



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: June 2, 2026

District name: Orcas Island Health Care District

Requestor name: Chris Chord

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

Total amount: \$73,535.57

BARS code: 6541 .00.589.40.00.0000

Request type: Accounts Payable Warrants

Description of claim(s):

OIHCD AP - June 2, 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	Superintendent
Chris Chord	
Signature and date	01/06/26
<small>Chris Chord (Jun 1, 2026 11:31:28 PDT)</small>	

Name and title	Auditing Officer
Trey Holland	
Signature and date	01/06/26
<small>Trey Holland (Jun 7, 2026 14:47:32 PDT)</small>	

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 #: 1182 Invoice Date: 06/01/2026 Doc Date: 06/02/2026 Due Date: 06/03/2026
Vendor #: den656 Name: DENTALL PLLC Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Dental admin, May 2026	E 6541.00.589.40.00.0000	2,415.00	

Invoice #: 1183 Invoice Date: 06/01/2026 Doc Date: 06/02/2026 Due Date: 06/03/2026
Vendor #: den656 Name: DENTALL PLLC Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Dental clinical, May 2026	E 6541.00.589.40.00.0000	19,386.28	

Invoice #: 136500 Invoice Date: 06/01/2026 Doc Date: 06/02/2026 Due Date: 06/03/2026
Vendor #: j00342 Name: CSD ATTORNEYS AT LAW Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	CSD Attorneys	E 6541.00.589.40.00.0000	3,854.00	

Invoice #: 176 Invoice Date: 06/01/2026 Doc Date: 06/02/2026 Due Date: 06/03/2026
Vendor #: isl743 Name: ISLAND OPPORTUNITY CHARTERS Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Dental transportation	E 6541.00.589.40.00.0000	2,600.00	

Invoice #: 264977 Invoice Date: 06/01/2026 Doc Date: 06/02/2026 Due Date: 06/03/2026
Vendor #: j00360 Name: DLR GROUP Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Clinic expansion architecture	E 6541.00.589.40.00.0000	39,339.00	

Invoice Accounting Report
San Juan County

Invoice #: 400 Invoice Date: 06/01/2026 Doc Date: 06/02/2026 Due Date: 06/03/2026
Vendor #: ban155 Name: BANNER BANK Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	HP toner, district office	E 6541.00.589.40.00.0000	444.20	
2	NameSilo, website domain renewal	E 6541.00.589.40.00.0000	10.79	
3	OPALCO, clinic	E 6541.00.589.40.00.0000	802.61	
4	OPALCO, district office	E 6541.00.589.40.00.0000	151.70	
5	OPALCO, dental	E 6541.00.589.40.00.0000	287.56	
6	Island Market, Hospital week coffee	E 6541.00.589.40.00.0000	51.74	
7	Island Market, Hospital week coffee	E 6541.00.589.40.00.0000	6.23	
8	Delmy's, Hospital week breakfast	E 6541.00.589.40.00.0000	246.34	
9	QuickBooks payroll, May 2026	E 6541.00.589.40.00.0000	149.53	
10	Washington Alarm, May 2026	E 6541.00.589.40.00.0000	83.67	
11	Rock Island, May 2026	E 6541.00.589.40.00.0000	85.00	
12	Adobe Acrobat	E 6541.00.589.40.00.0000	51.99	
13	USPS, PO box renewal	E 6541.00.589.40.00.0000	126.00	
14	Amazon, computer cable	E 6541.00.589.40.00.0000	12.99	
15	Eastsound Sewer & Water, April 2026	E 6541.00.589.40.00.0000	162.72	
16	T-Mobile, April 2026	E 6541.00.589.40.00.0000	112.59	
Invoice Total:			2,785.66	

Invoice #: 5152026 Invoice Date: 06/01/2026 Doc Date: 06/02/2026 Due Date: 06/03/2026
Vendor #: j00250 Name: O'CONNOR, DEBRA Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Orcas caregiver collaborative	E 6541.00.589.40.00.0000	990.00	

Invoice #: 5272026 Invoice Date: 06/01/2026 Doc Date: 06/02/2026 Due Date: 06/03/2026
Vendor #: cho002 Name: CHORD, CHRISTOPHER RYAN Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	National Rural Health conf expenses	E 6541.00.589.40.00.0000	2,165.63	

Grand Total: 73,535.57