



## 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:** October 21, 2025

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

**Requestor name:** Chris Chord

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

**Total amount:** \$24,140.50

**BARS code:** 6541 .00.589.40.00.0000

**Request type:** Accounts Payable Warrants

**Description of claim(s):**

October 21, 2025 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	

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 #:** 1012025      **Invoice Date:** 10/20/2025      **Doc Date:** 10/21/2025      **Due Date:** 10/22/2025  
**Vendor #:** j00275      **Name:** SERVICES, LLC, TRUCORDIA INSURANCE      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Earthquake insurance	E 6541.00.589.40.00.0000	11,993.65	

**Invoice #:** 10797.01      **Invoice Date:** 10/20/2025      **Doc Date:** 10/21/2025      **Due Date:** 10/22/2025  
**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	Eastsound Water, clinic	E 6541.00.589.40.00.0000	102.50	

**Invoice #:** 10798.01      **Invoice Date:** 10/20/2025      **Doc Date:** 10/21/2025      **Due Date:** 10/22/2025  
**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	Eastsound Water, parcel	E 6541.00.589.40.00.0000	50.00	

**Invoice #:** 1124      **Invoice Date:** 10/20/2025      **Doc Date:** 10/21/2025      **Due Date:** 10/22/2025  
**Vendor #:** den656      **Name:** DENTALL PLLC      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Dental Assistant back pay	E 6541.00.589.40.00.0000	793.88	

**Invoice #:** 1398      **Invoice Date:** 10/20/2025      **Doc Date:** 10/21/2025      **Due Date:** 10/22/2025  
**Vendor #:** orc170      **Name:** ORCAS COMMUNITY RESOURCE      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	OCRC, medical travel	E 6541.00.589.40.00.0000	2,440.55	

**Invoice #:** 1399      **Invoice Date:** 10/20/2025      **Doc Date:** 10/21/2025      **Due Date:** 10/22/2025  
**Vendor #:** orc170      **Name:** ORCAS COMMUNITY RESOURCE      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	OCRC, medical support	E 6541.00.589.40.00.0000	4,700.00	

**Invoice Accounting Report**  
San Juan County

**Invoice #:** 2965836-SJ      **Invoice Date:** 10/20/2025      **Doc Date:** 10/21/2025      **Due Date:** 10/22/2025  
**Vendor #:** san275      **Name:** SAN JUAN SANITATION, INC

<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 #:** 3242      **Invoice Date:** 10/20/2025      **Doc Date:** 10/21/2025      **Due Date:** 10/22/2025  
**Vendor #:** nex654      **Name:** NEXCO INC.

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Airport Center rent, Nov 2025	E 6541.00.589.40.00.0000	45.00	

**Invoice #:** 49036      **Invoice Date:** 10/20/2025      **Doc Date:** 10/21/2025      **Due Date:** 10/22/2025  
**Vendor #:** j00223      **Name:** BUSINESS SUPPORT SERVICES NW

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Accounting support	E 6541.00.589.40.00.0000	795.00	

**Invoice #:** 86028871      **Invoice Date:** 10/20/2025      **Doc Date:** 10/21/2025      **Due Date:** 10/22/2025  
**Vendor #:** sou100      **Name:** SOUND PUBLISHING INC

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Budget & Levy Hearing notice	E 6541.00.589.40.00.0000	154.00	

**Invoice #:** 900D71      **Invoice Date:** 10/20/2025      **Doc Date:** 10/21/2025      **Due Date:** 10/22/2025  
**Vendor #:** sta900      **Name:** STATE OF WASHINGTON

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	PEBB, Oct 2025	E 6541.00.589.40.00.0000	3,036.83	

**Grand Total:** 24,140.50