

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District

Fund# 6541.00

Date: 10/22/2024

Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
3000	Airport Center cleaning - dental	10/14/2024	har910	Rita Harvey	\$ 140.00		6541.00.561.00.41.0070	
50023	Earthquake insurance	10/21/2024	ric102	PCF Insurance	\$ 11,944.68		6541.00.561.00.46.0002	
10162024	Airport Center sink install - dental	10/16/2024	nex654	Nexco, Inc	\$ 2,686.70		6541.00.561.00.41.0070	
10182024	NARHC conference expenses	10/18/2024	cho002	Chris Chord	\$ 919.00		6541.00.561.00.43.0020	

TOTAL THIS PAGE \$ 15,690.38

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

10/21/2024

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 A. Groundwater

Pegi Groundwater, Auditing Officer

10/22/2024

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
10/21/2024 10:46:08AM

Invoice Accounting Report
San Juan County

Invoice #: 10162024 **Invoice Date:** 10/21/2024 **Doc Date:** 10/21/2024 **Due Date:** 10/21/2024
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 sink install - dental	E 6541.00.561.00.41.0070	2,686.70	

Invoice #: 10182024 **Invoice Date:** 10/21/2024 **Doc Date:** 10/21/2024 **Due Date:** 10/21/2024
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	NARHC conference expenses	E 6541.00.561.00.43.0020	919.00	

Invoice #: 3000 **Invoice Date:** 10/21/2024 **Doc Date:** 10/21/2024 **Due Date:** 10/22/2024
Vendor #: har910 **Name:** HARVEY, RITA **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Airport Center cleaning - dental	E 6541.00.561.00.41.0070	140.00	

Invoice #: 50023 **Invoice Date:** 10/21/2024 **Doc Date:** 10/21/2024 **Due Date:** 10/21/2024
Vendor #: ric102 **Name:** RICE INSURANCE **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Earthquake insurance	E 6541.00.561.00.46.0002	11,944.68	

Grand Total: 15,690.38