

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 8/6/2024

Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
400	Adobe Acrobat	7/11/2024	ban155	Banner Bank	\$ 52.01		6541.00.561.00.31.0002	
400	Fox's Boxes clinic storage	7/8/2024	ban155	Banner Bank	\$ 271.00		6541.00.561.00.41.0070	
400	OPALCO - clinic	7/15/2024	ban155	Banner Bank	\$ 674.65		6541.00.561.00.47.0010	
400	OPALCO - district office	7/15/2024	ban155	Banner Bank	\$ 108.03		6541.00.561.00.47.0011	
400	Rock Island - July 2024	7/7/2024	ban155	Banner Bank	\$ 85.00		6541.00.561.00.42.0020	
400	T-Mobile - June 2024	7/20/2024	ban155	Banner Bank	\$ 109.51		6541.00.561.00.42.0020	
400	Washington Alarm - July 2024	8/1/2024	ban155	Banner Bank	\$ 66.77		6541.00.561.00.31.0002	
400	Eastsound Sewer & Water District	7/1/2024	ban155	Banner Bank	\$ 148.27		6541.00.561.00.47.0010	
400	Washington Alarm - June 2024	6/1/2024	ban155	Banner Bank	\$ 66.77		6541.00.561.00.31.0002	
10797.01	Water Sewer EWUA Deye Ln	7/31/2024	eas350	EWUA	\$ 82.03		6541.00.561.00.47.0010	
10798.01	Water Sewer EWUA Deye Parcel	7/31/2024	eas350	EWUA	\$ 50.00		6541.00.561.00.47.0010	
1031	Dental consultant	7/31/2024	den656	DentALL PLLC	\$ 2,192.50		6541.00.561.00.41.0070	
R25-653-1	Enduris Insurance	7/14/2024	end225	Enduris Washington	\$ 3,340.00		6541.00.561.00.46.0003	
6172	Clinic landscaping	7/31/2024	nun155	Nunez Services LLC	\$ 303.52		6541.00.561.00.48.0020	
54598	Technology services	8/1/2024	nwt155	NW Technology	\$ 363.52		6541.00.561.00.41.0040	
632024	Clinic parking lot sealing	6/3/2024	asp121	Asphalt Quality Sealers	\$ 7,977.00		6541.00.561.00.48.0010	

TOTAL THIS PAGE \$ 15,890.58

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

8/5/2024

 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.

Pegi A Groundwater

 Pegi Groundwater, Auditing Officer

8/5/2024

 Date

Board Authorization

I attest that the duly elected board for the OIHCD 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.

 Mark Salierno, Commissioner/Board Secretary Date

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