



SAN JUAN COUNTY  
Auditor's Office

## 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.

<b>Date of request:</b>	2/25/2025
<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>	\$28,945.73
<b>BARS Code:</b>	6541.00.589.40.00.0000
<b>Description of claim(s):</b>	AP Warrants for 2025_02_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 Chris chord                      Superintendent	Name and title Dave Zoeller                      auditing officer
Signature and date 2/24/2025	Signature and date 2/24/2025
Name and title  Signature and date	Name and title  Signature and date
Name and title  Signature and date	Name and title  Signature and date

Invoice Accounting Report  
San Juan County

Invoice #: 1046 Invoice Date: 02/14/2025 Doc Date: 02/20/2025 Due Date: 02/14/2025  
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 passthrough	E 6541.00.589.40.00.0000	2,415.00	

Invoice #: 1047 Invoice Date: 02/14/2025 Doc Date: 02/20/2025 Due Date: 02/14/2025  
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 passthrough	E 6541.00.589.40.00.0000	22,626.08	

Invoice #: 10797.01 Invoice Date: 01/31/2025 Doc Date: 02/20/2025 Due Date: 02/01/2025  
Vendor #: eas350 Name: EASTSOUND WATER USERS ASSN Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Water Sewer EWUA Deye Lane	E 6541.00.589.40.00.0000	50.00	

Invoice #: 10798.01 Invoice Date: 01/31/2025 Doc Date: 02/20/2025 Due Date: 02/01/2025  
Vendor #: eas350 Name: EASTSOUND WATER USERS ASSN Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Water Sewer EWUA Clinic	E 6541.00.589.40.00.0000	100.50	

Invoice #: 2965836-SJ Invoice Date: 01/31/2025 Doc Date: 02/20/2025 Due Date: 02/01/2025  
Vendor #: san275 Name: SAN JUAN SANITATION, INC Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Dental trash disposal	E 6541.00.589.40.00.0000	19.39	

Invoice #: 3012025 Invoice Date: 02/20/2025 Doc Date: 02/20/2025 Due Date: 02/20/2025  
Vendor #: whi654 Name: IC LLC Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	District office rent Q1	E 6541.00.589.40.00.0000	2,615.76	

Invoice Accounting Report  
San Juan County

---

Invoice #: 48236      Invoice Date: 02/20/2025      Doc Date: 02/20/2025      Due Date: 02/20/2025  
Vendor #: bus001      Name: BUSINESS SUPPORT SERVICES NW      Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Accounting support	E 6541.00.589.40.00.0000	995.00	

Invoice #: 93-60903      Invoice Date: 02/19/2025      Doc Date: 02/20/2025      Due Date: 02/19/2025  
Vendor #: san124      Name: SAN JUAN COUNTY TREASURER      Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	SJC 2025 Clean water fees	E 6541.00.589.40.00.0000	124.00	

Grand Total: 28,945.73