



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 13, 2026

District name: Orcas Island Health Care District

Requestor name: Chris Chord

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

Total amount: \$13,359.10

BARS code: 6541 .00.589.40.00.0000

Request type: Accounts Payable Warrants

Description of claim(s):

OIHCD AP Warrants for 2026 - January 13, 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 	Jan 12, 2026

Name and title Trey Holland	Auditing Officer
Signature and date <small>Trey Holland (Jan 12, 2026 10:47:15 PST)</small>	Jan 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 #: 1362 **Invoice Date:** 01/08/2026 **Doc Date:** 01/13/2026 **Due Date:** 01/13/2026
Vendor #: j00109 **Name:** SEIB POLICY & PUBLIC AFFAIRS **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Policy consulting	E 6541.00.589.40.00.0000	6,500.00	

Invoice #: 4C58EFD9-0011 **Invoice Date:** 01/08/2026 **Doc Date:** 01/13/2026 **Due Date:** 01/13/2026
Vendor #: str102 **Name:** STREAMLINE SOFTWARE, INC. **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	DocAccess web compliance	E 6541.00.589.40.00.0000	2,080.32	

Invoice #: 4C59EFD9-0010 **Invoice Date:** 01/08/2026 **Doc Date:** 01/13/2026 **Due Date:** 01/13/2026
Vendor #: str102 **Name:** STREAMLINE SOFTWARE, INC. **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Website services	E 6541.00.589.40.00.0000	4,415.26	

Invoice #: 59239 **Invoice Date:** 01/08/2026 **Doc Date:** 01/13/2026 **Due Date:** 01/13/2026
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	

Grand Total: 13,359.10