

**CLAIMS PAYMENT REQUEST**

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 9/5/2023

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Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
400	OPALCO - Electric Bill - Clinic	7/17/2023	ban155	Banner Bank	\$ 587.69		6541.00.561.00.47.0010	
400	OPALCO - Electric Bill - District Office	7/17/2023	ban155	Banner Bank	\$ 94.62		6541.00.561.00.47.0011	
400	Rock Island - August 2023	8/7/2023	ban155	Banner Bank	\$ 85.00		6541.00.561.00.42.0020	
400	Washington Alarm Inc. - Monthly fee	8/1/2023	ban155	Banner Bank	\$ 60.65		6541.00.561.00.47.0010	
400	DocuSign	8/5/2023	ban155	Banner Bank	\$ 140.79		6541.00.561.00.31.0002	
400	Adobe Acrobat	8/11/2023	ban155	Banner Bank	\$ 51.96		6541.00.561.00.31.0002	
400	SJC EDC Luncheon	8/14/2023	ban155	Banner Bank	\$ 39.00		6541.00.561.00.43.0010	
400	T-Mobile	8/20/2023	ban155	Banner Bank	\$ 119.91		6541.00.561.00.42.0020	
400	Verdant Health Hospital District visit - lunch	8/23/2023	ban155	Banner Bank	\$ 17.48		6541.00.561.00.43.0020	
400	Fox's Boxes - Clinic Storage	8/8/2023	ban155	Banner Bank	\$ 270.75		6541.00.561.00.48.0010	
400	Eastsound Sewer & Water District	8/31/2023	ban155	Banner Bank	\$ 142.33		6541.00.561.00.47.0010	
118251	Chmelik Sitkin & Davis	7/31/2023	chm100	Chmelik Sitkin & Davis	\$ 96.00		6541.00.561.00.41.0020	
8312023	Chord travel reimbursement	8/31/2023	cho002	Christopher Chord	\$ 35.08		6541.00.561.00.43.0020	

TOTAL THIS PAGE \$ 1,741.26

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

Sep 5, 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 (Sep 5, 2023 09:54 PDT)

Pegi Groundwater, Auditing Officer

Sep 5, 2023

Date

**Board Authorization**

I attest that the duly elected board for the OIHC 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.

Invoice Accounting Report  
San Juan County

Invoice #: 118251 Invoice Date: 09/01/2023 Doc Date: 09/01/2023 Due Date: 09/02/2023  
Vendor #: chm100 Name: CSD ATTORNEYS AT LAW Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	CSD Attorneys	E 6541.00.561.00.41.0020	96.00	

Invoice #: 400 Invoice Date: 09/01/2023 Doc Date: 09/01/2023 Due Date: 09/01/2023  
Vendor #: ban155 Name: BANNER BANK Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	OPALCO Electric Bill Clinic	E 6541.00.561.00.47.0010	587.69	
2	OPALCO Electric Bill District Office	E 6541.00.561.00.47.0011	94.62	
3	Rock Island August 2023	E 6541.00.561.00.42.0020	85.00	
4	Washington Alarm monthly fee	E 6541.00.561.00.47.0010	60.65	
5	DocuSign monthly fee	E 6541.00.561.00.31.0002	140.79	
6	Adobe Acrobat	E 6541.00.561.00.31.0002	51.96	
7	SJC EDC Luncheon	E 6541.00.561.00.43.0010	39.00	
8	T-Mobile	E 6541.00.561.00.42.0020	119.91	
9	Verdant Health Hospital District visit,	E 6541.00.561.00.43.0020	17.48	
10	Fox's Boxes, Clinic Storage	E 6541.00.561.00.48.0010	270.75	
11	Eastsound Sewer & Water District	E 6541.00.561.00.47.0010	142.33	

Invoice Total: 1,610.18

Invoice #: 8312023 Invoice Date: 09/01/2023 Doc Date: 09/01/2023 Due Date: 09/01/2023  
Vendor #: cho002 Name: CHORD, CHRISTOPHER RYAN Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Chord travel reimbursement, Verdant	E 6541.00.561.00.43.0020	35.08	

Grand Total: 1,741.26