

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 9/17/2024

Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
10797.01	Water Sewer, EWUA, Deye Ln	8/31/2024	eas350	EWUA	\$ 88.98		6541.00.561.00.47.0010	
10798.01	Water Sewer, EWUA, Deye Parcel	8/31/2024	eas350	EWUA	\$ 50.00		6541.00.561.00.47.0010	
1027	Dental consultant	8/31/2024	den656	DentALL PLLC	\$ 975.00		6541.00.561.00.41.0070	
6225	Clinic landscaping	8/19/2024	nun155	Nunez Services LLC	\$ 303.52		6541.00.561.00.48.0020	
6227	Clinic landscaping	9/10/2024	nun155	Nunez Services LLC	\$ 303.52		6541.00.561.00.48.0020	
20240605	Pocket talker reimbursement	6/5/2024	isl726	Island Health	\$ 95.68		6541.00.594.61.64.0004	
54777	Technology services	9/1/2024	nwt155	NW Technology	\$ 363.52		6541.00.561.00.41.0040	
131897	Clinic exam bed	9/11/2024	nor012	Northwest Supply	\$ 2,770.70		6541.00.594.61.64.0004	
597505	DentALL supply reimbursement	9/12/2024	den656	DentALL PLLC	\$ 3,703.94		6541.00.561.00.41.0070	
8INV00017330	X-ray maintenance	9/12/2024	shi001	Shimadzu Medical	\$ 5,013.50		6541.00.561.00.48.0300	

TOTAL THIS PAGE \$ 13,668.36

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.



 Chris Chord, Superintendent

9/16/2024

 Date

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.



 Pegi Groundwater, Auditing Officer

9/17/2024

 Date

Board Authorization

I attest that the duly elected board for the OIHCD has reviewed the claims listed above (including original backup materials) and have approved said claims by majority vote at a meeting open to the public.

 Mark Salierno, Commissioner/Board Secretary Date

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

apInAinv
09/16/2024 3:51:55PM

Invoice Accounting Report
San Juan County

Invoice #: 1027 **Invoice Date:** 09/11/2024 **Doc Date:** 09/17/2024 **Due Date:** 09/11/2024
Vendor #: den656 **Name:** DENTALL PLLC **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Dental Consultant	E 6541.00.561.00.41.0070	975.00	

Invoice #: 10797.01 **Invoice Date:** 09/11/2024 **Doc Date:** 09/17/2024 **Due Date:** 09/12/2024
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	Water Sewer, EWUA, Deye Ln	E 6541.00.561.00.47.0010	88.98	

Invoice #: 10798.01 **Invoice Date:** 09/11/2024 **Doc Date:** 09/17/2024 **Due Date:** 09/12/2024
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	Water Sewer, EWUA, Deye Parcel	E 6541.00.561.00.47.0010	50.00	

Invoice #: 131897 **Invoice Date:** 09/11/2024 **Doc Date:** 09/17/2024 **Due Date:** 09/11/2024
Vendor #: nor012 **Name:** NORTHWEST SUPPLY **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Clinic exam bed	E 6541.00.594.61.64.0004	2,770.70	

Invoice #: 20240605 **Invoice Date:** 09/11/2024 **Doc Date:** 09/17/2024 **Due Date:** 09/12/2024
Vendor #: isl726 **Name:** ISLAND HOSPITAL **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Pocket talker reimbursement	E 6541.00.594.61.64.0004	95.68	

Invoice #: 54777 **Invoice Date:** 09/11/2024 **Doc Date:** 09/17/2024 **Due Date:** 09/11/2024
Vendor #: nwt155 **Name:** NW TECHNOLOGY SOLUTIONS, LLC **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Technology services	E 6541.00.561.00.41.0040	363.52	

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09/16/2024 3:51:55PM

Invoice Accounting Report
San Juan County

Invoice #: 597505 **Invoice Date:** 09/16/2024 **Doc Date:** 09/17/2024 **Due Date:** 09/16/2024
Vendor #: den656 **Name:** DENTALL PLLC **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	DentALL supply reimbursement	E 6541.00.561.00.41.0070	3,703.94	

Invoice #: 6225 **Invoice Date:** 09/11/2024 **Doc Date:** 09/17/2024 **Due Date:** 09/11/2024
Vendor #: nun155 **Name:** NUNEZ SERVICES LLC **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Clinic landscaping	E 6541.00.561.00.48.0020	303.52	

Invoice #: 6227 **Invoice Date:** 09/11/2024 **Doc Date:** 09/17/2024 **Due Date:** 09/11/2024
Vendor #: nun155 **Name:** NUNEZ SERVICES LLC **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Clinic landscaping	E 6541.00.561.00.48.0020	303.52	

Invoice #: 8INV00017330 **Invoice Date:** 09/16/2024 **Doc Date:** 09/17/2024 **Due Date:** 09/16/2024
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 6541.00.561.00.48.0300	5,013.50	

Grand Total: 13,668.36