



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: May 5, 2026

District name: Orcas Island Health Care District

Requestor name: Chris Chord

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

Total amount: \$44,388.08

BARS code: 6541 .00.589.40.00.0000

Request type: Accounts Payable Warrants

Description of claim(s):

OIHCD AP, May 5, 2026


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

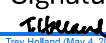
Warrant delivery: SJC mail warrants to vendor(s) (JTD must provide remittances)

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 	May 4, 2026

Name and title Trey Holland	Auditing Officer
Signature and date  <small>Trey Holland (May 4, 2026 19:27:26 PDT)</small>	May 4, 2026

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 #: 1175 Invoice Date: 05/04/2026 Doc Date: 05/05/2026 Due Date: 05/06/2026
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 clinical (passthrough)	E 6541.00.589.40.00.0000	27,966.06	

Invoice #: 1176 Invoice Date: 05/04/2026 Doc Date: 05/05/2026 Due Date: 05/06/2026
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 Admin	E 6541.00.589.40.00.0000	2,415.00	

Invoice #: 135937 Invoice Date: 05/04/2026 Doc Date: 05/05/2026 Due Date: 05/06/2026
Vendor #: j00342 Name: CSD ATTORNEYS AT LAW Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	CSD Attorneys	E 6541.00.589.40.00.0000	4,826.00	

Invoice #: 1468 Invoice Date: 05/04/2026 Doc Date: 05/05/2026 Due Date: 05/05/2026
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	Hlth ntwk reimbursement	E 6541.00.589.40.00.0000	800.00	

Invoice Accounting Report
San Juan County

Invoice #: 400 **Invoice Date:** 05/04/2026 **Doc Date:** 05/05/2026 **Due Date:** 05/06/2026
Vendor #: ban155 **Name:** BANNER BANK **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	OPALCO, clinic	E 6541.00.589.40.00.0000	747.68	
2	OPALCO, district office	E 6541.00.589.40.00.0000	148.75	
3	OPALCO, dental clinic	E 6541.00.589.40.00.0000	287.77	
4	MRSC PRA Workshop	E 6541.00.589.40.00.0000	180.00	
5	Washington Alarm, April 2026	E 6541.00.589.40.00.0000	83.67	
6	Quickbooks payroll, April 2026	E 6541.00.589.40.00.0000	149.53	
7	WA Hospital Assoc Conference	E 6541.00.589.40.00.0000	1,947.96	
8	Claude Pro AI subscription	E 6541.00.589.40.00.0000	216.70	
9	Rock Island, April 2026	E 6541.00.589.40.00.0000	85.00	
10	Adobe Acrobat	E 6541.00.589.40.00.0000	51.99	
11	Brickworks, security deposit refund	E 6541.00.589.40.00.0000	-300.00	
12	Island Market, District office supplies	E 6541.00.589.40.00.0000	18.73	
13	T-Mobile, March 2026	E 6541.00.589.40.00.0000	111.50	
14	Eastsound Sewer & Water, March 2026	E 6541.00.589.40.00.0000	162.72	
Invoice Total:			3,892.00	

Invoice #: 4132026 **Invoice Date:** 05/04/2026 **Doc Date:** 05/05/2026 **Due Date:** 05/06/2026
Vendor #: lop150 **Name:** LOPEZ ISLAND FAMILY RES CENTER **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	

Invoice #: 4162026 **Invoice Date:** 05/04/2026 **Doc Date:** 05/05/2026 **Due Date:** 05/06/2026
Vendor #: j00345 **Name:** HOWARD, SARAH **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Communications Contractor	E 6541.00.589.40.00.0000	2,837.50	

Invoice Accounting Report
San Juan County

Invoice #: 4302026 Invoice Date: 05/04/2026 Doc Date: 05/05/2026 Due Date: 05/06/2026
Vendor #: j00250 Name: O'CONNOR, DEBRA Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Orcas Caregiver Collaborative (OICF	E 6541.00.589.40.00.0000	488.00	

Invoice #: 60140 Invoice Date: 05/04/2026 Doc Date: 05/05/2026 Due Date: 05/06/2026
Vendor #: j00205 Name: NW TECHNOLOGY LLC Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Technology Services	E 6541.00.589.40.00.0000	363.52	

Grand Total: 44,388.08