



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: April 21, 2026

District name: Orcas Island Health Care District

Requestor name: Chris Chord

Requestor phone & email address: 360-317-3545

Total amount: \$13,586.04

BARS code: 6541 .00.589.40.00.0000

Request type: Accounts Payable Warrants

Description of claim(s):

OIHCD April 21, 2026 AP Warrants


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

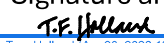
Warrant delivery: SJC mail warrants to vendor(s) (JTD must provide remittances)

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 	20/04/26

Name and title Trey Holland	Auditing Officer
Signature and date  <small>Trey Holland Apr 20, 2026 13:43:17 PDT</small>	20/04/26

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 #: 10797.01 Invoice Date: 04/17/2026 Doc Date: 04/21/2026 Due Date: 04/22/2026
Vendor #: eas350 Name: EASTSOUND WATER USERS ASSN Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	EWUA Clinic, March 2026	E 6541.00.589.40.00.0000	109.02	

Invoice #: 2965836-SJ Invoice Date: 04/17/2026 Doc Date: 04/21/2026 Due Date: 04/22/2026
Vendor #: san275 Name: SAN JUAN SANITATION, INC Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Dental Trash pick-up	E 6541.00.589.40.00.0000	29.09	

Invoice #: 3401 Invoice Date: 04/19/2026 Doc Date: 04/21/2026 Due Date: 04/22/2026
Vendor #: nex654 Name: NEXCO INC. Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Airport Center rent, May 2026	E 6541.00.589.40.00.0000	942.00	

Invoice #: 4162026 Invoice Date: 04/19/2026 Doc Date: 04/21/2026 Due Date: 04/22/2026
Vendor #: j00133 Name: SWANSON, TRILLIUM Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Hlth Ntwk Reimbursement	E 6541.00.589.40.00.0000	313.87	

Invoice #: 4262026 Invoice Date: 04/17/2026 Doc Date: 04/21/2026 Due Date: 04/22/2026
Vendor #: cho002 Name: CHORD, CHRISTOPHER RYAN Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Hlth Ntwk Reimbursement	E 6541.00.589.40.00.0000	1,478.78	

Invoice #: 7217 Invoice Date: 04/17/2026 Doc Date: 04/21/2026 Due Date: 04/22/2026
Vendor #: nunezser 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	2,249.30	

Invoice Accounting Report
San Juan County

Invoice #: 900D71 Invoice Date: 04/17/2026 Doc Date: 04/21/2026 Due Date: 04/18/2026
Vendor #: sta900 Name: STATE OF WASHINGTON Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	PEBB, April 2026	E 6541.00.589.40.00.0000	7,663.98	

Invoice #: SJCHN0426 Invoice Date: 04/17/2026 Doc Date: 04/21/2026 Due Date: 04/22/2026
Vendor #: sji100 Name: JOYCE L. SOBEL FAMILY RES CTR Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Hlth Ntwk Reimbursement	E 6541.00.589.40.00.0000	800.00	

Grand Total: 13,586.04