

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 3/14/2023

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Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
400	Adobe Acrobat Pro - January	1/27/2023	ban155	Banner Bank	\$ 21.19		6541.00.561.00.41.0040	
400	Tidepool Coffehouse - Ellen Fraser Interview	02/02/203	ban155	Banner Bank	\$ 17.70		6541.00.561.00.10.0003	
400	USPS - Stamps for GiveOrcas Mailing	2/19/2023	ban155	Banner Bank	\$ 14.49		6541.00.561.00.49.0050	
400	Tmobile Bill	2/20/2023	ban155	Banner Bank	\$ 114.91		6541.00.561.00.42.0020	
400	Adobe Acrobat Pro - February	2/27/2023	ban155	Banner Bank	\$ 21.19		6541.00.561.00.41.0040	
400	Kingman Locksmith - Clinic Lock Replacement	5/7/2022	ban155	Banner Bank	\$ 125.63		6541.00.561.00.48.0010	
20230301	Landscaping Service February	3/1/2023	gao155	Chihauha Team Services	\$ 866.40		6541.00.561.00.48.0020	
10797-01	Water - Deye Clinic	2/28/2023	eas350	EWUA	\$ 90.33		6541.00.561.00.47.0010	
10798-01	Water - Deye Parcel	2/28/2023	eas350	EWUA	\$ 45.00		6541.00.561.00.47.0010	
3012023	Water/Sewer ESWD 7 Deye Ln	3/1/2023	eas310	ESWD	\$ 138.18		6541.00.561.00.47.0010	
49451	Technology Services	3/1/2023	nwt155	NW Technology	\$ 382.98		6541.00.561.00.41.0040	

TOTAL THIS PAGE

\$ 1,838.00

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

03/13/2023

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:

Pegi A. Groundwater

3/14/2023

A80A8A8E1C83A48

Pegi Groundwater, Auditing Officer

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
03/13/2023 9:13:01PMInvoice Accounting Report
San Juan County

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Invoice #: 10797-01 Invoice Date: 02/28/2023 Doc Date: 03/01/2023 Due Date: 03/01/2023
Vendor #: eas350 Name: EASTSOUND WATER USERS ASSN Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Water Deye Clinic	E 6541.00.561.00.47.0010	90.33	

Invoice #: 10798-01 Invoice Date: 02/28/2023 Doc Date: 03/01/2023 Due Date: 03/01/2023
Vendor #: eas350 Name: EASTSOUND WATER USERS ASSN Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Water Deye Parcel	E 6541.00.561.00.47.0010	45.00	

Invoice #: 20230301 Invoice Date: 03/01/2023 Doc Date: 03/01/2023 Due Date: 03/01/2023
Vendor #: gao155 Name: CHIHUAHUA TEAM

Line No	Line Description	Account Number	Amount	PO Number
1	Landscaping services February	E 6541.00.561.00.48.0020	866.40	

Invoice #: 3012023 Invoice Date: 03/01/2023 Doc Date: 03/01/2023 Due Date: 03/02/2023
Vendor #: eas310 Name: EASTSOUND SEWER/WATER DISTRICT

Line No	Line Description	Account Number	Amount	PO Number
1	Sewer Deye Clinic	E 6541.00.561.00.47.0010	138.18	

Invoice #: 400 Invoice Date: 02/28/2023 Doc Date: 03/01/2023 Due Date: 02/28/2023
Vendor #: ban155 Name: BANNER BANK

Line No	Line Description	Account Number	Amount	PO Number
1	Adobe Acrobat Pro - January	E 6541.00.561.00.41.0040	21.19	
2	Tidepool Coffeehouse - Admin Interview	E 6541.00.561.00.10.0003	17.70	
3	USPS Stamps for GiveOrcas Mailing	E 6541.00.561.00.49.0050	14.49	
4	T-Mobile January Bill	E 6541.00.561.00.42.0020	114.91	
5	Adobe Acrobat Pro - February	E 6541.00.561.00.41.0040	21.19	
6	Kingman Locksmith - Lock replacement at	E 6541.00.561.00.48.0010	125.63	
Invoice Total:			315.11	

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Invoice Accounting Report
San Juan County

Invoice #: 49451

Invoice Date: 03/01/2023

Doc Date: 03/01/2023

Due Date: 03/01/2023

Vendor #: nwt155

Name: NW TECHNOLOGY SOLUTIONS, LLC

Type: in

Line No Line Description

1 NW Tech Tech Management

Account Number

E 6541.00.561.00.41.0040

Amount PO Number

382.98

Grand Total: 1,838.00