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 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: July 28, 2026

District name: Orcas Island Health Care District

Requestor name: Chris Chord

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

Total amount: $678,324.76

BARS code: 6541 .00.589.40.00.0000

Request type: Accounts Payable Warrants

Description of claim(s):

OIHCD AP warrants, July 28, 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	
Chris Chord (Jul 27, 2026 17:27:21 PDT)	Jul 27, 2026

Name and title	
Trey Holland	Auditing Officer
Signature and date	
Trey Holland (Jul 27, 2026 17:38:46 PDT)	Jul 27, 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 #: 138109 **Invoice Date:** 07/27/2026 **Doc Date:** 07/28/2026 **Due Date:** 07/29/2026
Vendor #: j00342 **Name:** CSD ATTORNEYS AT LAW **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	CSD Attorneys	E 6541.00.589.40.00.0000	1,852.00	

Invoice #: 1514 **Invoice Date:** 07/27/2026 **Doc Date:** 07/28/2026 **Due Date:** 07/29/2026
Vendor #: orc170 **Name:** ORCAS COMMUNITY RESOURCE **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	OCRC support, admin fees Jan-May	E 6541.00.589.40.00.0000	1,450.18	

Invoice #: 20260727 **Invoice Date:** 07/27/2026 **Doc Date:** 07/28/2026 **Due Date:** 07/29/2026
Vendor #: isl726 **Name:** PUB HOSP DIST #2 SKAGIT COUNTY **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Support payment	E 6541.00.589.40.00.0000	650,000.00	

Invoice #: 202607 **Invoice Date:** 07/27/2026 **Doc Date:** 07/28/2026 **Due Date:** 07/29/2026
Vendor #: eas310 **Name:** EASTSOUND SEWER & WATER DIST **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Clinic expansion, sewer capacity	E 6541.00.589.40.00.0000	500.00	

Invoice #: 2965836-SJ **Invoice Date:** 07/27/2026 **Doc Date:** 07/28/2026 **Due Date:** 07/29/2026
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 #: 3462 **Invoice Date:** 07/27/2026 **Doc Date:** 07/28/2026 **Due Date:** 07/28/2026
Vendor #: nex654 **Name:** NEXCO INC. **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Airport Center rent, Aug 2026	E 6541.00.589.40.00.0000	942.00	

Invoice #: 413145 **Invoice Date:** 07/27/2026 **Doc Date:** 07/28/2026 **Due Date:** 07/29/2026
Vendor #: j00383 **Name:** PFM FINANCIAL ADVISORS LLC **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Financial Advisors	E 6541.00.589.40.00.0000	4,565.00	

Invoice #: 7242026 **Invoice Date:** 07/27/2026 **Doc Date:** 07/28/2026 **Due Date:** 07/28/2026
Vendor #: j00250 **Name:** O'CONNER, DEBRA **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Orcas caregiver collaborative	E 6541.00.589.40.00.0000	835.46	

Invoice #: 7530 **Invoice Date:** 07/27/2026 **Doc Date:** 07/28/2026 **Due Date:** 07/29/2026
Vendor #: j00343 **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	379.40	

Invoice #: MIH-2602b **Invoice Date:** 07/27/2026 **Doc Date:** 07/28/2026 **Due Date:** 07/29/2026
Vendor #: orc101 **Name:** SAN JUAN FIRE DISTRICT #2 **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	MIH July/Aug grant payment	E 6541.00.589.40.00.0000	10,114.66	

Invoice #: MIH-2602 **Invoice Date:** 07/27/2026 **Doc Date:** 07/28/2026 **Due Date:** 07/28/2026
Vendor #: orc101 **Name:** SAN JUAN FIRE DISTRICT #2 **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	MIH monthly payment	E 6541.00.589.40.00.0000	4,166.67	

Invoice #: R27-653-1 **Invoice Date:** 07/27/2026 **Doc Date:** 07/28/2026 **Due Date:** 07/29/2026
Vendor #: end225 **Name:** ENDURIS WASHINGTON **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	General liability insurance	E 6541.00.589.40.00.0000	3,500.00	

Grand Total: 678,324.76