

Best regards,

**Sarah**  
**Signs.com Customer Support Manager**  
1550 Gladiola St  
Salt Lake City, UT UT  
P: 1-888-222-4929

**From:** [Signs.com](https://Signs.com)  
**To:** [Ellen Fraser](#)  
**Subject:** Order Confirmation No. 11366982  
**Date:** Thursday, July 27, 2023 4:26:03 PM



MY ACCOUNT | (888) 222-4929

# Thank you for shopping!

## Order #11366982

Hi Ellen,

Thank you for shopping at Signs.com!

We appreciate your business and hope that you had a great experience creating your sign. Below you will find details of your recent order **#11366982**. Please keep this email as your receipt and proof of purchase.

---

Order Number	Order Date	Payment Type	Billing Address
11366982	7/27/2023	Store Credit	

---

Shipping Address	Shipping Method
Ellen Fraser  323 TERRILL BEACH RD EASTSOUND, WA 98245	5 Day Transit  Estimated Delivery Date: 8/1/2023 - 8/1/2023

---

Design	Details	Options & Subtotal
	Clear Window Decal Item #17808915 Qty: 1 Width: 15 Height: 19	\$18.70

Shape: Square /  
Rectangle  
Print Surface:  
Standard  
White Ink: Clear  
Background  
Accessories: Squeegee

---

Order Subtotal: \$18.70  
Shipping: \$6.00  
Discount: \$1.87  
Tax: \$1.89

**Grand Total: \$24.72**

---

## Most Popular Products

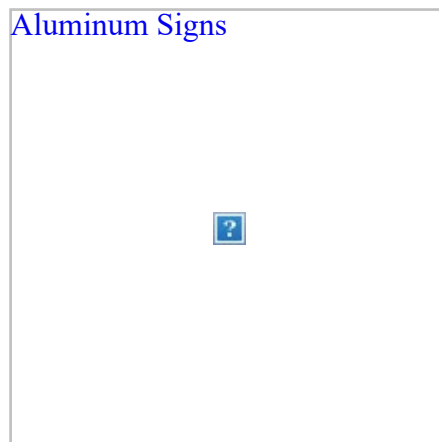
[Vinyl Banners](#)



Vinyl Banners

[Shop Now](#)

[Aluminum Signs](#)



Aluminum Signs

[Shop Now](#)

[Feather Flags](#)



Feather Flags

[Shop Now](#)

[Fabric Banners](#)



Fabric Banners

[Shop Now](#)

If you have any questions about your account, contact the Signs.com Customer Service Department at (888) 222-4929 or email [support@signs.com](mailto:support@signs.com)

Thanks,  
The Signs.com Team

*Freight shipments require a scheduled drop-off time to ensure your order is delivered safely. Your local UPS driver will contact you directly once your order is in in your area.*

RE: Orcas Capital Project - Exam Rooms Remodel

DocuSign Envelope ID: 43BF94DF-3D27-415A-A793-20017C29F48B



wood, Megan <megan.wood@islandhospital.org>

To Chris Chord  
Cc Shulock, Lori L.

Reply Reply All Forward [Share] [More]

Tue 7/18/2023 7:46 AM

Follow up. Completed on Monday, July 24, 2023.  
You replied to this message on 7/20/2023 12:02 PM.  
This message is part of a tracked conversation. Click here to find all related messages or to open the original flagged message.

Attachments: CHAD FISHER CONSTRUCTION 410-002.pdf (734 KB), MEDLINE 2252873722.pdf (117 KB), MEDLINE 2258481082.PDF (20 KB), CHAD FISHER CONSTRUCTION 410-001.pdf (375 KB)

Absolutely, See attached and below. Let me know if you have any questions!

Orcas Capital Project 1235.100 Orcas Remodel							
Capital Request Orcas	Quantity	PO	PO amount	Invoice #	Invoice Date	Inv Amt	Notes
2022 Capital Request - Exam Table, Orcas Medline	2	0140091	10,217.71			\$11,424.55	
				2252873722	2/8/2023	\$20,346.27	See Medline 225873722 Attached
				2260435902	3/30/2023	-\$8,921.72	See Medline 225873722 Attached
Green Series 777 Integrated Wall System Medline	2	0140093	3,084.98	2258481082	3/17/2023	\$2,943.46	See Medline 2258481082 Attached
2022 Capital Request - Orcas Remodel /Chad Fisher Construction		Non-PO				\$45,045.58	
				410-001	2/6/2023	\$35,243.33	See Chad Fisher Construction 410-001 Attached
				410-002	5/5/2023	\$9,802.25	See Chad Fisher Construction 410-002 Attached
Lenox Steel Guest Chair (Office Depot Order)	2	0141116	829.84			\$829.84	PO Rcd
						\$60,243.43	Total
						\$6,024.34	IH 10%
						\$54,219.09	Orcas 90%



