



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 EFT disbursements.

NOTE: It is the district's responsibility to main adequate records to substantiate claims.

Submit completed form to San Juan County Payroll Deputy by 10:00 A.M. on appropriate processing day, as outlined by the Junior Taxing District Accounts Payable & Payroll Calendar.

Date of request:	1/28/2025
District name:	Orcas Island Health Care District
Requestor name:	Chris Chord
Requestor email address:	chrisc@orcashealth.org
Requestor phone number:	360-317-3545
Total Amount:	\$31,276.12
BARS Code:	6541.00.589.40.00.0000
Description of claim(s):	AP Warrants for 2025_01_28

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 1/24/2025	

Name and title Dave Zoeller auditing officer	
Signature and date 1/25/2025	

Name and title	
Signature and date	

Name and title	
Signature and date	

Name and title	
Signature and date	

Name and title	
Signature and date	

apInAinv
01/24/2025 12:09:09PM

Invoice Accounting Report
San Juan County

Invoice #: 1248 **Invoice Date:** 01/24/2025 **Doc Date:** 01/24/2025 **Due Date:** 01/24/2025
Vendor #: j00109 **Name:** SEIB POLICY & PUBLIC AFFAIRS **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Policy consulting	E 6541.00.589.40.00.0000	6,500.00	

Invoice #: 127538 **Invoice Date:** 01/24/2025 **Doc Date:** 01/24/2025 **Due Date:** 01/25/2025
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 6541.00.589.40.00.0000	11,814.00	

Invoice #: 3072 **Invoice Date:** 01/24/2025 **Doc Date:** 01/24/2025 **Due Date:** 01/24/2025
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	Dental office, Feb rent	E 6541.00.589.40.00.0000	897.00	

Invoice #: 920955 **Invoice Date:** 01/24/2025 **Doc Date:** 01/24/2025 **Due Date:** 01/24/2025
Vendor #: j00108 **Name:** TRI COUNTY DIESEL MARINE, INC. **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Generator maintenance	E 6541.00.589.40.00.0000	937.12	

Invoice #: L166091 **Invoice Date:** 01/24/2025 **Doc Date:** 01/24/2025 **Due Date:** 01/25/2025
Vendor #: sta890 **Name:** STATE AUDITOR'S OFFICE **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	2024 Accountability Audit	E 6541.00.589.40.00.0000	11,128.00	

Grand Total: 31,276.12