

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 8/22/2023 Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
20230821	Travel reimbursement	8/21/2021	cho002	Chris Chord	\$ 66.46		6541.00.561.00.43.0020	
10797.01	Water Sewer - EWUA - Deye Ln	7/31/2023	eas350	EWUA	\$ 112.25		6541.00.561.00.47.0010	
10798.01	Water Sewer - EWUA - Deye Parcel	7/31/2023	eas350	EWUA	\$ 50.00		6541.00.561.00.47.0010	
37940	Clinic electronic door opener repair	7/10/2023	wha654	Kingman Locksmith	\$ 135.38		6541.00.561.00.48.0010	
2023Q3	Rent District Office July - Sept	8/21/2023	bro005	Brown Dog Holding LLC	\$ 2,439.00		6541.00.561.00.45.0000	

TOTAL THIS PAGE \$ 2,803.09

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

8/21/2023

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

8/22/2023

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
San Juan County

Invoice #: 10797.01 Invoice Date: 08/21/2023 Doc Date: 08/21/2023 Due Date: 08/22/2023
Vendor #: eas350 Name: EASTSOUND WATER USERS ASSN Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Water Sewer EWUA Deye Ln	E 6541.00.561.00.47.0010	112.25	

Invoice #: 10798.01 Invoice Date: 08/21/2023 Doc Date: 08/21/2023 Due Date: 08/22/2023
Vendor #: eas350 Name: EASTSOUND WATER USERS ASSN Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Water Sewer EWUA Deye Parcel	E 6541.00.561.00.47.0010	50.00	

Invoice #: 20230821 Invoice Date: 08/21/2023 Doc Date: 08/21/2023 Due Date: 08/21/2023
Vendor #: cho002 Name: CHORD, CHRISTOPHER RYAN Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Travel reimbursement	E 6541.00.561.00.43.0020	66.46	

Invoice #: 2023Q3 Invoice Date: 08/21/2023 Doc Date: 08/21/2023 Due Date: 08/21/2023
Vendor #: bro005 Name: BROWN DOG HOLDINGS, LLC Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Rent District Office Q3	E 6541.00.561.00.45.0000	2,439.00	

Invoice #: 37940 Invoice Date: 08/21/2023 Doc Date: 08/21/2023 Due Date: 08/21/2023
Vendor #: wha654 Name: WHALESTOOTH TRADING Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Clinic electronic door opener repair	E 6541.00.561.00.48.0010	135.38	

Grand Total: 2,803.09