

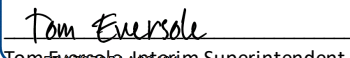
CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

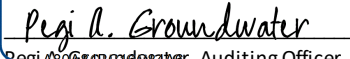
Date: 8/30/22 Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
112159	Legal service	7/31/22	chm100	Chmelik, Sitkin, Davis	\$1,564.00		6541.00.561.00.41.0030	
20220824	Landscaping service	8/24/22	gao155	Chihuahua Team Services	\$1,600.00		6541.00.561.00.48.0020	
20220824	Landscaping service	8/24/22	gao155	Chihuahua Team Services	\$132.80		6541.00.561.00.48.0020	
43979	Building Maintenance supplies	8/8/22	isl730	Island Hardware	\$8.20		6541.00.561.00.31.0001	
TOTAL THIS PAGE					\$ 3,305.00			

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.

DocuSigned by:

 Tom Eversole, Interim Superintendent Date 8/29/2022

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:

 Pegi A. Groundwater, Auditing Officer Date 8/29/2022

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.

 Diane Boteler, Board Secretary Date

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

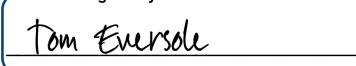
CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

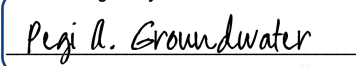
Date: 9/6/22 Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
900 D71	Employee Benefits	8/26/22	hea195	WA Health Care Authority	\$3,167.43		6541.00.561.00.20.0006	
47161	Technology Services	9/1/22	nwt155	Northwest Technology	\$328.03		6541.00.561.00.41.0040	
604-401-665	Q2 Leasehold Tax	8/1/22	sta888	WA Dept of Revenue	\$11.24		6541.00.589.30.00.0000	
TOTAL THIS PAGE					\$ 3,506.70			

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.

DocuSigned by:

 Tom Eversole, Interim Superintendent
 9/6/2022
 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:

 Pegi H. Groundwater, Auditing Officer
 9/6/2022
 Date

Board Authorization

I attest that the duly elected board for the OIHD 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, Board Secretary Date

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

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00


Date: 9/27/22

Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
400	District Power	8/31/22	ban155	Banner Bank - OPALCO district	\$82.33		6541.00.561.00.47.0011	
400	Clinic Power	8/31/22	ban155	Banner Bank - OPALCO Deye	\$538.07		6541.00.561.00.47.0010	
400	Meeting supplies	8/31/22	ban155	Banner Bank - Island Market	\$1,200.00		6541.00.561.00.31.0000	
400	USPS - Postage	8/31/22	ban155	Banner Bank - USPS	\$8.95		6541.00.561.00.42.0010	
400	Meeting supplies	8/31/22	ban155	Banner Bank - Island Market	\$49.02		6541.00.561.00.31.0000	
400	Phone	8/31/22	ban155	Banner Bank - Tmobile	\$114.91		6541.00.561.00.42.0010	
400	The Exchange	8/31/22	ban155	Banner Bank - The Exchange	\$22.00		6541.00.561.00.47.0011	
400	Amazon - office supplies	8/31/22	ban155	Banner Bank - Office	\$55.22		6541.00.561.00.31.0000	
112653	Legal	8/31/22	chm100	Chmelik, Sitkin, Davis	\$3,846.00		6541.00.561.00.41.0030	
267	Sewer - Deye Ln	8/31/22	eas310	Eastsound Sewer Water District	\$128.70		6541.00.561.00.47.0010	
5843	Building Maintenance	9/11/22	olscla	Clayton Olson - Odie's Plumbing	\$300.00		6541.00.561.00.48.0010	
5843	Tax - Building Maintenance	9/11/22	olscla	Clayton Olson - Odie's Plumbing	\$24.90		6541.00.561.00.48.0010	
5846	Building Maintenance	9/16/22	olscla	Clayton Olson - Odie's Plumbing	\$439.00		6541.00.561.00.48.0010	
5846	Tax - Building Maintenance	9/16/22	olscla	Clayton Olson - Odie's Plumbing	\$36.44		6541.00.561.00.48.0010	
000379222	Internet service	9/7/22	roc201	Rock Island	\$85.00		6541.00.561.00.42.0020	


TOTAL THIS PAGE \$ 6,930.54

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.

