

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00


Date: 3/19/2024

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Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
5717	Landscaping Service	3/4/2024	nun155	Nunez Services	\$ 3,398.34		6541.00.561.00.48.0020	
10797.01	Water Sewer - EWUA - Deye Ln	2/29/2024	eas350	EWUA	\$ 85.25		6541.00.561.00.47.0010	
10798.01	Water Sewer - EWUA - Deye Parcel	2/29/2024	eas350	EWUA	\$ 50.00		6541.00.561.00.47.0010	
20240302	Clinic fan ducting reimbursement	3/2/2024	cap144	Carl Capdeville	\$ 18.42		6541.00.561.00.48.0010	
20240124	Clinic bathroom fan reimbursement	1/24/2024	zoe900	David Zoeller	\$ 92.32		6541.00.561.00.48.0010	

TOTAL THIS PAGE \$ 3,644.33

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

3/18/2024

 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 A. Groundwater

 Pegi Groundwater, Auditing Officer

3/19/2024

 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.

apInAinv
03/18/2024 3:14:18PMInvoice Accounting Report
San Juan County

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Invoice #: 10797.01 Invoice Date: 03/18/2024 Doc Date: 03/18/2024 Due Date: 03/19/2024
Vendor #: eas350 Name: EASTSOUND WATER USERS ASSN Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Water Sewer, EWUA, Deye Lane	E 6541.00.561.00.47.0010	85.25	

Invoice #: 10798.01 Invoice Date: 03/18/2024 Doc Date: 03/18/2024 Due Date: 03/19/2024
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 #: 20240124 Invoice Date: 03/18/2024 Doc Date: 03/18/2024 Due Date: 03/19/2024
Vendor #: zoe900 Name: ZOELLER, DAVID Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Clinic bathroom fan reimbursement	E 6541.00.561.00.48.0010	92.32	

Invoice #: 20240302 Invoice Date: 03/18/2024 Doc Date: 03/18/2024 Due Date: 03/18/2024
Vendor #: cap144 Name: CAPDEVILLE, CARL E. Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Clinic fan ducting reimbursement	E 6541.00.561.00.48.0010	18.42	

Invoice #: 5717 Invoice Date: 03/18/2024 Doc Date: 03/18/2024 Due Date: 03/18/2024
Vendor #: nun155 Name: NUNEZ SERVICES LLC Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Landscaping service	E 6541.00.561.00.48.0020	3,398.34	

Grand Total: 3,644.33