

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 7/11/2023

Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
400	OPALCO - Electric Bill - Clinic	6/15/2023	ban155	Banner Bank	\$ 631.75		6541.00.561.00.47.0010	
400	OPALCO - Electric Bill - District Office	6/15/2023	ban155	Banner Bank	\$ 92.98		6541.00.561.00.47.0011	
400	Eastsound Sewer & Water District	6/30/2023	ban155	Banner Bank	\$ 142.33		6541.00.561.00.47.0010	
400	Washington Alarm Inc. - Monthly fee	7/1/2023	ban155	Banner Bank	\$ 60.65		6541.00.561.00.47.0010	
400	DocuSign	7/5/2023	ban155	Banner Bank	\$ 140.79		6541.00.561.00.31.0002	
400	Rock Island - July 2023	7/7/2023	ban155	Banner Bank	\$ 85.00		6541.00.561.00.42.0020	
400	Clinic Storage Container	7/8/2023	ban155	Banner Bank	\$ 270.75		6541.00.561.00.48.0010	
400	Midtowner Motel - WSHA retreat	6/26/2023	ban155	Banner Bank	\$ 150.26		6541.00.561.00.43.0020	
6282023	Travel reimbursement	7/20/2023	cho002	Chris Chord	\$ 332.54		6541.00.561.00.43.0020	
10797.01	Water Sewer - EWUA - Deye Ln	7/31/2023	eas350	EWUA	\$ 96.61		6541.00.561.00.47.0010	
10798.01	Water Sewer - EWUA - Deye Parcel	7/31/2023	eas350	EWUA	\$ 45.00		6541.00.561.00.47.0010	
50750	Technology Services	7/1/2023	nwt155	NW Technology	\$ 331.30		6541.00.561.00.42.0030	
20230614	Landscaping Service May	6/14/2023	gao155	Chihuahua Team Services	\$ 2,626.08		6541.00.561.00.48.0020	
20230703	Landscaping Service June	7/3/2023	gao155	Chihuahua Team Services	\$ 1,906.08		6541.00.561.00.48.0020	

TOTAL THIS PAGE \$ 6,912.12

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:



5DA79705AA62461...
Chris Chord, Superintendent

7/10/2023

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.

Pegi A. Groundwater

A80A84BC16C84A6
Pegi Groundwater, Auditing Officer

7/11/2023

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, Commissioner/Board Secretary

Date

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

apInAinv
07/10/2023 2:21:16PM

Invoice Accounting Report
San Juan County

Page: 1

Invoice #: 10797.01 **Invoice Date:** 07/10/2023 **Doc Date:** 07/10/2023 **Due Date:** 07/11/2023
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	Eastsound Water - Deye Lane	E 6541.00.561.00.47.0010	96.61	

Invoice #: 10798.01 **Invoice Date:** 07/10/2023 **Doc Date:** 07/10/2023 **Due Date:** 07/11/2023
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	Eastsound Water - Deye Parvel	E 6541.00.561.00.47.0010	45.00	

Invoice #: 20230703 **Invoice Date:** 07/10/2023 **Doc Date:** 07/10/2023 **Due Date:** 07/10/2023
Vendor #: gao155 **Name:** CHIHUAHUA TEAM **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Landscaping Service May	E 6541.00.561.00.48.0020	2,626.08	
2	Landscaping Service June	E 6541.00.561.00.48.0020	1,906.08	
			Invoice Total:	4,532.16

Invoice #: 400 **Invoice Date:** 07/10/2023 **Doc Date:** 07/10/2023 **Due Date:** 07/10/2023
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	OPALCO Electric Bill - Clinic	E 6541.00.561.00.47.0010	631.75	
2	OPALCO Electric Bill - District Office	E 6541.00.561.00.47.0011	92.98	
3	Eastsound Sewer & Water	E 6541.00.561.00.47.0010	142.33	
4	Washington Alarm	E 6541.00.561.00.48.0010	60.65	
5	DocuSign	E 6541.00.561.00.31.0002	140.79	
6	Rock Island	E 6541.00.561.00.42.0020	85.00	
7	Foxes Boxes - clinic storage	E 6541.00.561.00.48.0010	270.75	
8	Midtowner Motel - WSHA retreat	E 6541.00.561.00.43.0020	150.26	
			Invoice Total:	1,574.51

apInAinv

07/10/2023 2:21:16PM

Invoice Accounting Report

San Juan County

Page: 2

Invoice #: 50750**Invoice Date:** 07/10/2023**Doc Date:** 07/10/2023**Due Date:** 07/10/2023**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	NW Technology Services	E 6541.00.561.00.42.0030	331.30	

