

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 12/19/2023

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Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
10797.01	EWUA, Water/Sewer Clinic	11/30/2023	eas350	EWUA	\$ 97.29		6541.00.561.00.47.0010	
10798.01	EWUA, Water/Sewer Parcel	11/30/2023	eas350	EWUA	\$ 50.00		6541.00.561.00.47.0010	
11062023	Darvill's Bookstore, clinic childrens books	11/6/2023	dar900	Darvill's Bookstore	\$ 627.75		6541.00.561.00.49.0050	
12182023	Chord, Jefferson Health visit	12/18/2023	cho002	Chris Chord	\$ 87.46		6541.00.561.00.43.0020	
20240115	Island Health Operations Support Fee	12/15/2023	isl726	Skagit County Public Hospital District No. 2	\$ 511,000.00		6541.00.561.00.41.0003	

TOTAL THIS PAGE \$ 511,862.50

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

12/18/2023

 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.

DocuSigned by:


 A80A84BC16C84A6...
 Pegi Groundwater, Auditing Officer

12/18/2023

 Date

Board Authorization

I attest that the duly elected board for the OIHC 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.

 Diane Boteler, Commissioner/Board Secretary

 Date

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

apInAinv
12/18/2023 2:04:19PMInvoice Accounting Report
San Juan County

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Invoice #: 10797.01 Invoice Date: 12/18/2023 Doc Date: 12/18/2023 Due Date: 12/19/2023
Vendor #: eas350 Name: EASTSOUND WATER USERS ASSN Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	EWUA, Water/Sewer Clinic	E 6541.00.561.00.47.0010	97.29	

Invoice #: 10798.01 Invoice Date: 12/18/2023 Doc Date: 12/18/2023 Due Date: 12/19/2023
Vendor #: eas350 Name: EASTSOUND WATER USERS ASSN Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	EWUA, Water/Sewer Parcel	E 6541.00.561.00.47.0010	50.00	

Invoice #: 11062023 Invoice Date: 12/18/2023 Doc Date: 12/18/2023 Due Date: 12/19/2023
Vendor #: dar900 Name: DARVILLS BOOKSTORE, INC. Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Darvill's Bookstore, clinic children's	E 6541.00.561.00.49.0050	627.75	

Invoice #: 12182023 Invoice Date: 12/18/2023 Doc Date: 12/18/2023 Due Date: 12/18/2023
Vendor #: cho002 Name: CHORD, CHRISTOPHER RYAN Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Chord, Jefferson Health Visit	E 6541.00.561.00.43.0020	87.46	

Invoice #: 20240115 Invoice Date: 12/18/2023 Doc Date: 12/18/2023 Due Date: 12/19/2023
Vendor #: isl726 Name: ISLAND HOSPITAL Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Island Health, Operations Support Fee	E 6541.00.561.00.41.0003	511,000.00	

Grand Total: 511,862.50

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