



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: June 16, 2026

District name: Orcas Island Health Care District

Requestor name: Chris Chord

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

Total amount: \$15,885.77

BARS code: 6541 .00.589.40.00.0000

Request type: Accounts Payable Warrants

Description of claim(s):

OIHCD June 16, 2026 AP


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  <small>Chris Chord (Jun 11, 2026 16:17:24 PDT)</small>	Jun 11, 2026

Name and title Trey Holland	Auditing Officer
Signature and date  <small>Trey Holland (Jun 12, 2026 11:46:37 PDT)</small>	Jun 12, 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 #: 10797.01 **Invoice Date:** 06/11/2026 **Doc Date:** 06/16/2026 **Due Date:** 06/17/2026
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	EWUA Clinic	E 6541.00.589.40.00.0000	123.50	

Invoice #: 10798.01 **Invoice Date:** 06/11/2026 **Doc Date:** 06/16/2026 **Due Date:** 06/17/2026
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	EWUA Parcel	E 6541.00.589.40.00.0000	45.00	

Invoice #: 1489 **Invoice Date:** 06/11/2026 **Doc Date:** 06/16/2026 **Due Date:** 06/17/2026
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 support, med travel, May 2026	E 6541.00.589.40.00.0000	2,136.30	

Invoice #: 1490 **Invoice Date:** 06/11/2026 **Doc Date:** 06/16/2026 **Due Date:** 06/17/2026
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 support, med care, May 2026	E 6541.00.589.40.00.0000	160.49	

Invoice #: 285967 **Invoice Date:** 06/11/2026 **Doc Date:** 06/16/2026 **Due Date:** 06/17/2026
Vendor #: san246 **Name:** SAN JUAN PEST CONTROL (INC) **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Pest control services	E 6541.00.589.40.00.0000	329.38	

Invoice #: 2965836-SJ **Invoice Date:** 06/11/2026 **Doc Date:** 06/16/2026 **Due Date:** 06/17/2026
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 pick-up	E 6541.00.589.40.00.0000	19.39	

Invoice Accounting Report
San Juan County

Invoice #: 3440 **Invoice Date:** 06/11/2026 **Doc Date:** 06/16/2026 **Due Date:** 06/17/2026
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 rent, July 2026	E 6541.00.589.40.00.0000	942.00	

Invoice #: 5122026 **Invoice Date:** 06/11/2026 **Doc Date:** 06/16/2026 **Due Date:** 06/17/2026
Vendor #: j00133 **Name:** SWANSON, TRILLIUM **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	National Rural Health Conf Expenses	E 6541.00.589.40.00.0000	2,792.21	

Invoice #: 60335 **Invoice Date:** 06/11/2026 **Doc Date:** 06/16/2026 **Due Date:** 06/17/2026
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 #: 632026 **Invoice Date:** 06/11/2026 **Doc Date:** 06/16/2026 **Due Date:** 06/17/2026
Vendor #: j00355 **Name:** LEE, HEATHER **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Accounting support, May 2026	E 6541.00.589.40.00.0000	540.00	

Invoice #: 900D71 **Invoice Date:** 06/11/2026 **Doc Date:** 06/16/2026 **Due Date:** 06/17/2026
Vendor #: sta900 **Name:** STATE OF WASHINGTON **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	PEBB, June 2026	E 6541.00.589.40.00.0000	7,663.98	

Invoice #: 96879705 **Invoice Date:** 06/11/2026 **Doc Date:** 06/16/2026 **Due Date:** 06/17/2026
Vendor #: sta104 **Name:** STAR SURVEYING, INC **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Clinic surveying	E 6541.00.589.40.00.0000	770.00	

Grand Total: 15,885.77