

**CLAIMS PAYMENT REQUEST**

FROM: Orcas Island Health Care District      Fund# 6541.00

Date: 1/10/2023

Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
400	OPALCO - Deye Ln	12/22/2022	ban155	Banner Bank	\$ 685.94		6541.00.561.00.47.0010	
400	OPALCO - Prune Alley	12/22/2022	ban155	Banner Bank	\$ 108.19		6541.00.561.00.47.0011	
400	Washington Alarm - Monthly Fee	12/7/2022	ban155	Banner Bank	\$ 60.65		6541.00.561.00.47.0010	
400	San Juan Island Ferry - Meeting Travel	12/11/2022	ban155	Banner Bank	\$ 26.20		6541.00.561.00.43.0020	
400	San Juan Brewing - County Mtg Luncl	12/11/2022	ban155	Banner Bank	\$ 22.07		6541.00.561.00.43.0020	
400	T-Mobile	12/21/2022	ban155	Banner Bank	\$ 114.91		6541.00.561.00.42.0020	
400	Adobe Acrobat Pro - Technology	12/28/2022	ban155	Banner Bank	\$ 21.19		6541.00.561.00.41.0040	
114277	Legal Services	11/30/2022	chm100	CHMELIK SITKIN & DAVIS, PS	\$ 1,710.00		6541.00.561.00.41.0030	
20221210	Reimbursement - Office Supplies	12/10/2022	cho002	Chris Chord	\$ 24.96		6541.00.561.00.31.0000	
267	Sewer	12/29/2022	eas310	ESWD	\$ 128.70		6541.00.561.00.47.0010	
20230115	Operations Support Fee	12/22/2022	isi726	Island Hospital	\$ 511,000.00		6541.00.561.00.41.0003	

TOTAL THIS PAGE

\$ 513,902.81

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

01/08/2023

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.



Pegi A. Groundwater  
Auditing Officer

1/9/2023

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.