DocuSigned by:

 Tom Eversole, Interim Superintendent

9/27/2022
 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:

 Pegi A. Groundwater, Auditing Officer

9/27/2022
 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.

 Diane Boteler, Board Secretary

 Date

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

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 10/4/22 Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
3	Building Maintenance	9/25/22	cap144	Olga Services	\$1,083.00		6541.00.561.00.48.0010	
5843	Building Maintenance	9/11/22	cto100	CTO - Odie's Plumbing	\$300.00		6541.00.561.00.48.0010	
5843	Tax - Building Maintenance	9/11/22	cto100	CTO - Odie's Plumbing	\$24.90		6541.00.561.00.48.0010	
5846	Building Maintenance	9/16/22	cto100	CTO - Odie's Plumbing	\$439.00		6541.00.561.00.48.0010	
5846	Tax - Building Maintenance	9/16/22	cto100	CTO - Odie's Plumbing	\$36.44		6541.00.561.00.48.0010	
267	Sewer - Deye Ln	9/30/22	eas310	Eastsound Sewer Water District	\$141.57		6541.00.561.00.47.0010	
47525	Technology Service	10/1/22	nwt155	NW Technology	\$328.03		6541.00.561.00.41.0040	
OIHCD	Building Maintenance	9/28/22	TBD	LNS Electric	\$487.35		6541.00.561.00.48.0010	


TOTAL THIS PAGE \$ 2,840.29

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.

DocuSigned by:

 Tom Eversole, Interim Superintendent
 10/3/2022
 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:

 Pegi A. Groundwater, Auditing Officer
 10/4/2022
 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.

 Diane Boteler, Board Secretary Date

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

CLAIMS PAYMENT REQUEST


FROM: Orcas Island Health Care District Fund# 6541.00

Date: 10/18/22

Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
400	Island Market	9/30/22	ban155	Banner Bank - Island Market	\$200.00		6541.00.561.00.31.0000	
400	OPALCO - Power	9/30/22	ban155	Banner Bank - OPALCO Deye	\$597.43		6541.00.561.00.47.0010	
400	OPALCO - Power	9/30/22	ban155	Banner Bank - OPALCO Office	\$86.28		6541.00.561.00.47.0011	
400	Tmobile	9/30/22	ban155	Banner Bank - Tmobile	\$114.91		6541.00.561.00.42.0020	
400	Finance charge	9/30/22	ban155	Banner Bank - Banner Bank	\$29.67		6541.00.561.00.49.0002	
202210	Travel Reimbursement	10/6/22	cho002	Chris Chord	\$1,251.12		6541.00.561.00.43.0020	
08-0628	Water- Deye Ln parcel 8/1-10/1	9/30/22	eas350	Eastsound Water Users Assoc	\$82.00		6541.00.561.00.47.0010	
06-0075	Water- Deye Ln build 8/1-10/1	9/30/22	eas350	Eastsound Water Users Assoc	\$212.75		6541.00.561.00.47.0010	
20220723	Landscaping service	9/30/22	gao155	Chihuahua Team Services	\$1,600.00		6541.00.561.00.48.0020	
20220723	Landscaping service	9/30/22	gao155	Chihuahua Team Services	\$132.80		6541.00.561.00.48.0020	
000385468	Internet service	10/7/22	roc201	Rock Island	\$85.00		6541.00.561.00.42.0020	
8INV00013000	Xray servicing	9/9/22	shi001	Shimadzu Medical Systems	\$5,008.88		6541.00.561.00.48.0300	
ISJ964439	Legal Ad - Budget Hearing	11/2/22	sou125	Sound Publishing	\$71.56		6541.00.561.00.41.0060	
202210	Travel Reimbursement	10/6/22	yan002	Dan Yancy	\$1,397.62		6541.00.561.00.43.0020	
TOTAL THIS PAGE					\$ 10,870.02			


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.

DocuSigned by:

 Tom Eversole, Interim Superintendent

10/18/2022

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:

 Pegi A. Groundwater, Auditing Officer

10/19/2022

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.

 Diane Boteler, Board Secretary

 Date

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