Invoice #: 6282023**Invoice Date:** 07/10/2023**Doc Date:** 07/10/2023**Due Date:** 07/10/2023**Vendor #:** cho002**Name:** CHORD, CHRISTOPHER RYAN**Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Travel Reimbursement - WSHA retreat	E 6541.00.561.00.43.0020	332.54	

Grand Total: 6,912.12

Page: 2



Account Number: #### #### #### 2738
Closing Date: 06/30/23
Credit Limit: \$15,000.00
Available Credit: \$13,797.28



Account Inquiries



Customer Service: (855) 891-4821
Lost or Stolen Card: (866) 839-3409



Please Direct Written Inquiries to:
BANNER BANK
PO BOX 2181
WALLA WALLA, WA 99362-0181



To pay on-line:
www.bannerbank.com

Account Summary

Previous Balance	\$	7,424.31
Purchases	+	1,634.10
Cash	+	0.00
Special	+	0.00
Credits	-	744.80 -
Payments	-	7,110.89 -
Other Debits	+	0.00
Finance Charges	+	0.00
NEW BALANCE	\$	1,202.72

Payment Information



Total Minimum Payment Due \$37.00
Payment Due Date 07/25/23

Minimum Payment	\$	37.00
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Mail Payments to: BANNER BANK PO BOX 2181 WALLA WALLA WA 99362-0181

Account Activity Since Your Last Statement

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
06/01	06/02	PPLN01	55263523152747001209450	ORCAS POWER & LIGHT CO EASTSOUND WA	\$ 678.71
06/06	06/07	PPLN01	05436843157200064881405	4TE*WASHINGTON ALARM I SEATTLE WA	60.65
06/08	06/09	PPLN01	55480773159207340800023	FOXES BOXES LLC FRIDAY HARBOR WA	270.75
06/08	06/09	PPLN01	55131583159083738877477	ROCKISLAND COMM. 360-378-5884 WA	85.00
06/11	06/12	PPLN01	55429503162713970630069	ADOBE *ACROPRO SUBS 4085366000 CA	51.96
06/20	06/21	PPLN01	55432863171209344411122	TMOBILE*AUTO PAY 800-937-8997 WA	114.91
06/26	06/28	PPLN01	75456673178900013983509	MIDTOWNER MOTEL CHELAN WA	150.26
				0000513119 5096822561	
				ARRIVAL 06/25/23 DEPART 06/26/23	
06/27	06/28	PPLN01	55429503179027877408722	DOCUSIGN SEATTLE WA	79.53
06/28	06/29	PPLN01	75418233179177165351178	PY *EASTSOUND SEWER AN EASTSOUND WA	142.33

Payments, Adjustments and Others

06/02	06/04		000000000000000000000000	PAYMENT - THANK YOU	858.67 -
05/03	06/15		70008603166555166070010	PAYMENT - THANK YOU WALLA WALLA WA	2,838.85 -
05/25	06/15		70008603166555166070028	PAYMENT - THANK YOU WALLA WALLA WA	1,191.13 -
05/31	06/15	PPLN01	75532373166028166972000	FINANCE CHARGE CREDIT	26.14 -
05/31	06/15	PPLN01	75532373166029166072000	FINANCE CHARGE CREDIT	2.60 -
06/15	06/15		70008603166777166120013	XFER FROM 0400	684.35 -
06/16	06/16		70008603167777167350014	FIN CHARGE REVERSAL	31.71 -
06/20	06/21		000000000000000000000000	PAYMENT - THANK YOU	2,107.33 -
06/29	06/30		000000000000000000000000	PAYMENT - THANK YOU	114.91 -

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW 5 DAYS FOR MAIL DELIVERY

BANNER BANK
PO BOX 2181
WALLA WALLA WA 99362-0181



Account Number

2738

Check box to indicate name/address change on back of this coupon

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
06/30/23	\$1,202.72	\$37.00	07/25/23