Megan Wood, MBA, CHFP

Director, Finance

1211 24th Street, Anacortes, WA 98221

P: 360.299.4260

[www.islandhealth.org](http://www.islandhealth.org)



**INVOICE**

INVOICE 291262675  
 ACCOUNT 32807494  
 PROPOSAL 598500  
 DATE 02/24/23

**BILL TO:**  
 ISLAND HOSP  
 1211 24TH ST  
 AMERINET/3954  
 ANACORTES WA 982212562

**INSTALL AT:**  
 ORCAS MEDICAL CTR  
 7 DEYE LN  
 AMERINET/16916  
 EASTSOUND WA 982458578

CUSTOMER PO: 0141116      PROPOSAL DESCRIPTION: PO 0141116 | LENOX STEEL GUEST CHAIRS      COST CENTER

#	QTY	PRODUCT	DESCRIPTION	SELL	EXTENDED
1	2.00	LS1101	Lenox Steel Guest Chair, 22.5"W x 24.5"D x 32"H Bronze Steel Finish Grade 4 Fabrics CHAMBRAY LIGHT NAVY CHAMBRAY LIGHT NAVY NO ARMPADS Tag(s): PO 014116	381.30	762.60

**APPROVED GL 7260-450 SUPPLIES**  
  
**By arjohnson at 1:13:47 PM, 3/2/2023**

SEND PAYMENT TO:  
 ODP Business Solutions  
 P.O. Box 633301  
 Cincinnati, OH 45263-3301

TERMS:  
 NET 30 DAYS

PAYMENT INQUIRES  
 888-263-3423

FEDERAL TAX ID:  
 86-2161688

SUBTOTAL.....: 762.60  
  
 SALES TAX.....: 63.30  
 =====  
 FINAL TOTAL.....: 825.90  
  
 PAY THIS AMOUNT.....: 825.90



NW Technology LLC  
 5160 Industrial PL  
 Suite 104  
 Ferndale, WA 98248  
 (360) 384-6987

<b>Bill To:</b>
Orcas Island Health Care District Attn: Chris Chord PO Box 226 Eastsound, WA 98245 United States

<b>Date</b>	<b>Invoice</b>
08/01/2023	51072
<b>Account</b>	
Orcas Island Health Care District	

<b>Terms</b>	<b>Due Date</b>	<b>PO Number</b>	<b>Reference</b>
Net 15 days	08/16/2023		Monthly Billing for August

Managed Services Details	Quantity	Price	Amount
Managed Services Agreement: Monthly Services			
Office 365 Agreement: Office365-orcashealth			
Microsoft 365 Business Standard / Exchange (50GB per mailbox) / Office Standard / Lync / Sharepoint / User-PerMonth	7.00	\$13.50	\$94.50
Help Desk Agreement: HelpDeskAgreement-OrcasHealth			
Unlimited Help Desk \ Basic Monitoring \ Software Update Services \ Projects, On-Site Visits and items outside of the agreement billed as time and material.	7.00	\$15.00	\$105.00
Escalation Comprehensive Agreement: EscalationCompAgreement-OrcasHealth			
Unlimited Escalation a Month \ Antivirus \ Network Monitoring \ Advance Server Monitoring \ IT Project Manager Assigned \ Training Services	7.00	\$15.00	\$105.00
<b>Total Managed Services Details:</b>			<b>\$304.50</b>

Beginning August 1, 2022, NW Technology will be charging a 3.0% transaction fee to all Credit Card payment. Fee will be added at the time of payment. Make checks payable to NW Technology LLC	<b>Invoice Subtotal:</b>	\$304.50
	<b>Sales Tax:</b>	\$26.80
	<b>Invoice Total:</b>	<b>\$331.30</b>
	<b>Payments:</b>	\$0.00
	<b>Credits:</b>	\$0.00
	<b>Balance Due:</b>	<b>\$331.30</b>

Thank you for your business!  
 All invoices due over 30 days are subject to 18% finance charge.



**ODIE'S PLUMBING** LICENSED ~ BONDED ~ INSURED



**Bill To**

**Orcas Is. Health Care District  
PO Box 226  
Eastsound, WA 98245**

**Invoice**

<b>Date</b>	<b>7/27/2023</b>
<b>Invoice #</b>	<b>5992</b>
<b>Terms</b>	<b>Due on receipt</b>

<b>Description</b>	<b>Amount</b>
<b>Repair toilet at Orcas Medical Center.</b>	<b>285.00T</b>

**Sales Tax (8.3%)      \$23.66**  
**Total                    \$308.66**  
**Balance Due            \$308.66**

**CLAYTON OLSON**  
*Owner*  
P.O. Box 13  
Eastsound, WA 98245  
Phone & Fax: (360) 376-5056  
License # 601 698 084

This invoice is subject to a finance charge of 1% per month. APR 12% as allowed by law on all balances over 30 days past due. Purchaser agrees to pay all costs and reasonable attorneys fees if this invoice goes to an attorney for collection.