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: August 11, 2026

District name: Orcas Island Health Care District

Requestor name: Chris Chord

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

Total amount: $69,762.56

BARS code: 6541 .00.589.40.00.0000

Request type: Accounts Payable Warrants

Description of claim(s):

OIHCD August 11, 2026 AP warrants

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	Name and title Trey Holland Auditing Officer
Signature and date Chris Chord (Aug 7, 2026 09:59:29 PDT) Aug 7, 2026	Signature and date Trey Holland (Aug 7, 2026 15:09:23 PDT) Aug 7, 2026
Name and title	Name and title
Signature and date	Signature and date
Name and title	Name and title
Signature and date	Signature and date

Invoice #: 10797.01 **Invoice Date:** 08/05/2026 **Doc Date:** 08/11/2026 **Due Date:** 08/12/2026
Vendor #: eas350 **Name:** EASTSOUND WATER USERS ASSN **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	EWUA clinic, July 2026	E 6541.00.589.40.00.0000	114.34	

Invoice #: 10798.01 **Invoice Date:** 08/05/2026 **Doc Date:** 08/11/2026 **Due Date:** 08/12/2026
Vendor #: eas350 **Name:** EASTSOUND WATER USERS ASSN **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	EWUA parcel, July 2026	E 6541.00.589.40.00.0000	49.50	

Invoice #: 1192 **Invoice Date:** 08/05/2026 **Doc Date:** 08/11/2026 **Due Date:** 08/12/2026
Vendor #: j00388 **Name:** DENTALL PLLC **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Dental admin, July 2026	E 6541.00.589.40.00.0000	2,415.00	

Invoice #: 1193 **Invoice Date:** 08/05/2026 **Doc Date:** 08/11/2026 **Due Date:** 08/12/2026
Vendor #: j00388 **Name:** DENTALL PLLC **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Dental clinical, July 2026	E 6541.00.589.40.00.0000	21,268.22	

Invoice #: 1214 **Invoice Date:** 08/05/2026 **Doc Date:** 08/11/2026 **Due Date:** 08/12/2026
Vendor #: orc095 **Name:** ORCAS CENTER **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Town hall event rental	E 6541.00.589.40.00.0000	265.00	

Invoice #: 1519 **Invoice Date:** 08/05/2026 **Doc Date:** 08/11/2026 **Due Date:** 08/12/2026
Vendor #: orc170 **Name:** ORCAS COMMUNITY RESOURCE **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	OCRC, med travel, July 2026	E 6541.00.589.40.00.0000	1,907.81	

Invoice Accounting Report

San Juan County

Invoice #: 1520 **Invoice Date:** 08/05/2026 **Doc Date:** 08/11/2026 **Due Date:** 08/12/2026
Vendor #: orc170 **Name:** ORCAS COMMUNITY RESOURCE **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	OCRC, med services, July 2026	E 6541.00.589.40.00.0000	333.57	

Invoice #: 20260806 **Invoice Date:** 08/07/2026 **Doc Date:** 08/11/2026 **Due Date:** 08/12/2026
Vendor #: j00355 **Name:** LEE, HEATHER **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Accounting support, July 2026	E 6541.00.589.40.00.0000	90.00	

Invoice #: 269659 **Invoice Date:** 08/05/2026 **Doc Date:** 08/11/2026 **Due Date:** 08/12/2026
Vendor #: j00360 **Name:** DLR GROUP **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Clinic expansion project	E 6541.00.589.40.00.0000	36,512.50	

Invoice #: 282 **Invoice Date:** 08/05/2026 **Doc Date:** 08/11/2026 **Due Date:** 08/12/2026
Vendor #: isl743 **Name:** ISLAND OPPORTUNITY CHARTERS **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Dental Transportation, July 2026	E 6541.00.589.40.00.0000	4,400.00	

Invoice #: 400 **Invoice Date:** 08/05/2026 **Doc Date:** 08/11/2026 **Due Date:** 08/12/2026
Vendor #: j00394 **Name:** BANNER BANK **Type:** in

Line No	Line Description	Account Number		Amount	PO Number
1	Dental clinic internet	E	6541.00.589.40.00.0000	69.00	
2	OPALCO, clinic, May 2026	E	6541.00.589.40.00.0000	571.71	
3	OPALCO, district office, May 2026	E	6541.00.589.40.00.0000	113.70	
4	OPALCO, dental, May 2026	E	6541.00.589.40.00.0000	287.79	
5	QuickBooks payroll, July 2026	E	6541.00.589.40.00.0000	165.78	
6	Washington Alarm, July 2026	E	6541.00.589.40.00.0000	83.67	
7	Lopez Comm Center, CHN meeting	E	6541.00.589.40.00.0000	200.00	
8	Rock Island, July 2026	E	6541.00.589.40.00.0000	85.00	
9	Adobe Acrobat	E	6541.00.589.40.00.0000	51.99	
10	T-Mobile, June 2026	E	6541.00.589.40.00.0000	112.59	
11	Island Market, town hall refreshments	E	6541.00.589.40.00.0000	138.82	
12	Eastsound Sewer & Water, June 2026	E	6541.00.589.40.00.0000	162.72	
			Invoice Total:	2,042.77	

Invoice #: 60890 **Invoice Date:** 08/05/2026 **Doc Date:** 08/11/2026 **Due Date:** 08/12/2026
Vendor #: j00205 **Name:** NW TECHNOLOGY LLC **Type:** in

Line No	Line Description	Account Number		Amount	PO Number
1	Technology services	E	6541.00.589.40.00.0000	363.85	

Grand Total: 69,762.56