CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# **6541.00**

Date: 1/29/2019

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
Feb-19	Office Lease	1/28/2019	win097	Windermere Real Estate - Feb Rent District Office	$ 700.00		6541.00.561.00.45.0000	
				TOTAL THIS PAGE	$ 700.00			

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 herein, that any advance payment is due and payable pursuant to a contract or is available as an option for full or partial fulfillment of a contractual obligation, and that the claim is a just, due and unpaid obligation against the Orcas Island Health Care District, and that I am authorized to authenticate and certify to said claim.

Anne L. Presson, Superintendent — Date: 1/29/19

I, the undersigned, do hereby certify under penalty of perjury that the claim is a just, due and unpaid obligation against the Orcas Island Health Care District, and that I am authorized to certify to said claim.

Patty Miller, Auditing Officer — Date

Board Authorization

As the duly elected board for this district we have reviewed the claims listed above (including original backup materials) totaling $700 for the period ending _____. We approve payment with our signatures below.

Art Lange, Commissioner — Date

Pegi Groundwater, Commissioner — Date

Diane Boteler, Commissioner — Date

Richard Fralick, Commissioner — Date: 1/29/19

Patty Miller, Commissioner — Date

Note: It is the DISTRICTS' responsibility to maintain adequate, original, records to substantiate these claims.