

**CLAIMS PAYMENT REQUEST**

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 3/5/2024

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Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
400	Adobe Acrobat	2/11/2024	ban155	Banner Bank	\$ 52.01		6541.00.561.00.31.0002	
400	Fox's Boxes clinic storage	2/8/2024	ban155	Banner Bank	\$ 271.00		6541.00.561.00.48.0010	
400	OPALCO - clinic	1/15/2024	ban155	Banner Bank	\$ 722.62		6541.00.561.00.47.0010	
400	OPALCO - district office	1/15/2024	ban155	Banner Bank	\$ 134.62		6541.00.561.00.47.0011	
400	Rock Island - February 2024	2/7/2024	ban155	Banner Bank	\$ 85.00		6541.00.561.00.42.0020	
400	T-Mobile - January 2024	1/31/2024	ban155	Banner Bank	\$ 119.93		6541.00.561.00.42.0020	
400	Washington Alarm - March 2024	3/1/2024	ban155	Banner Bank	\$ 66.77		6541.00.561.00.31.0002	
400	NW Supplies - Dermoscope	2/24/2024	ban155	Banner Bank	\$ 1,203.20		6541.00.594.61.64.0004	
400	Eastsound Sewer & Water District	1/28/2024	ban155	Banner Bank	\$ 284.65		6541.00.561.00.47.0010	
400	SJC Health District Meeting	2/9/2024	ban155	Banner Bank	\$ 19.82		6541.00.561.00.43.0020	
20240124	Clinic faucet reimbursement	1/24/2024	zoe900	David Zoeller	\$ 106.62		6541.00.561.00.48.0010	
20240220	Clinic faucet replacement	2/20/2024	isl730	Island Hardware & Supply, Inc.	\$ 114.13		6541.00.561.00.48.0010	
121117	CSD Attorneys	1/31/2024	chm100	CSD Attorneys at Law	\$ 1,448.00		6541.00.561.00.41.0030	
121117	CSD Attorneys	1/31/2024	chm100	CSD Attorneys at Law	\$ 3,604.00		6541.00.561.00.41.0070	
20240106	X-Ray maintenance	1/6/2024	isl726	Island Health	\$ 35,062.16		6541.00.561.00.48.0300	
53271	Technology services	3/1/2024	nwt155	NW Technology	\$ 362.85		6541.00.561.00.41.0040	
164	Clinic tree removal	2/21/2024	nun155	Nunez Services	\$ 216.80		6541.00.561.00.48.0020	
1016	Dental consultant	2/29/2024	den656	DentAll PLLC	\$ 2,900.00		6541.00.561.00.41.0070	
182024	January clinic article	1/8/2024	gai001	Gray Gailey	\$ 350.00		6541.00.561.00.41.0050	

TOTAL THIS PAGE \$ 47,124.18

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

03/04/2024  
 Date

I, the undersigned, do hereby certify under penalty of perjury that the claim is a just, the Orcas Island Health Care District, and that I am authorized to certify to said claim.

  
 Pegi Groundwater, Auditing Officer

3/5/2024  
 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.

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03/04/2024 11:12:05AMInvoice Accounting Report  
San Juan County

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Invoice #: 1016 Invoice Date: 03/03/2024 Doc Date: 03/03/2024 Due Date: 03/03/2024  
Vendor #: den656 Name: DENTALL PLLC Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Dental Consultant	E 6541.00.561.00.41.0070	2,900.00	

Invoice #: 121117 Invoice Date: 03/04/2024 Doc Date: 03/04/2024 Due Date: 03/05/2024  
Vendor #: chm100 Name: CSD ATTORNEYS AT LAW Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	General legal fees	E 6541.00.561.00.41.0030	1,448.00	
2	Dental legal fees	E 6541.00.561.00.41.0070	3,604.00	
<b>Invoice Total:</b>			5,052.00	

Invoice #: 164 Invoice Date: 03/03/2024 Doc Date: 03/03/2024 Due Date: 03/03/2024  
Vendor #: nun155 Name: NUNEZ SERVICES LLC Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Clinic tree removal	E 6541.00.561.00.48.0020	216.80	

Invoice #: 182024 Invoice Date: 03/03/2024 Doc Date: 03/03/2024 Due Date: 03/03/2024  
Vendor #: gai001 Name: GAILEY, GRAY Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	January Clinic Article	E 6541.00.561.00.41.0050	350.00	

Invoice #: 20240106 Invoice Date: 03/03/2024 Doc Date: 03/03/2024 Due Date: 03/04/2024  
Vendor #: isl726 Name: ISLAND HOSPITAL Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	X-Ray maintenance reimbursement	E 6541.00.561.00.48.0300	35,062.16	

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## Invoice Accounting Report

San Juan County

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**Invoice #:** 20240124      **Invoice Date:** 03/03/2024      **Doc Date:** 03/03/2024      **Due Date:** 03/04/2024  
**Vendor #:** zoe900      **Name:** ZOELLER, DAVID      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Clinic faucet reimbursement	E 6541.00.561.00.48.0010	106.62	

**Invoice #:** 20240220      **Invoice Date:** 03/03/2024      **Doc Date:** 03/03/2024      **Due Date:** 03/04/2024  
**Vendor #:** isl730      **Name:** ISLAND HARDWARE & SUPPLY      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Clinic faucet replacement	E 6541.00.561.00.48.0010	114.13	

**Invoice #:** 400      **Invoice Date:** 03/03/2024      **Doc Date:** 03/03/2024      **Due Date:** 03/03/2024  
**Vendor #:** ban155      **Name:** BANNER BANK      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Adobe Acrobat	E 6541.00.561.00.31.0002	52.01	
2	Fox's Boxes clinic storage	E 6541.00.561.00.48.0010	271.00	
3	OPALCO - clinic	E 6541.00.561.00.47.0010	722.62	
4	OPALCO - district office	E 6541.00.561.00.47.0011	134.62	
5	Rock Island	E 6541.00.561.00.42.0020	85.00	
6	T-Mobile	E 6541.00.561.00.42.0020	119.93	
7	Washington Alarm	E 6541.00.561.00.31.0002	66.77	
8	NW Supplies - Dermascope	E 6541.00.594.61.64.0004	1,203.20	
9	Eastsound Sewer & Water District	E 6541.00.561.00.47.0010	284.65	
10	SJC Health District Meeting lunch	E 6541.00.561.00.43.0020	19.82	
<b>Invoice Total:</b>			2,959.62	

**Invoice #:** 53271      **Invoice Date:** 03/03/2024      **Doc Date:** 03/03/2024      **Due Date:** 03/03/2024  
**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	362.85	

**Grand Total:** 47,124.18

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