

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 3/15/2019

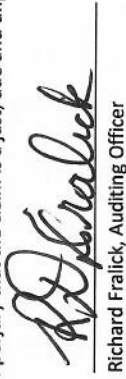
Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
3.07	Software	3/7/2019	pre159	Anne Presson - reimbursement for Smartsheet software	\$ 156.75		6541.00.594.61.64.0002	
19-103	Bldg Utilities	1/18/2019	eas350	Eastsound Water - 2019 annual water service fee	\$ 512.25		6541.00.561.00.47.0010	
34750	Technology Services	3/1/2019	nwt155	NW Technology - March Mo. Billing	\$ 277.19		6541.00.561.00.41.0040	
822169	Legal Services	3/6/2019	ogd100	Ogden, Murphy, Wallace	\$ 1,172.50		6541.00.561.00.41.0030	
1183	Bldg Maintenance	2/23/2019	tim145	Timberline Construction - snow removal	\$ 1,840.40		6541.00.561.00.48.0010	
L0008638762	Leasehold Excise Tax	Nov-Dec 18	sta896	WA State Dept. of Revenue - Q'4 2018 return	\$ 1,340.50		6541.00.589.30.00.0000	
TOTAL THIS PAGE					\$ 5,142.84			

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 herein, that any advance payment is due and payable pursuant to a contract or is available as an option for full or partial fulfillment of a contractual obligation, and that the claim is a just, due and unpaid obligation against the Orcas Island Health Care District, and that I am authorized to authenticate and certify to said claim.


 Anne L. Presson, Superintendent

I, the undersigned, do hereby certify under penalty of perjury that the claim is a just, due and unpaid obligation against the Orcas Island Health Care District, and that I am authorized to certify to said claim.


 Richard Fralick, Auditing Officer

3-15-19

Date

3/15/19
 Date

Board Authorization

As the duly elected Board for this District we have reviewed the claims listed above (including original backup materials) totaling \$5142.84 for the period ending _____. We approve payment with our signatures below.

Art Lange, Commissioner	Date	Pegi Groundwater, Commissioner	Date
Diane Boteler, Commissioner	Date	Richard Fralick, Commissioner	Date
Patty Miller, Commissioner	Date		

Note: It is the DISTRICTS' responsibility to maintain adequate, original, records to substantiate these claims.

Anne Presson

~~Invoice 307~~

From: Smartsheet <account.assistance@smartsheet.com>
Sent: Thursday, March 7, 2019 8:34 AM
To: Anne Presson
Subject: Smartsheet Individual Subscription Confirmation



Thank you for your subscription to Smartsheet. Below is a summary of your account profile:

- Account Owner: annep@orcashealth.org
- Plan: Individual
- Plan Start Date: 03/07/19
- Renewal Date: 03/06/20
- Annual Payment Amount: \$156.75 USD (\$145.00 USD upgrade fee plus \$11.75 USD sales tax)

Smartsheet is required to collect sales tax in WA.

To view your payment history and receipts, log in and click on [Account > Account Admin > Plan & Billing Info > View Receipts and History](#).

If you have questions about your subscription, please contact finance@smartsheet.com.

Regards,
The Smartsheet Team

Please do not reply to this mail. For support or questions, please contact us at www.smartsheet.com/gethelp.

~~Computer software~~



P.O. Box 115
 Eastsound, WA 98245

Invoice

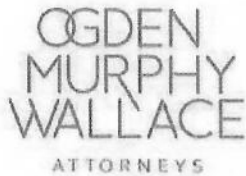
Date	Invoice #
1/18/19	19-103

Bill To
Orcas Hospital District 7 Deye Lane Eastsound, WA 98245

NW Technology LLC
 5100 Lakemont Pl
 Suite 114
 Ferndale, WA 98248
 (360) 304-2187

Due Date
2/28/19

Quantity	Description	Rate	Amount
	January 2019 - December 2019 Service Fees for Inactive Location 08-0628 \$37/mo X 12 mo	444.00	444.00
	Past Due Amount	68.25	68.25
	Revised Invoice Sales Tax	8.10%	0.00
Total			\$512.25



OGDEN MURPHY WALLACE, PLLC
901 FIFTH AVENUE, SUITE 3500
SEATTLE, WA 98164-2008

T 206.447.7000
F 206.447.0215

OMWLAW.COM

March 6, 2019

San Juan County Public Hospital
District No. 3
Orcas Island Health Care District
c/o Anne L. Presson, Superintendent
P.O. Box 226
Eastsound, WA 98245
annep@orcashealth.org

Invoice No. 822169
Client No. 14713
Billing Attorney: DWB

REMITTANCE ADVICE

RE: SAN JUAN COUNTY PHD NO. 3

BALANCE DUE THIS INVOICE \$ 1,172.50

Please return this page with payment to:

OGDEN MURPHY WALLACE, P.L.L.C.
ATTN: Accounting
901 Fifth Avenue, Suite 3500
Seattle, WA 98164-2008
Tel: 206.447.7000

FED ID: 91-0344327

DUE UPON RECEIPT

Thank you!
Your business is greatly appreciated.

