SAN JUAN COUNTY
Auditor's Office

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: July 14, 2026

District name: Orcas Island Health Care District

Requestor name: Chris Chord

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

Total amount: $101,697.00

BARS code: 6541 .00.589.40.00.0000

Request type: Accounts Payable Warrants

Description of claim(s):

OIHCD AP Warrants July 14, 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	
Chris Chord (Jul 9, 2026 15:41:37 PDT)	Jul 9, 2026

Name and title	
Trey Holland	Auditing Officer
Signature and date	
Trey Holland (Jul 11, 2026 09:08:24 PDT)	Jul 11, 2026

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:** 07/14/2026 **Doc Date:** 07/14/2026 **Due Date:** 07/15/2026
Vendor #: eas350 **Name:** EASTSOUND WATER USERS ASSN **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Eastsound Water clinic, June 2026	E 6541.00.589.40.00.0000	102.84	

Invoice #: 10798.01 **Invoice Date:** 07/14/2026 **Doc Date:** 07/14/2026 **Due Date:** 07/15/2026
Vendor #: eas350 **Name:** EASTSOUND WATER USERS ASSN **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Eastsound water parcel, June 2026	E 6541.00.589.40.00.0000	45.00	

Invoice #: 1189 **Invoice Date:** 07/14/2026 **Doc Date:** 07/14/2026 **Due Date:** 07/15/2026
Vendor #: den656 **Name:** DENTALL PLLC **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	DentALL clinical, June 2026	E 6541.00.589.40.00.0000	23,526.18	

Invoice #: 1191 **Invoice Date:** 07/14/2026 **Doc Date:** 07/14/2026 **Due Date:** 07/15/2026
Vendor #: den656 **Name:** DENTALL PLLC **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	DentALL Admin, June 2026	E 6541.00.589.40.00.0000	2,415.00	

Invoice #: 1510 **Invoice Date:** 07/14/2026 **Doc Date:** 07/14/2026 **Due Date:** 07/15/2026
Vendor #: orc170 **Name:** ORCAS COMMUNITY RESOURCE **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	OCRC support, med travel, June 2026	E 6541.00.589.40.00.0000	2,853.75	

Invoice #: 246 **Invoice Date:** 07/14/2026 **Doc Date:** 07/14/2026 **Due Date:** 07/15/2026
Vendor #: isl743 **Name:** ISLAND OPPORTUNITY CHARTERS **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Dental transport, June 2026	E 6541.00.589.40.00.0000	2,100.00	

Invoice #: 268095 **Invoice Date:** 07/14/2026 **Doc Date:** 07/14/2026 **Due Date:** 07/15/2026
Vendor #: j00360 **Name:** DLR GROUP **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Clinic expansion project	E 6541.00.589.40.00.0000	53,251.50	

Invoice #: 400 **Invoice Date:** 07/14/2026 **Doc Date:** 07/14/2026 **Due Date:** 07/15/2026
Vendor #: ban155 **Name:** BANNER BANK **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Orcas Online, dental	E 6541.00.589.40.00.0000	97.94	
2	OPALCO, clinic	E 6541.00.589.40.00.0000	673.92	
3	OPALCO, district office	E 6541.00.589.40.00.0000	122.25	
4	OPALCO, dental	E 6541.00.589.40.00.0000	287.45	
5	Amazon, CHN nametags	E 6541.00.589.40.00.0000	8.93	
6	QuickBooks payroll, June 2026	E 6541.00.589.40.00.0000	149.53	
7	Washington Alarm, June 2026	E 6541.00.589.40.00.0000	83.67	
8	Rock Island, June 2026	E 6541.00.589.40.00.0000	85.00	
9	Later software, communication planner	E 6541.00.589.40.00.0000	491.97	
10	Adobe Acrobat	E 6541.00.589.40.00.0000	51.99	
11	Accidental order, district reimbursed	E 6541.00.589.40.00.0000	45.95	
12	T-Mobile, May 2026	E 6541.00.589.40.00.0000	112.59	
13	AWPHD refund, conference cancel	E 6541.00.589.40.00.0000	-649.32	
14	Eastsound Water & Sewer, May 2026	E 6541.00.589.40.00.0000	162.72	
		Invoice Total:	1,724.59	

Invoice #: 4072 **Invoice Date:** 07/14/2026 **Doc Date:** 07/14/2026 **Due Date:** 07/15/2026
Vendor #: san180 **Name:** SAN JUAN COUNTY **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	SJC Auditor Q2	E 6541.00.589.40.00.0000	48.82	

Invoice #: 60602 **Invoice Date:** 07/14/2026 **Doc Date:** 07/14/2026 **Due Date:** 07/14/2026
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	363.85	

Invoice #: 7082026 **Invoice Date:** 07/14/2026 **Doc Date:** 07/14/2026 **Due Date:** 07/15/2026
Vendor #: cho002 **Name:** CHORD, CHRISTOPHER RYAN **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	AWPHD Conference Expenses	E 6541.00.589.40.00.0000	1,327.30	

Invoice #: 712026 **Invoice Date:** 07/14/2026 **Doc Date:** 07/14/2026 **Due Date:** 07/15/2026
Vendor #: j00355 **Name:** LEE, HEATHER **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Accounting support	E 6541.00.589.40.00.0000	720.00	

Invoice #: 735174027459 **Invoice Date:** 07/14/2026 **Doc Date:** 07/14/2026 **Due Date:** 07/15/2026
Vendor #: j00343 **Name:** NUNEZ SERVICES LLC **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Landscape, Invoice 7351	E 6541.00.589.40.00.0000	379.40	
2	Landscape, Invoice 7402	E 6541.00.589.40.00.0000	628.72	
3	Landscape, Invoice 7459	E 6541.00.589.40.00.0000	379.40	
		Invoice Total:	1,387.52	

Invoice #: 900D71 **Invoice Date:** 07/14/2026 **Doc Date:** 07/14/2026 **Due Date:** 07/15/2026
Vendor #: sta900 **Name:** STATE OF WASHINGTON **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	PEBB, July 2026	E 6541.00.589.40.00.0000	7,663.98	

Invoice Accounting Report

San Juan County

Invoice #: MIH-2601 **Invoice Date:** 07/14/2026 **Doc Date:** 07/14/2026 **Due Date:** 07/15/2026

Vendor #: orc101 **Name:** SAN JUAN FIRE DISTRICT #2 **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	MIH ILA payment, July 2026	E 6541.00.589.40.00.0000	4,166.67	

Grand Total: 101,697.00