



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: May 19, 2026

District name: Orcas Island Health Care District

Requestor name: Chris Chord

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

Total amount: \$23,589.70

BARS code: 6541 .00.589.40.00.0000

Request type: Accounts Payable Warrants

Description of claim(s):

OIHCD AP - May 19, 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 Chris Chord | Superintendent |
| Signature and date  <small>Chris Chord (May 15, 2026 12:00:12 PDT)</small> | May 15, 2026 |

| | |
|--|------------------|
| Name and title Trey Holland | Auditing Officer |
| Signature and date  <small>Trey Holland (May 17, 2026 08:10:20 PDT)</small> | May 17, 2026 |

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| Name and title | |
| Signature and date | |

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| Name and title | |
| Signature and date | |

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| Name and title | |
| Signature and date | |

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| Name and title | |
| Signature and date | |

Invoice Accounting Report
San Juan County

Invoice #: 10797.01 **Invoice Date:** 05/15/2026 **Doc Date:** 05/19/2026 **Due Date:** 05/20/2026
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, April 2026 | E 6541.00.589.40.00.0000 | 102.98 | |

Invoice #: 10798.01 **Invoice Date:** 05/15/2026 **Doc Date:** 05/19/2026 **Due Date:** 05/20/2026
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, April 2026 | E 6541.00.589.40.00.0000 | 20.00 | |

Invoice #: 1480 **Invoice Date:** 05/15/2026 **Doc Date:** 05/19/2026 **Due Date:** 05/20/2026
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, April 2026 | E 6541.00.589.40.00.0000 | 3,351.26 | |

Invoice #: 1481 **Invoice Date:** 05/15/2026 **Doc Date:** 05/19/2026 **Due Date:** 05/20/2026
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 care, April 2026 | E 6541.00.589.40.00.0000 | 788.00 | |

Invoice #: 200 **Invoice Date:** 05/15/2026 **Doc Date:** 05/19/2026 **Due Date:** 05/20/2026
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 | 150.00 | |

Invoice #: 20260506 **Invoice Date:** 05/15/2026 **Doc Date:** 05/19/2026 **Due Date:** 05/20/2026
Vendor #: whi654 **Name:** IC LLC **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|--------------------------|--------------------------|---------------|------------------|
| 1 | District office rent, Q2 | E 6541.00.589.40.00.0000 | 2,980.11 | |

Invoice Accounting Report
San Juan County

Invoice #: 2965836-SJ **Invoice Date:** 05/15/2026 **Doc Date:** 05/19/2026 **Due Date:** 05/20/2026
Vendor #: san275 **Name:** SAN JUAN SANITATION, INC **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|-------------------------|--------------------------|---------------|------------------|
| 1 | Dental trash pick-up | E 6541.00.589.40.00.0000 | 19.39 | |

Invoice #: 3420 **Invoice Date:** 05/15/2026 **Doc Date:** 05/19/2026 **Due Date:** 05/20/2026
Vendor #: nex654 **Name:** NEXCO INC. **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|--------------------------------|--------------------------|---------------|------------------|
| 1 | Airport Center rent, June 2026 | E 6541.00.589.40.00.0000 | 942.00 | |

Invoice #: 512026 **Invoice Date:** 05/15/2026 **Doc Date:** 05/19/2026 **Due Date:** 05/20/2026
Vendor #: j00355 **Name:** LEE, HEATHER **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|-------------------------|--------------------------|---------------|------------------|
| 1 | Accounting support | E 6541.00.589.40.00.0000 | 540.00 | |

Invoice #: 5132026 **Invoice Date:** 05/15/2026 **Doc Date:** 05/19/2026 **Due Date:** 05/20/2026
Vendor #: isl726 **Name:** PUB HOSP DIST #2 SKAGIT COUNTY **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|-----------------------------|--------------------------|---------------|------------------|
| 1 | Hospital week accommodation | E 6541.00.589.40.00.0000 | 1,143.51 | |

Invoice #: 5142026 **Invoice Date:** 05/15/2026 **Doc Date:** 05/19/2026 **Due Date:** 05/20/2026
Vendor #: cho002 **Name:** CHORD, CHRISTOPHER RYAN **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|------------------------------------|--------------------------|---------------|------------------|
| 1 | Hospital week, ferry reimbursement | E 6541.00.589.40.00.0000 | 210.43 | |

Invoice #: 7291 **Invoice Date:** 05/15/2026 **Doc Date:** 05/19/2026 **Due Date:** 05/20/2026
Vendor #: j00343 **Name:** NUNEZ SERVICES LLC **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|-------------------------|--------------------------|---------------|------------------|
| 1 | Clinic landscaping | E 6541.00.589.40.00.0000 | 1,073.16 | |

Invoice Accounting Report
San Juan County

Invoice #: 8NV00021430 Invoice Date: 05/15/2026 Doc Date: 05/19/2026 Due Date: 05/20/2026
Vendor #: shi001 Name: SHIMADZU MEDICAL SYSTEMS USA Type: in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|-------------------------|--------------------------|---------------|------------------|
| 1 | X-ray maintenance | E 6541.00.589.40.00.0000 | 4,604.88 | |

Invoice #: 900D71 Invoice Date: 05/15/2026 Doc Date: 05/19/2026 Due Date: 05/20/2026
Vendor #: sta900 Name: STATE OF WASHINGTON Type: in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|-------------------------|--------------------------|---------------|------------------|
| 1 | PEBB, May 2026 | E 6541.00.589.40.00.0000 | 7,663.98 | |

Grand Total: 23,589.70