

**CLAIMS PAYMENT REQUEST**

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 4/22/2022

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Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
5749	Plumbing - install circulation pump	2/22/2022	cto100	CTO Inc DBA Odie's Plumbing	\$ 975.00		6541.00.561.00.48.0010	
5749	Tax - Plumbing install	2/22/2022	cto100	CTO Inc DBA Odie's Plumbing	\$ 80.93		6541.00.561.00.48.0010	
0077	Water, Parcel Deye Ln 03/01-04/01	4/1/2022	eas350	EWUA	\$ 82.00		6541.00.561.00.47.0010	
SMB 04 2022	Independent Contractor	4/19/2022	mcb001	Susan McBain	\$ 180.00		6541.00.561.00.41.0050	X
1191	Employment Advertisement	4/11/2022	obs999	Obstruction Press	\$ 50.00		6541.00.561.00.41.0060	
348290	Internet Service	4/7/2022	roc201	Rock Island	\$ 85.00		6541.00.561.00.42.0020	
82448704	Employment Advertisement	3/31/2022	sou100	Sound Publishing	\$ 104.50		6541.00.561.00.41.0060	
<b>TOTAL THIS PAGE</b>					<b>\$ 1,557.43</b>			

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 represent the District and certify to said claim.

*Tom Eversole* \_\_\_\_\_ Date: 4/22/2022  
5DA79705AA62461...  
 Tom Eversole, Interim 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.

DocuSigned by: \_\_\_\_\_ Date: 4/22/2022  
*Pegi G, Groundwater* \_\_\_\_\_  
A80184BC18C8A8  
 Pegi Groundwater, Auditing Officer

**Board Authorization**

As the duly elected board for the OIHCD we have reviewed the claims listed above (including original backup materials) totaling \$1557.43 for the period ending 04-22-2022. We Approve payment with our signatures below.

\_\_\_\_\_  
 Marie Michnich, Commissioner Date \_\_\_\_\_ Pegi Groundwater, Commissioner Date \_\_\_\_\_

\_\_\_\_\_  
 Diane Boteler, Commissioner Date \_\_\_\_\_ Carolyn Fiscus, Commissioner Date \_\_\_\_\_

\_\_\_\_\_  
 Dave Zoeller, Commissioner Date \_\_\_\_\_

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