AMOUNT OF PAYMENT ENCLOSED



CHRISTOPHER CHORD
SJC PHD 3
PO BOX 226
EASTSOUND WA 98245-0226



MAKE CHECK PAYABLE TO:



BANNER BANK
PO BOX 2181
WALLA WALLA WA 99362-0181



MANAGE YOUR ACCOUNT ONLINE AT BANNERBANK.COM. IT'S FREE! IT'S EASY! FOR ONE CARD, ENROLL UNDER "ACCESS YOUR ACCOUNTS." REVIEW ACTIVITY, TRACK SPENDING, SET ALERTS, AND MORE. TO MANAGE YOUR COMPANY'S CREDIT CARDS, SELECT "COMPANY CARD ADMIN." VIEW CARD BALANCES, DOWNLOAD TRANSACTIONS, CHANGE CARDHOLDER CREDIT LIMITS, MAKE PAYMENTS, AND MORE. ENROLL TODAY!

Plan Level Information										
Plan Name	Plan Description	FCM *	Previous Balance	Average Daily Balance	Periodic Rate **	Corresponding APR	Finance Charges	Fees/Finance Charge	Effective APR	Ending Balance
Purchases										
PPLN01 001	PURCHASE PLAN	G	\$7,424.31	\$0.00	0.99916% (M)	11.9900%	\$0.00	\$0.00	0.0000%	\$1,202.72
Cash										
CPLN01 001	CASH PLAN	A	\$0.00	\$0.00	1.50000% (M)	18.0000%	\$0.00	\$0.00	0.0000%	\$0.00
Total			\$7,424.31	\$0.00			\$0.00	\$0.00	0.0000%	\$1,202.72
Days In Billing Cycle: 30						APR = Annual Percentage Rate				
*See last page for explanation of Finance Charge Method (FCM)						** Periodic Rate (M)=Monthly (D)=Daily				
(V) = Variable Rate If you have a variable rate account the periodic rate and Annual Percentage Rate (APR) may vary.										

NAME CHANGE

Please use blue or black ink to complete form

Last

First Middle

ADDRESS CHANGE

Street

City State ZIP Code

Home Phone () - Business Phone () -

SIGNATURE REQUIRED TO AUTHORIZE CHANGES

Signature _____



Account Number: ##### 2738
 Closing Date: 06/30/23
 Credit Limit: \$15,000.00
 Available Credit: \$13,797.28



IMPORTANT INFORMATION

Finance Charge Calculation Methods and Computation of Average Daily Balance Subject to FINANCE CHARGE. The Finance Charge Calculation Method applicable to your Account for purchases, balance transfers and cash advances is specified on the front side of this statement and explained below. The FINANCE CHARGE imposed during the billing cycle will be determined by multiplying the applicable Average Daily Balance by the applicable Periodic Rate.

Purchases - Method G - Average Daily Balance (including current transactions). The FINANCE CHARGE on purchases begins from the date the transaction is posted to your account. If, however, the outstanding balance on your prior monthly statement was paid in full prior to the statement due date or was zero, and you pay your entire New Balance in full within 25 days after the closing date, no FINANCE CHARGE will be imposed on your purchases.

We figure the FINANCE CHARGE on your purchases by applying the Periodic Rate for purchases to the "Average Daily Balance" of purchases for your Account (including current transactions). To get the "Average Daily Balance" we take the beginning purchase balance of your Account each day, add any new purchases and subtract any payments or credits and unpaid FINANCE CHARGE. This gives us the daily balance for purchases. Then we add up all the daily balances for the billing cycle and divide by the number of days in the billing cycle. This gives us the Average Daily Balance for purchases.

Balance Transfers - Method A - Average Daily Balance (including current transactions). The FINANCE CHARGE on balance transfers begins from the date the transaction is posted to your account. There is no grace period for balance transfers.

