

**CLAIMS PAYMENT REQUEST**

FROM: Orcas Island Health Care District Fund# 6541.00

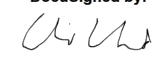
Date: 1/2/2024 (for 2023)

Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
12262023	Chihuahua - clinic landscaping	12/26/2023	gao155	Chihuahua Team Services	\$ 953.04		6541.00.561.00.48.0020	
120118	CSD Attorneys	11/30/2023	chm100	CSD Attorneys at Law	\$ 1,688.00		6541.00.561.00.41.0030	

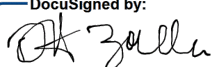
TOTAL THIS PAGE \$ 2,641.04

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.

DocuSigned by:  
  
 \_\_\_\_\_  
5DA79705AA62461...  
 Chris Chord, Superintendent

1/1/2024  
 \_\_\_\_\_  
 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.

DocuSigned by:  
  
 \_\_\_\_\_  
E31A4EF0F202478...  
 David Zoeller, Auditing Officer

1/1/2024  
 \_\_\_\_\_  
 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.

\_\_\_\_\_  
 Diane Boteler, Commissioner/Board Secretary

\_\_\_\_\_  
 Date

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

apInAinv  
12/28/2023 1:33:46PM

**Invoice Accounting Report**  
San Juan County

**Invoice #:** 120118      **Invoice Date:** 12/28/2023      **Doc Date:** 12/28/2023      **Due Date:** 12/29/2023  
**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	1,688.00	

**Invoice #:** 12262023      **Invoice Date:** 12/28/2023      **Doc Date:** 12/28/2023      **Due Date:** 12/28/2023  
**Vendor #:** gao155      **Name:** CHIHUAHUA TEAM      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Chihuahua, clinic landscaping	E 6541.00.561.00.48.0020	953.04	

**Grand Total:** 2,641.04