

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00


Date: 10/1/2024

Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
20240924	Reimburse dental supplies & wages	9/25/2024	san167	SJC Health & Community Services	\$ 95,722.88		6541.00.561.00.41.0070	
20240925	Reimburse dental supplies & wages	9/25/2024	san167	SJC Health & Community Services	\$ 6,827.22		6541.00.561.00.41.0070	
499005	Katie Raebel - dental consulting	8/31/2024	wip144	WIPFLI	\$ 9,500.00		6541.00.561.00.41.0070	
125151	CSD Attorneys	8/31/2024	chm100	CSD Attorneys at Law	\$ 632.00		6541.00.561.00.41.0030	
125151	CSD Attorneys - dental	8/31/2024	chm100	CSD Attorneys at Law	\$ 2,368.00		6541.00.561.00.41.0070	
6267	Clinic landscaping	9/10/2024	nun155	Nunez Services LLC	\$ 303.52		6541.00.561.00.48.0020	
20240920	Leadership Institute expenses	9/20/2024	cho002	Chris Chord	\$ 226.30		6541.00.561.00.43.0020	
20240917	Dental chair pick-up	9/17/2024	cho002	Chris Chord	\$ 147.33		6541.00.561.00.41.0070	
20241001	Airport Centre Lease - dental	9/25/2024	nex654	Nexco, Inc.	\$ 1,794.00		6541.00.561.00.41.0070	
RLC-7817	Clinic asphalt balance	9/25/2024	law230	Lawson Construction, Inc.	\$ 18,843.19		6541.00.561.00.48.0010	

TOTAL THIS PAGE \$ 136,364.44

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

9/27/2024

 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 Groundwater, Auditing Officer

9/27/2024

 Date

Board Authorization

I attest that the duly elected board for the OIHCD 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.

 Mark Salierno, Commissioner/Board Secretary

 Date

Note: It is the DISTRICTS' responsibility to maintain adequate, original, records to substantiate these claims.

apInAinv
09/26/2024 4:18:57PM

Invoice Accounting Report
San Juan County

Invoice #: 125151 **Invoice Date:** 09/25/2024 **Doc Date:** 10/01/2024 **Due Date:** 09/26/2024
Vendor #: chm100 **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 6541.00.561.00.41.0030	632.00	
2	CSD Attorneys - dental	E 6541.00.561.00.41.0070	2,368.00	
Invoice Total:			3,000.00	

Invoice #: 20240917 **Invoice Date:** 09/25/2024 **Doc Date:** 10/01/2024 **Due Date:** 09/25/2024
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	Dental chair pick-up	E 6541.00.561.00.41.0070	147.33	

Invoice #: 20240920 **Invoice Date:** 09/25/2024 **Doc Date:** 10/01/2024 **Due Date:** 09/25/2024
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	Leadership Institute expenses	E 6541.00.561.00.43.0020	226.30	

Invoice #: 20240924 **Invoice Date:** 09/25/2024 **Doc Date:** 10/01/2024 **Due Date:** 09/26/2024
Vendor #: san167 **Name:** SAN JUAN COUNTY TREASURER **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Reimburse dental supplies & wages	E 6541.00.561.00.41.0070	95,722.88	

Invoice #: 20240925 **Invoice Date:** 09/25/2024 **Doc Date:** 10/01/2024 **Due Date:** 09/26/2024
Vendor #: san167 **Name:** SAN JUAN COUNTY TREASURER **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Reimburse dental supplies & wages	E 6541.00.561.00.41.0070	6,827.22	

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09/26/2024 4:18:57PM

Invoice Accounting Report
San Juan County

Invoice #: 20241001 **Invoice Date:** 09/26/2024 **Doc Date:** 10/01/2024 **Due Date:** 09/26/2024
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 Lease - Dental	E 6541.00.561.00.41.0070	1,794.00	

Invoice #: 499005 **Invoice Date:** 09/25/2024 **Doc Date:** 10/01/2024 **Due Date:** 09/25/2024
Vendor #: wip144 **Name:** WIPFLI, LLP **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Katie Raebel - dental consulting	E 6541.00.561.00.41.0070	9,500.00	

Invoice #: 6267 **Invoice Date:** 09/25/2024 **Doc Date:** 10/01/2024 **Due Date:** 09/25/2024
Vendor #: nun155 **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 6541.00.561.00.48.0020	303.52	

Invoice #: RLC-7817 **Invoice Date:** 09/26/2024 **Doc Date:** 10/01/2024 **Due Date:** 09/27/2024
Vendor #: law230 **Name:** RICHARD LAWSON CONSTRUCTION **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Clinic asphalt balance	E 6541.00.561.00.48.0010	18,843.19	

Grand Total: 136,364.44