

**CLAIMS PAYMENT REQUEST**

FROM: Orcas Island Health Care District

Fund# 6541.00

Date: 11/19/2024

Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
11052024	Clinic faucet reimbursement, Lowes	9/27/2024	cap144	Carl Capdeville	\$ 57.77		6541.00.561.00.48.0010	
3001	Airport Center cleaning - dental	11/6/2024	har910	Rita Harvey	\$ 60.00		6541.00.561.00.41.0070	
10797.01	Water Sewer EWUA Deye Lane	10/31/2024	eas350	EWUA	\$ 50.00		6541.00.561.00.47.0010	
10798.01	Water Sewer EWUA Clinic	10/31/2024	eas350	EWUA	\$ 89.63		6541.00.561.00.47.0010	
12012024	District office rent Q4	12/1/2024	bro005	Brown Dog Holdings LLC	\$ 2,547.00		6541.00.561.00.45.0000	
11152024	MRSC public works training expenses	11/15/2024	fra654	Ellen Fraser	\$ 133.97		6541.00.561.00.43.0020	
8152620	Sounder Clinic Triage article	10/31/2024	sou200	Islands Sounder	\$ 452.25		6541.00.561.00.41.0060	

TOTAL THIS PAGE \$ 3,390.62

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

11/18/2024

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 Groundwater, Auditing Officer

11/18/2024

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 Sallierno, Commissioner/Board Secretary

Date

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

Invoice #: 10797.01 Invoice Date: 11/18/2024 Doc Date: 11/18/2024 Due Date: 11/19/2024  
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	50.00	

Invoice #: 10798.01 Invoice Date: 11/18/2024 Doc Date: 11/18/2024 Due Date: 11/19/2024  
Vendor #: eas350 Name: EASTSOUND WATER USERS ASSN Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Water Sewer EWUA Clinic	E 6541.00.561.00.47.0010	89.63	

Invoice #: 11052024 Invoice Date: 11/18/2024 Doc Date: 11/18/2024 Due Date: 11/18/2024  
Vendor #: cap144 Name: CAPDEVILLE, CARL E. Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Clinic faucet reimbursement, Lowes	E 6541.00.561.00.48.0010	57.77	

Invoice #: 11152024 Invoice Date: 11/18/2024 Doc Date: 11/18/2024 Due Date: 11/18/2024  
Vendor #: fra654 Name: FRASER, ELLEN Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	MRSC Public Works Training expenses	E 6541.00.561.00.43.0020	133.97	

Invoice #: 12012024 Invoice Date: 11/18/2024 Doc Date: 11/18/2024 Due Date: 11/18/2024  
Vendor #: bro005 Name: BROWN DOG HOLDINGS, LLC Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	District office rent, Q4	E 6541.00.561.00.45.0000	2,547.00	

Invoice #: 3001 Invoice Date: 11/18/2024 Doc Date: 11/18/2024 Due Date: 11/19/2024  
Vendor #: har910 Name: HARVEY, RITA Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Airport Center cleaning - dental	E 6541.00.561.00.41.0070	60.00	

**Invoice Accounting Report**  
San Juan County

**Invoice #:** 8152620

**Invoice Date:** 11/18/2024

**Doc Date:** 11/18/2024

**Due Date:** 11/18/2024

**Vendor #:** sou200

**Name:** SOUND PUBLISHING, INC

**Type:** in

Line No   Line Description

1   Sounder clinic triage article

Account Number

E 6541.00.561.00.41.0060

Amount   PO Number

452.25

**Grand Total:**   3,390.62