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 disbursements.
NOTE: It is the district's responsibility to maintain adequate records to substantiate claims.
Submit completed form to San Juan County Payroll Deputy by 10:00 A.M. on Tuesday morning.

Date of request: September 22, 2026

District name: Orcas Island Health Care District

Requestor name: Chris Chord

Requestor phone & email address: 360-317-3545, chrisc@orcashealth.org

Total amount: $16,172.63

BARS code: 6541 .00.589.40.00.0000

Request type: Accounts Payable EFT

Description of claim(s):

OIHCD AP warrants, September 22, 2026

Last four digits of bank account (EFT's ONLY): N/A

Warrant delivery: SJC mail warrants to vendor(s) (JTD must provide remittances)

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
Signature and date	
Chris Chord (Sep 18, 2026 11:01:26 PDT)	Sep 18, 2026

Name and title	
Trey Holland	Auditing Officer
Signature and date	
Trey Holland (Sep 19, 2026 03:29:50 PDT)	Sep 19, 2026

Name and title
Signature and date

Name and title
Signature and date

Name and title
Signature and date

Name and title
Signature and date

Invoice Accounting Report

San Juan County

Invoice #: 10797.01 **Invoice Date:** 09/18/2026 **Doc Date:** 09/22/2026 **Due Date:** 09/22/2026
Vendor #: eas350 **Name:** EASTSOUND WATER USERS ASSN **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	EWUA clinic, Aug 2026	E 6541.00.589.40.00.0000	118.11	

Invoice #: 10798.01 **Invoice Date:** 09/18/2026 **Doc Date:** 09/22/2026 **Due Date:** 09/22/2026
Vendor #: eas350 **Name:** EASTSOUND WATER USERS ASSN **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	EWUA parcel, Aug 2026	E 6541.00.589.40.00.0000	49.50	

Invoice #: 1537 **Invoice Date:** 09/18/2026 **Doc Date:** 09/22/2026 **Due Date:** 09/23/2026
Vendor #: orc170 **Name:** ORCAS COMMUNITY RESOURCE **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	OCRC support, med travel, Aug 2026	E 6541.00.589.40.00.0000	2,073.29	

Invoice #: 1538 **Invoice Date:** 09/18/2026 **Doc Date:** 09/22/2026 **Due Date:** 09/23/2026
Vendor #: orc170 **Name:** ORCAS COMMUNITY RESOURCE **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	OCRC support, med supply, Aug 2026	E 6541.00.589.40.00.0000	334.32	

Invoice #: 20260901 **Invoice Date:** 09/18/2026 **Doc Date:** 09/22/2026 **Due Date:** 09/22/2026
Vendor #: j00355 **Name:** LEE, HEATHER **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Accounting support, Aug 2026	E 6541.00.589.40.00.0000	90.00	

Invoice #: 2965836-SJ **Invoice Date:** 09/18/2026 **Doc Date:** 09/22/2026 **Due Date:** 09/23/2026
Vendor #: san275 **Name:** SAN JUAN SANITATION, INC **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Dental trash pick-up	E 6541.00.589.40.00.0000	19.39	

Invoice #: 3485 **Invoice Date:** 09/18/2026 **Doc Date:** 09/22/2026 **Due Date:** 09/23/2026
Vendor #: nex654 **Name:** NEXCO INC. **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Airport Center rent, Oct 2026	E 6541.00.589.40.00.0000	990.00	

Invoice #: 61082 **Invoice Date:** 09/18/2026 **Doc Date:** 09/22/2026 **Due Date:** 09/22/2026
Vendor #: j00205 **Name:** NW TECHNOLOGY LLC **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Technology services	E 6541.00.589.40.00.0000	363.85	

Invoice #: 7611 **Invoice Date:** 09/18/2026 **Doc Date:** 09/22/2026 **Due Date:** 09/22/2026
Vendor #: j00343 **Name:** NUNEZ SERVICES LLC **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Clinic landscaping	E 6541.00.589.40.00.0000	303.52	

Invoice #: 900D71 **Invoice Date:** 09/18/2026 **Doc Date:** 09/22/2026 **Due Date:** 09/22/2026
Vendor #: sta900 **Name:** STATE OF WASHINGTON **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	PEBB, Sept 2026	E 6541.00.589.40.00.0000	7,663.98	

Invoice #: MIH-2604 **Invoice Date:** 09/18/2026 **Doc Date:** 09/22/2026 **Due Date:** 09/22/2026
Vendor #: orc101 **Name:** SAN JUAN FIRE DISTRICT #2 **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	MIH ILA payment, Oct 2026	E 6541.00.589.40.00.0000	4,166.67	

Grand Total: 16,172.63