



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: March 24, 2026

District name: Orcas Island Health Care District

Requestor name: Chris Chord

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

Total amount: \$19,444.20

BARS code: 6541 .00.589.40.00.0000

Request type: Accounts Payable Warrants

Description of claim(s):

OIHCD AP Warrants - March 24, 2026


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

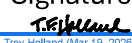
Warrant delivery: SJC mail warrants to vendor(s) (JTD must provide remittances)

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 	Mar 19, 2026

Name and title Trey Holland	Auditing Officer
Signature and date  <small>Trey Holland (Mar 19, 2026 16:42:37 PDT)</small>	Mar 19, 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:** 03/19/2026 **Doc Date:** 03/24/2026 **Due Date:** 03/25/2026
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 Feb 2026	E 6541.00.589.40.00.0000	107.90	

Invoice #: 1454 **Invoice Date:** 03/19/2026 **Doc Date:** 03/24/2026 **Due Date:** 03/25/2026
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 Feb 2026	E 6541.00.589.40.00.0000	2,021.76	

Invoice #: 1455 **Invoice Date:** 03/19/2026 **Doc Date:** 03/24/2026 **Due Date:** 03/25/2026
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 supply Feb 2026	E 6541.00.589.40.00.0000	31.41	

Invoice #: 1456 **Invoice Date:** 03/19/2026 **Doc Date:** 03/24/2026 **Due Date:** 03/25/2026
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, mental health Feb 2026	E 6541.00.589.40.00.0000	40.00	

Invoice #: 175 **Invoice Date:** 03/19/2026 **Doc Date:** 03/24/2026 **Due Date:** 03/25/2026
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, Feb 2026	E 6541.00.589.40.00.0000	2,500.00	

Invoice #: 281276 **Invoice Date:** 03/19/2026 **Doc Date:** 03/24/2026 **Due Date:** 03/25/2026
Vendor #: san246 **Name:** SAN JUAN PEST CONTROL (INC) **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Pest control service	E 6541.00.589.40.00.0000	329.38	

Invoice Accounting Report
San Juan County

Invoice #: 2965836-SJ **Invoice Date:** 03/19/2026 **Doc Date:** 03/24/2026 **Due Date:** 03/25/2026
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	20.39	

Invoice #: 3373 **Invoice Date:** 03/19/2026 **Doc Date:** 03/24/2026 **Due Date:** 03/25/2026
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, April 2026	E 6541.00.589.40.00.0000	942.00	

Invoice #: 8INV00021430 **Invoice Date:** 03/19/2026 **Doc Date:** 03/24/2026 **Due Date:** 03/25/2026
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:** 03/12/2026 **Doc Date:** 03/24/2026 **Due Date:** 03/25/2026
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, March 2026	E 6541.00.589.40.00.0000	7,663.98	

Invoice #: 9385 **Invoice Date:** 03/19/2026 **Doc Date:** 03/24/2026 **Due Date:** 03/25/2026
Vendor #: sta104 **Name:** STAR SURVEYING, INC **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Clinic surveying	E 6541.00.589.40.00.0000	1,182.50	

Grand Total: 19,444.20