THIS INVOICE MAY NOT INCLUDE COSTS ADVANCED WHICH ARE STILL IN PROCESS.
INTEREST WILL BE CHARGED AT 1.0% PER MONTH ON ACCOUNTS UNPAID 30 DAYS AFTER THE DATE OF THE INVOICE.

Timberline Construction

PO Box 26
 Eastsound, WA 98245
 360-376-5433

Invoice

Date	Invoice #
2/23/2019	1183

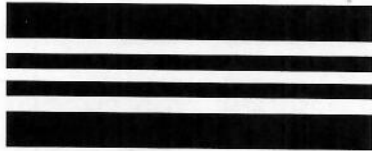
Bill To
Orcas Medical Clinic P.O.Box 1269 7Deye Lane Eastsound, WA. 98245

P.O. No.	Terms	Project
snow removal	Due on receipt	Snow Plowing

Item	Description	Qty	Rate	Serviced	Class	Amount
Snow Removal	Snow Removal	1	160.00	2/11/2019	48-Snow Plow	160.00T
Snow Removal	Ice Melt	200	1.25	2/11/2019	48-Snow Plow	250.00T
Snow Removal	Snow Removal	1.5	160.00	2/12/2019	48-Snow Plow	240.00T
Snow Removal	Ice Melt	200	1.25	2/12/2019	48-Snow Plow	250.00T
Snow Removal	Shoveling		25.00	2/12/2019	48-Snow Plow	25.00T
Snow Removal	Snow Removal	0.5	160.00	2/13/2019	48-Snow Plow	80.00T
Snow Removal	Ice Melt	150	1.25	2/13/2019	48-Snow Plow	187.50T
Snow Removal	Snow Removal	0.5	160.00	2/14/2019	48-Snow Plow	80.00T
Snow Removal	Ice Melt	150	1.50	2/14/2019	48-Snow Plow	225.00T
Snow Removal	Snow Removal	0.5	160.00	2/15/2019	48-Snow Plow	80.00T
Snow Removal	Ice Melt	100	1.25	2/15/2019	48-Snow Plow	125.00T

Subtotal		\$1,702.50
Sales Tax (8.1%)		\$137.90
Total		\$1,840.40
Payments/Credits		\$0.00
Balance Due		\$1,840.40

This Invoice is Subject to a Finance Charge of 1.5 % per Month, Annual Percentage rate of 18% which is allowed by law on all balances over 30 days past due. Purchaser agrees to pay all costs and reasonable attorney's fee if this invoice is placed in the hands of an attorney for collection.



SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT #3
PO BOX 226
EASTSOUND WA 98245-0226

Letter ID: L0008638762
Account ID: 604-401-665

Instructions

- Column 1 (Tax Area Code) must contain the Tax Area Code (Levy Code) for each federal permit or lease. This can be obtained from the county assessor's office in the county where the property is located or from the personal property statement if applicable.
- Column 2 (Location Code) must contain the proper code for the location of the property leased. Location codes are listed on page 2.
- For each permit or lease, enter in column 3 (Taxable Rent Due) the amount of taxable rent.
- Multiply column 3 (Taxable Rent Due) by the 12.84% (0.1284) tax rate and enter this amount in column 4 (Total Tax Due). Pay this amount.
- Sign and date page 1.
- Make your check or money order payable to the Washington State Department of Revenue.
- Mail your payment and return to the address at the top of this form.
- If you have questions, please call the Department of Revenue at (360) 534-1503, option 4.

Important: If you are a new filer or need additional information on Leasehold Excise Tax, please visit our website at <https://dor.wa.gov/leasehold>.

Want to file electronically? Simply go to <https://dor.wa.gov>, click on "Log in" (upper right) to sign up for My DOR Services. Once registered follow the prompts for Leasehold Tax.

(1) Tax Code Area**	(2) Location Code (on back)	(3) Taxable Rent Due	(4) Total Tax Due (.1284 X Taxable Rent)
0374	2800	\$ 10,440.00	1,340.50 1,340.50

**Tax Code Areas are obtained from your county assessor

Due Date: Jan-31-2019
* 9% Penalty Assessed After Jan-31-2019
19% Penalty Assessed After Feb-28-2019
29% Penalty Assessed After Apr-01-2019
If the due date falls on a weekend or legal holiday,
the due date is extended to the next business day.

Check here to report No Activity

Total Tax Due

*Add Penalty if Applicable

Total Payment Enclosed

	*
NA	
1,340.50	

> Signature Carey Peterson

> Phone Number 425-855-5611 Date 3.15.19

*System authorized

Use Black Ink & Return The Original Form