



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 EFT disbursements.

NOTE: It is the district's responsibility to main adequate records to substantiate claims.

Submit completed form to San Juan County Payroll Deputy by 10:00 A.M. on appropriate processing day, as outlined by the Junior Taxing District Accounts Payable & Payroll Calendar.

<b>Date of request:</b>	1/7/2025
<b>District name:</b>	Orcas Island Health Care District
<b>Requestor name:</b>	Chris Chord
<b>Requestor email address:</b>	<a href="mailto:chrisc@orcashealth.org">chrisc@orcashealth.org</a>
<b>Requestor phone number:</b>	360-317-3545
<b>Total Amount:</b>	\$10,388.00
<b>BARS Code:</b>	6541.00.589.40.00.0000
<b>Description of claim(s):</b>	AP Warrants for 2025_01_07

**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	Name and title Peter Zoeller Auditor
Signature and date  1/6/2025	Signature and date  1/6/2025
Name and title  Signature and date	Name and title  Signature and date
Name and title  Signature and date	Name and title  Signature and date

apInAinv  
01/06/2025 9:37:52AM

**Invoice Accounting Report**  
San Juan County

**Invoice #:** 48083      **Invoice Date:** 01/02/2025      **Doc Date:** 01/02/2025      **Due Date:** 01/02/2025  
**Vendor #:** bus001      **Name:** BUSINESS SUPPORT SERVICES NW      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Accounting transition	E 6541.00.589.40.00.0000	3,000.00	

**Invoice #:** 4C59EFD9-007      **Invoice Date:** 01/02/2025      **Doc Date:** 01/02/2025      **Due Date:** 01/09/2025  
**Vendor #:** str102      **Name:** STREAMLINE SOFTWARE, INC.      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Website services	E 6541.00.589.40.00.0000	3,888.00	

**Invoice #:** PS-INV105212      **Invoice Date:** 12/16/2024      **Doc Date:** 01/02/2025      **Due Date:** 12/17/2024  
**Vendor #:** ass652      **Name:** ASSOCIATION OF WASHINGTON      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	AWPHD Dues 2025	E 6541.00.589.40.00.0000	3,500.00	

**Grand Total:** 10,388.00