



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: March 10, 2026

District name: Orcas Island Health Care District

Requestor name: Chris Chord

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

Total amount: \$50,084.72

BARS code: 6541 .00.589.40.00.0000

Request type: Accounts Payable Warrants

Description of claim(s):

OIHCD AP Warrants, March 10, 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
Signature and date 	Mar 9, 2026

Name and title Trey Holland	Auditing Officer
Signature and date <small>Trey Holland (Mar 9, 2026 12:10:24 PDT)</small>	Mar 9, 2026

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 #: 1161 Invoice Date: 03/02/2026 Doc Date: 03/10/2026 Due Date: 03/11/2026
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 Admin, Feb 2026	E 6541.00.589.40.00.0000	2,415.00	

Invoice #: 1162 Invoice Date: 03/02/2026 Doc Date: 03/10/2026 Due Date: 03/02/2026
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 Clinical, Feb 2026	E 6541.00.589.40.00.0000	24,316.47	

Invoice #: 134925 Invoice Date: 03/02/2026 Doc Date: 03/10/2026 Due Date: 03/11/2026
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, Jan 2026	E 6541.00.589.40.00.0000	3,214.00	

Invoice #: 1446 Invoice Date: 03/02/2026 Doc Date: 03/10/2026 Due Date: 03/11/2026
Vendor #: orc170 Name: ORCAS COMMUNITY RESOURCE Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	OCRC, Med Travel, Jan 2026	E 6541.00.589.40.00.0000	2,281.61	

Invoice #: 1447 Invoice Date: 03/02/2026 Doc Date: 03/10/2026 Due Date: 03/11/2026
Vendor #: orc170 Name: ORCAS COMMUNITY RESOURCE Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	OCRC, Med supply, Jan 2026	E 6541.00.589.40.00.0000	74.74	

Invoice Accounting Report
San Juan County

Invoice #: 400 **Invoice Date:** 03/02/2026 **Doc Date:** 03/10/2026 **Due Date:** 03/11/2026
Vendor #: ban155 **Name:** BANNER BANK **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	OPALCO, clinic	E 6541.00.589.40.00.0000	871.78	
2	OPALCO, district office	E 6541.00.589.40.00.0000	160.98	
3	OPALCO, dental	E 6541.00.589.40.00.0000	285.98	
4	National Rural Health Assoc Membership	E 6541.00.589.40.00.0000	535.00	
5	Chord, Island Air Ambulance	E 6541.00.589.40.00.0000	41.20	
6	Quickbooks payroll, Feb 2026	E 6541.00.589.40.00.0000	195.04	
7	Washington Alarm, Feb 2026	E 6541.00.589.40.00.0000	83.67	
8	Rock Island, Feb 2026	E 6541.00.589.40.00.0000	85.00	
9	Adobe Acrobat	E 6541.00.589.40.00.0000	51.99	
10	T-Mobile, Jan 2026	E 6541.00.589.40.00.0000	111.50	
11	Target, office supplies	E 6541.00.589.40.00.0000	16.12	
Invoice Total:			2,438.26	

Invoice #: 59462 **Invoice Date:** 03/09/2026 **Doc Date:** 03/10/2026 **Due Date:** 03/11/2026
Vendor #: j00205 **Name:** NW TECHNOLOGY LLC **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Technology services	E 6541.00.589.40.00.0000	363.52	

Invoice #: 59672 **Invoice Date:** 03/09/2026 **Doc Date:** 03/10/2026 **Due Date:** 03/11/2026
Vendor #: j00205 **Name:** NW TECHNOLOGY LLC **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Technology services	E 6541.00.589.40.00.0000	363.52	

Invoice #: 8566 **Invoice Date:** 03/02/2026 **Doc Date:** 03/10/2026 **Due Date:** 03/11/2026
Vendor #: col777 **Name:** COLIBRI FACILITATION (INC) **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Board Retreat Facilitation	E 6541.00.589.40.00.0000	11,617.60	

Invoice Accounting Report
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Invoice #: HOL-031 **Invoice Date:** 03/02/2026 **Doc Date:** 03/10/2026 **Due Date:** 03/11/2026
Vendor #: j00326 **Name:** HOLDFAST DESIGN LLC **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Comm Health Network Web Design	E 6541.00.589.40.00.0000	3,000.00	
Grand Total:			<u>50,084.72</u>	