We figure the FINANCE CHARGE on your balance transfers by applying the Periodic Rate for balance transfers to the "Average Daily Balance" of balance transfers for your Account (including current transactions). To get the "Average Daily Balance" we take the beginning balance transfer balance of your Account each day, add any new balance transfers and subtract any payments or credits and unpaid FINANCE CHARGE. This gives us the daily balance for balance transfers. Then we add up all the daily balances for the billing cycle and divide by the number of days in the billing cycle. This gives us the Average Daily Balance for balance transfers.

Cash Advances - Method A - Average Daily Balance (including current transactions). The FINANCE CHARGE on cash advances begins from the date the transaction is posted to your account. There is no grace period for cash advances.

We figure the FINANCE CHARGE on your cash advances by applying the Periodic Rate for cash advances to the "Average Daily Balance" of cash advances for your Account (including current transactions). To get the "Average Daily Balance" we take the beginning cash advance balance of your Account each day, add any new cash advances and subtract any payments or credits and unpaid FINANCE CHARGE. This gives us the daily balance for cash advances. Then we add up all the daily balances for the billing cycle and divide by the number of days in the billing cycle. This gives us the Average Daily Balance for cash advances.

Payment Crediting and Credit Balance. Payments received at the location specified on the front of the statement after the phrase "MAKE CHECK PAYABLE TO" will be credited as of the date of receipt to the account specified on the payment coupon. Payments received at locations other than the address specified or payments that do not conform to the requirements set forth on or with the periodic statement (e.g. missing payment stub, payment envelope other than as provided with your statement, multiple checks or multiple coupons in the same envelope) may be subject to delay in crediting, but shall be credited within five days of receipt. If there is a credit balance due on your account, you may request in writing, a full refund. Submit your request to the address indicated on the front of this statement after the phrase "Please Direct Written Inquiries to:".

Closing Date. The closing date is the last day of the billing cycle; all transactions received after the closing date will appear on your next statement.

Annual Fee. If your account has been assessed an annual fee, you may avoid paying this annual fee by sending written notification of termination within 30 days following the mailing date of this bill, to the address found at the top of the first page of this bill under your financial institutions name. You may use your Card(s) during this 30 day period but immediately thereafter must send your Card(s), which you have cut in half to this same address.

Negative Credit Reports. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

BILLING RIGHTS SUMMARY

In Case of Errors or Inquiries About Your Bill. If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet of paper at the address indicated on the front of this statement after the phrase, "Please Direct Written Inquiries to:" as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

Special Rule For Credit Card Purchases

If you have a problem with the quality of goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than \$50.00 and the purchase was made in your home state or within 100 miles of your mailing address. (If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.)

Account Number	Cardholder Name	Post Date	Merchant Name	Amount	MCC Code	MCC Description
553237****2738	CHRISTOPHER CHORD	7/9/2023	FOXS BOXES LLC	\$270.75	4214	Motor Freight Carriers Trucking - Loc
553237****2738	CHRISTOPHER CHORD	7/9/2023	ROCKISLAND COMM.	\$85.00	4900	Utilities - Gas Water Sanitary
553237****2738	CHRISTOPHER CHORD	7/7/2023	4TE*WASHINGTON ALARM I	\$60.65	7393	Detective Agencies & Protective Servic
553237****2738	CHRISTOPHER CHORD	7/6/2023	DOCUSIGN	\$140.79	7399	Business Services Not Elsewhere Classi
553237****2738	CHRISTOPHER CHORD	7/4/2023	ORCAS POWER & LIGHT CO	\$724.73	4900	Utilities - Gas Water Sanitary



Orcas Power & Light Cooperative
183 Mt Baker Rd
Eastsound WA 98245-9413

For Billing Questions: Member Services- Call (360) 376-3500
Web www.opalco.com
Email info@opalco.com

Account Number 9911601

Statement Date 06/15/2023

Billing Summary

Balance From Last Billing	555.06
Payment Received 06/01/2023	555.06 CR
Balance Into Billing	0.00
New Bill 7 DEYE LN	631.75
Amount Due	631.75

1122 1 AV 0.471 5 1122
SJC PUBLIC HOSPITAL DIST #3 C-3
PO BOX 226
EASTSOUND WA 98245-0226



Messages

1 of 2

Balance will be paid by credit card on the 1st or next business day.
Summer is the perfect time to Switch It Up! Save now - pay later. www.opalco.com/switch-it-up
You were allocated \$769.79 in Capital Credits for 2022.

