SAN JUAN COUNTY
Auditor's Office

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: June 30, 2026

District name: Orcas Island Health Care District

Requestor name: Chris Chord

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

Total amount: $64,280.47

BARS code: 6541 .00.589.40.00.0000

Request type: Accounts Payable Warrants

Description of claim(s):

OIHCD AP Warrants, June 30, 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		Name and title	
Chris Chord	Superintendent	Trey Holland	Auditing Officer
Signature and date		Signature and date	
Chris Chord (Jun 25, 2026 15:06:44 PDT)	Jun 25, 2026	Trey Holland (Jun 26, 2026 06:45:16 PDT)	Jun 26, 2026
Name and title		Name and title	
Signature and date		Signature and date	
Name and title		Name and title	
Signature and date		Signature and date	

Invoice Accounting Report

San Juan County

Invoice #: 137037 **Invoice Date:** 06/24/2026 **Doc Date:** 06/30/2026 **Due Date:** 07/01/2026
Vendor #: j00342 **Name:** CSD ATTORNEYS AT LAW **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	CSD Attorneys	E 6541.00.589.40.00.0000	7,216.00	

Invoice #: 267035 **Invoice Date:** 06/25/2026 **Doc Date:** 06/30/2026 **Due Date:** 07/01/2026
Vendor #: j00360 **Name:** DLR GROUP **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Clinic expansion architecture	E 6541.00.589.40.00.0000	50,217.00	

Invoice #: 3670 **Invoice Date:** 06/24/2026 **Doc Date:** 06/30/2026 **Due Date:** 07/01/2026
Vendor #: j00242 **Name:** B COACHING AND CONSULTING **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Executive Coaching	E 6541.00.589.40.00.0000	2,600.00	

Invoice #: 6172026 **Invoice Date:** 06/24/2026 **Doc Date:** 06/30/2026 **Due Date:** 07/01/2026
Vendor #: j00250 **Name:** O'CONNER, DEBRA **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Orcas Caregiver Collaborative	E 6541.00.589.40.00.0000	918.42	

Invoice #: 6232026 **Invoice Date:** 06/25/2026 **Doc Date:** 06/30/2026 **Due Date:** 07/01/2026
Vendor #: j00133 **Name:** SWANSON, TRILLIUM **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	CHN gathering refreshments	E 6541.00.589.40.00.0000	63.21	

Invoice #: 6242026 **Invoice Date:** 06/24/2026 **Doc Date:** 06/30/2026 **Due Date:** 07/01/2026
Vendor #: lop150 **Name:** LOPEZ ISLAND FAMILY RES CENTER **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	CHN gathering refreshments	E 6541.00.589.40.00.0000	45.84	

Invoice #: HOL-038 **Invoice Date:** 06/24/2026 **Doc Date:** 06/30/2026 **Due Date:** 07/01/2026
Vendor #: j00326 **Name:** HOLDFAST DESIGN LLC **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Health Network Branding	E 6541.00.589.40.00.0000	3,220.00	

Grand Total: 64,280.47