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: August 25, 2026

District name: Orcas Island Health Care District

Requestor name: Chris Chord

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

Total amount: $36,747.19

BARS code: 6541 .00.589.40.00.0000

Request type: Accounts Payable Warrants

Description of claim(s):

OIHCD AP Warrants, August 25, 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	Name and title Trey Holland Auditing Officer
Signature and date Chris Chord (Aug 24, 2026 11:28:52 PDT) Aug 24, 2026	Signature and date Trey Holland (Aug 24, 2026 17:56:21 PDT) Aug 24, 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 #: 120 **Invoice Date:** 08/19/2026 **Doc Date:** 08/25/2026 **Due Date:** 08/25/2026
Vendor #: j00345 **Name:** HOWARD, SARAH **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Communications contractor	E 6541.00.589.40.00.0000	2,837.50	

Invoice #: 138666 **Invoice Date:** 08/24/2026 **Doc Date:** 08/25/2026 **Due Date:** 08/26/2026
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	1,368.00	

Invoice #: 20260919 **Invoice Date:** 08/19/2026 **Doc Date:** 08/25/2026 **Due Date:** 08/26/2026
Vendor #: whi654 **Name:** IC LLC **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	District office rent, Q3	E 6541.00.589.40.00.0000	2,980.11	

Invoice #: 2965836-SJ **Invoice Date:** 08/19/2026 **Doc Date:** 08/25/2026 **Due Date:** 08/26/2026
Vendor #: san275 **Name:** SAN JUAN SANITATION, INC **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Dental trash pick-up	E 6541.00.589.40.00.0000	19.39	

Invoice #: 3335798 **Invoice Date:** 08/24/2026 **Doc Date:** 08/25/2026 **Due Date:** 08/26/2026
Vendor #: wip144 **Name:** WIPFLI, LLP **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Consult Home Health Shortage	E 6541.00.589.40.00.0000	2,050.00	

Invoice #: 3485 **Invoice Date:** 08/19/2026 **Doc Date:** 08/25/2026 **Due Date:** 08/26/2026
Vendor #: nex654 **Name:** NEXCO INC. **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Airport Center rent, Sept 2026	E 6541.00.589.40.00.0000	942.00	

Invoice #: 8INV00021430 **Invoice Date:** 08/19/2026 **Doc Date:** 08/25/2026 **Due Date:** 08/26/2026
Vendor #: shi001 **Name:** SHIMADZU MEDICAL SYSTEMS USA **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	X-ray maintenance	E 6541.00.589.40.00.0000	4,604.88	

Invoice #: 900D71 **Invoice Date:** 08/19/2026 **Doc Date:** 08/25/2026 **Due Date:** 08/26/2026
Vendor #: sta900 **Name:** STATE OF WASHINGTON **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	PEBB, Aug 2026	E 6541.00.589.40.00.0000	7,663.98	

Invoice #: MIH2603b **Invoice Date:** 08/24/2026 **Doc Date:** 08/25/2026 **Due Date:** 08/26/2026
Vendor #: orc101 **Name:** SAN JUAN FIRE DISTRICT #2 **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	MIH ILA Grant Sept 2026	E 6541.00.589.40.00.0000	10,114.66	

Invoice #: MIH-2603 **Invoice Date:** 08/24/2026 **Doc Date:** 08/25/2026 **Due Date:** 08/26/2026
Vendor #: orc101 **Name:** SAN JUAN FIRE DISTRICT #2 **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	MIH ILA Sept 2026	E 6541.00.589.40.00.0000	4,166.67	

Grand Total: 36,747.19