



## 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:** January 27, 2026 (for 2026)

**District name:** Orcas Island Health Care District

**Requestor name:** Chris Chord

**Requestor phone & email address:** 360-317-3545

**Total amount:** \$3,500.00

**BARS code:** 6541 .00.589.40.00.0000

**Request type:** Accounts Payable Warrants

**Description of claim(s):**

2026\_01\_27 OIHCD AP Warrant for 2026

**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	

Name and title Trey Holland	Auditing Officer
Signature and date	

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 #: PS-INV106690      Invoice Date: 01/21/2026      Doc Date: 01/27/2026      Due Date: 01/28/2026  
Vendor #: j00314      Name: ASSOCIATION OF WASHINGTON      Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Annual dues	E 6541.00.589.40.00.0000	3,500.00	
<b>Grand Total:</b>			<u>3,500.00</u>	