



## 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 maintain adequate records to substantiate claims.

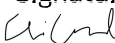
Submit completed form to San Juan County Payroll Deputy by 10:00 A.M. on appropriate processing day, as outlined by the Junior Taxing District Accounts Payable & Payroll Calendar.

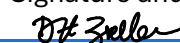
<b>Date of request:</b>	3/25/2025
<b>District name:</b>	Orcas Island Health Care District
<b>Requestor name:</b>	Chris Chord
<b>Requestor email address:</b>	<a href="mailto:chrisc@orcashealth.org">chrisc@orcashealth.org</a>
<b>Requestor phone number:</b>	360-317-3545
<b>Total Amount:</b>	\$32,801.31
<b>BARS Code:</b>	6541.00.589.40.00.0000
<b>Description of claim(s):</b>	AP Warrants for 2025_03_25

**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	Christopher R Chord Superintendent
Signature and date	 24/03/25

Name and title	David Zoeller auditing officer
Signature and date	 04/03/25 <small>David Zoeller (Mar 24, 2025 15:25 PDT)</small>

Name and title	
Signature and date	

Name and title	
Signature and date	

Name and title	
Signature and date	

Name and title	
Signature and date	

Invoice Accounting Report  
San Juan County

Invoice #: 03132025 Invoice Date: 03/13/2025 Doc Date: 03/25/2025 Due Date: 03/25/2025  
Vendor #: cho002 Name: CHORD, CHRISTOPHER RYAN Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Chord, Humana travel	E 6541.00.589.40.00.0000	233.29	

Invoice #: 1050 Invoice Date: 03/25/2025 Doc Date: 03/25/2025 Due Date: 03/25/2025  
Vendor #: den656 Name: DENTALL PLLC Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Dental, clinical	E 6541.00.589.40.00.0000	19,691.97	

Invoice #: 2965836-SJ Invoice Date: 02/28/2025 Doc Date: 03/25/2025 Due Date: 03/25/2025  
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 #: 3111 Invoice Date: 03/12/2025 Doc Date: 03/25/2025 Due Date: 03/25/2025  
Vendor #: nex654 Name: NEXCO INC. Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Airport Center rent, April 2025	E 6541.00.589.40.00.0000	897.00	

Invoice #: 48237 Invoice Date: 03/01/2025 Doc Date: 03/25/2025 Due Date: 03/25/2025  
Vendor #: bus001 Name: BUSINESS SUPPORT SERVICES NW Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Accounting support	E 6541.00.589.40.00.0000	995.00	

Invoice #: 6510 Invoice Date: 03/15/2025 Doc Date: 03/25/2025 Due Date: 03/25/2025  
Vendor #: nun155 Name: NUNEZ SERVICES LLC Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Clinic landscaping	E 6541.00.589.40.00.0000	845.52	

**Invoice Accounting Report**  
San Juan County

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Invoice #: 714865      Invoice Date: 03/12/2025      Doc Date: 03/25/2025      Due Date: 03/25/2025  
Vendor #: den656      Name: DENTALL PLLC      Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Dental supplies (passthrough)	E 6541.00.589.40.00.0000	5,105.64	

Invoice #: 8INV00018826      Invoice Date: 03/10/2025      Doc Date: 03/25/2025      Due Date: 03/25/2025  
Vendor #: shi001      Name: SHIMADZU MEDICAL SYSTEMS USA      Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	X-ray maintenance	E 6541.00.589.40.00.0000	5,013.50	

**Grand Total:** 32,801.31