



## 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:** November 18, 2025

**District name:** Orcas Island Health Care District

**Requestor name:** Chris Chord

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

**Total amount:** \$29,849.75

**BARS code:** 6541 .00.589.40.00.0000

**Request type:** Accounts Payable Warrants

**Description of claim(s):**

Accounts Payable Warrants for Nov 18, 2025

**Last four digits of bank account (EFT's ONLY):** N/A

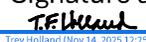
**Warrant delivery:** SJC mail warrants to vendor(s) (JTD must provide remittances)

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  Nov 13, 2025

Name and title Trey Holland Auditing Officer
Signature and date  Nov 14, 2025 <small>Trey Holland (Nov 14, 2025 12:25:39 PST)</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 #: 10797.01 Invoice Date: 11/13/2025 Doc Date: 11/18/2025 Due Date: 11/19/2025  
Vendor #: eas350 Name: EASTSOUND WATER USERS ASSN Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	EWUA clinic, Oct 2025	E 6541.00.589.40.00.0000	103.33	

Invoice #: 10798.01 Invoice Date: 11/13/2025 Doc Date: 11/18/2025 Due Date: 11/19/2025  
Vendor #: eas350 Name: EASTSOUND WATER USERS ASSN Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	EWUA parcel, Oct 2025	E 6541.00.589.40.00.0000	50.00	

Invoice #: 1341 Invoice Date: 11/13/2025 Doc Date: 11/18/2025 Due Date: 11/19/2025  
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 #: 1410 Invoice Date: 11/13/2025 Doc Date: 11/18/2025 Due Date: 11/19/2025  
Vendor #: orc170 Name: ORCAS COMMUNITY RESOURCE Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	OCRC support, med travel, Oct 2025	E 6541.00.589.40.00.0000	5,065.27	

Invoice #: 1411 Invoice Date: 11/13/2025 Doc Date: 11/18/2025 Due Date: 11/19/2025  
Vendor #: orc170 Name: ORCAS COMMUNITY RESOURCE Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	OCRC support, vision, Oct 2025	E 6541.00.589.40.00.0000	225.00	

Invoice #: 1412 Invoice Date: 11/13/2025 Doc Date: 11/18/2025 Due Date: 11/19/2025  
Vendor #: orc170 Name: ORCAS COMMUNITY RESOURCE Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	OCRC support, travel, Oct 2025	E 6541.00.589.40.00.0000	7,334.09	

Invoice Accounting Report  
San Juan County

Invoice #: 20251112 Invoice Date: 11/13/2025 Doc Date: 11/18/2025 Due Date: 11/18/2025  
Vendor #: j00250 Name: O'CONNOR, DEBRA Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Community health project support	E 6541.00.589.40.00.0000	735.00	

Invoice #: 20251118 Invoice Date: 11/13/2025 Doc Date: 11/18/2025 Due Date: 11/19/2025  
Vendor #: whi654 Name: IC LLC Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	District office rent, Q4	E 6541.00.589.40.00.0000	2,615.77	

Invoice #: 3285 Invoice Date: 11/13/2025 Doc Date: 11/18/2025 Due Date: 11/19/2025  
Vendor #: nex654 Name: NEXCO INC. Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Airport Center rent, Dec 2025	E 6541.00.589.40.00.0000	942.00	

Invoice #: 49104 Invoice Date: 11/13/2025 Doc Date: 11/18/2025 Due Date: 11/19/2025  
Vendor #: j00223 Name: BUSINESS SUPPORT SERVICES NW Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Accounting support	E 6541.00.589.40.00.0000	695.00	

Invoice #: 58592 Invoice Date: 11/13/2025 Doc Date: 11/18/2025 Due Date: 11/19/2025  
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	363.52	

Invoice #: 900D71 Invoice Date: 11/13/2025 Doc Date: 11/18/2025 Due Date: 11/19/2025  
Vendor #: sta900 Name: STATE OF WASHINGTON Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	PEBB, Nov 2025	E 6541.00.589.40.00.0000	5,220.77	

Grand Total: 29,849.75