



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: January 20, 2026 (for 2026)

District name: Orcas Island Health Care District

Requestor name: Chris Chord

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

Total amount: \$7,591.79

BARS code: 6541 .00.589.40.00.0000

Request type: Accounts Payable Warrants

Description of claim(s):

AP Warrants for 2026 - 01/20/2026

Last four digits of bank account (EFT's ONLY): .

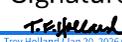
Warrant delivery: SJC mail warrants to vendor(s) (JTD must provide remittances)

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  | Jan 18, 2026 |

| | |
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| Name and title Trey Holland | Auditing Officer |
| Signature and date  <small>Trey Holland (Jan 20, 2026 05:45:59 PST)</small> | Jan 20, 2026 |

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| Name and title | |
| Signature and date | |

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| Name and title | |
| Signature and date | |

Invoice Accounting Report
San Juan County

Invoice #: 3329 Invoice Date: 01/10/2026 Doc Date: 01/20/2026 Due Date: 01/20/2026
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, Feb 2026 | E 6541.00.589.40.00.0000 | 942.00 | |

Invoice #: 49249 Invoice Date: 01/01/2026 Doc Date: 01/20/2026 Due Date: 01/20/2026
Vendor #: j00223 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, Jan 2026 | E 6541.00.589.40.00.0000 | 695.00 | |

Invoice #: 900D71 Invoice Date: 01/01/2026 Doc Date: 01/20/2026 Due Date: 01/20/2026
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, Jan 2026 | E 6541.00.589.40.00.0000 | 5,954.79 | |

Grand Total: 7,591.79