

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00


Date: 1/2/2024

Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
103534	AWPHD Core Dues	12/5/2023	ass652	Association of WA Public Hospital Districts	\$ 3,200.00		6541.00.561.00.49.0010	
200011102	NW Public Health & Primary Care Leadership	12/1/2023	nor013	NW Regional Primary Care	\$ 3,500.00		6541.00.561.00.43.0010	
20240102	Board Retreat Consultant	12/21/2023	via001	Via Healthcare Consulting	\$ 6,000.00		6541.00.561.00.41.0050	

TOTAL THIS PAGE \$ 12,700.00

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.

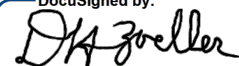


 Chris Chord, Superintendent

01/02/2023

 Date

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.

DocuSigned by:


 E31A4EF0F202478...
 David Zoeller, Auditing Officer

1/2/2024

 Date

Board Authorization

I attest that the duly elected board for the OIHD has reviewed the claims listed above (including original backup materials) and have approved said claims by majority vote at a meeting open to the public.

 Diane Boteler, Commissioner/Board Secretary

 Date

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

apInAinv
01/02/2024 11:00:26AM

Invoice Accounting Report
San Juan County

Page: 1

Invoice #: 103534 **Invoice Date:** 01/02/2024 **Doc Date:** 01/02/2024 **Due Date:** 01/03/2024
Vendor #: ass652 **Name:** ASSOCIATION OF WASHINGTON **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	AWPHD Core Dues	E 6541.00.561.00.49.0010	3,200.00	

Invoice #: 12212023 **Invoice Date:** 01/02/2024 **Doc Date:** 01/02/2024 **Due Date:** 01/02/2024
Vendor #: via001 **Name:** VIA HEALTHCARE CONSULTING, INC **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Board Retreat Consultant	E 6541.00.561.00.41.0050	6,000.00	

Invoice #: 200011102 **Invoice Date:** 12/29/2023 **Doc Date:** 01/02/2024 **Due Date:** 12/29/2023
Vendor #: nor013 **Name:** NORTHWEST REGIONAL PRIMARY **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	NW Public Health & Primary Care	E 6541.00.561.00.43.0010	3,500.00	

Grand Total: 12,700.00