



JUNIOR TAXING DISTRICT CLAIMS PAYMENT REQUEST FORM

Junior taxing districts (JTD) must complete this form to request claims payments for all accounts payable and payroll disbursements.

NOTE: It is the district's responsibility to maintain adequate records to substantiate claims.

Submit completed form to San Juan County Payroll Deputy by 10:00 A.M. on Tuesday morning.

Date of request: December 2, 2025

District name: Orcas Island Health Care District

Requestor name: Chris Chord

Requestor phone & email address: 360-317-3545, chris@orcashealth.org

Total amount: \$50,331.66

BARS code: 6541 .00.589.40.00.0000

Request type: Accounts Payable Warrants

Description of claim(s):

December 2, 2025 AP Warrants

Last four digits of bank account (EFT's ONLY): N/A

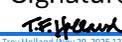
Warrant delivery: SJC mail warrants to vendor(s) (JTD must provide remittances)

Auditing Officer Certification:

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.

Auditing Officer or Commissioner Signature(s) for Approval of Claims:

Name and title Chris Chord	Superintendent
Signature and date 	Nov 28, 2025

Name and title Trey Holland	Auditing Officer
Signature and date  <small>Trey Holland (Nov 29, 2025 13:06:03 PST)</small>	Nov 29, 2025

Name and title	
Signature and date	

Name and title	
Signature and date	

Name and title	
Signature and date	

Name and title	
Signature and date	

Invoice Accounting Report
San Juan County

Invoice #: 109 Invoice Date: 11/26/2025 Doc Date: 12/02/2025 Due Date: 12/03/2025
Vendor #: isl743 Name: ISLAND OPPORTUNITY CHARTERS Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Water taxi, dental Nov 2025	E 6541.00.589.40.00.0000	2,100.00	

Invoice #: 1140 Invoice Date: 11/26/2025 Doc Date: 12/02/2025 Due Date: 12/03/2025
Vendor #: den656 Name: DENTALL PLLC Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Dental admin, Nov 2025	E 6541.00.589.40.00.0000	2,415.00	

Invoice #: 1141 Invoice Date: 11/26/2025 Doc Date: 12/02/2025 Due Date: 12/03/2025
Vendor #: den656 Name: DENTALL PLLC Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Dental clinical, Nov 2025	E 6541.00.589.40.00.0000	24,576.19	

Invoice #: 133446 Invoice Date: 11/26/2025 Doc Date: 12/02/2025 Due Date: 12/03/2025
Vendor #: chm100 Name: CSD ATTORNEYS AT LAW Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	CSD Attorneys at Law	E 6541.00.589.40.00.0000	9,676.00	

Invoice #: 60005344 Invoice Date: 11/26/2025 Doc Date: 12/02/2025 Due Date: 12/03/2025
Vendor #: j00286 Name: BERKLEY NORTH PACIFIC Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Clinic earthquake insurance	E 6541.00.589.40.00.0000	9,906.00	

Invoice #: 7040 Invoice Date: 11/26/2025 Doc Date: 12/02/2025 Due Date: 12/03/2025
Vendor #: nun155 Name: NUNEZ SERVICES LLC Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Clinic landscaping	E 6541.00.589.40.00.0000	818.42	

Invoice Accounting Report
San Juan County

Invoice #: 7050 **Invoice Date:** 11/26/2025 **Doc Date:** 12/02/2025 **Due Date:** 12/03/2025
Vendor #: nun155 **Name:** NUNEZ SERVICES LLC **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Clinic landscaping	E 6541.00.589.40.00.0000	487.80	

Invoice #: 8182067 **Invoice Date:** 11/26/2025 **Doc Date:** 12/02/2025 **Due Date:** 12/03/2025
Vendor #: sou200 **Name:** SOUND PUBLISHING, INC **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Souder weekly ad	E 6541.00.589.40.00.0000	352.25	

Grand Total: 50,331.66