Service Details

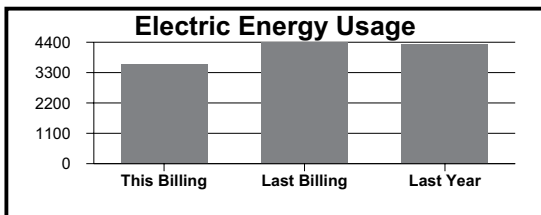
Loc 2023116-001	Service Add 7 DEYE LN	Desc UW MED ORCAS ISLAND CLINIC	RC 012
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Meter Reading Details Meter 76386094

Current Reading	06/10/23	13,429
Previous Reading	05/11/23	13,384
Total Usage(Mult: 80.000)		3,600
Days Served 30		
KW Current Reading	06/10/23	0.390
Total KW Usage		31.200
Total KW Demand(Mult: 80.000)		

Detail of Charges

Balance Into Billing		0.00
Service Access Charge		74.50
Energy Charge Adjustment		31.51
3600 kWh @ .00875		31.51
Energy Charges		387.00
3600 kWh @ .10750		387.00
Energy Assist Charge		3.02
3600 kWh @ .00084		3.02
KW Charges		135.72
31.20 0 KW @ 4.35		135.72
This Service		631.75
Sub-Total Amount Due		631.75



KWH & Cost Comparison	No. Days	Total KWH	KWH Per Day	Total Monthly Cost	Avg. Cost Per Day
Current Billing	30	3600	120	631.75	21.05
Last Billing	31	4400	141	555.06	17.90
This Billing Last Year	31	4320	139	567.23	18.29

Please Return This Stub With Your Payment
Please Do Not Staple, Paperclip, Or Tape

SJC PUBLIC HOSPITAL DIST #3
PO BOX 226
EASTSOUND WA 98245-0000

Account:	9911601
Statement Date:	06/15/2023
Total Due By 07/05/2023	631.75
DO NOT PAY -- AutoPay	

Initial any programs below to sign up.

_____ Pal Round-up or one-time donation \$ _____

Go paperless! Visit www.opalco.com to pay your bill online and sign up for eBill.

See reverse for more information.

Orcas Power & Light Cooperative
183 Mt Baker Rd
Eastsound WA 98245-9413

02



OPALCO is your member-owned electric cooperative - serving the San Juan Islands since 1937

Bill Payment:

Payments must be received by midnight Pacific Time on the due date indicated to avoid a penalty. If you are experiencing hardship and are having trouble paying your bill please contact a member service representative:

Office Locations:

Orcas Island
183 Mount Baker Road
Eastsound, WA 98245

Friday Harbor
1034 Guard Street
Friday Harbor, WA 98250

Office Hours: Monday - Friday, 8 am - 4:30 pm

(360) 376-3500

**Pay online 24/7 and track your energy usage on
Smarthub @ www.opalco.com**

OPALCO Energy Assistance Programs:

ENERGY ASSIST: Eligible low income households receive a monthly bill credit all year round. Find out more at www.opalco.com/energyassist.

PROJECT PAL: Grant for emergency assistance with your power bill one time each heating season. Visit www.opalco.com/projectpal.

Consider rounding up your bill each month to support ProjectPAL

Definition of terms from your bill:

Service Access Charge - A fixed monthly charge that reflects cost to have facilities in place and available for use. This monthly charge remains the same, regardless if electricity is used. The service access charge helps cover the cost of billing, maintenance and meters.

Energy Assist Program - All members contribute towards Energy Assist, which helps qualified low-income members.

kWh - Kilowatt-hour - standard measurement for electricity. One kWh equals 1000 watts of electricity used for 1 hour.

Demand Charge - The peak amount of power consumed in a rolling 15-minute period. Measured in kilowatts (kW), commercial accounts may be charged per kW for the peak during a billing cycle, or a flat rate (depending on the maximum). Residential accounts are charged a flat rate for the service (currently \$0.00).

Energy Charge Adjustment - An automated monthly recurring true-up (charge or credit) based on actual cost of power vs budget; it can also be invoked by the Board as a variable mechanism to balance the fluctuation in revenue on an as needed basis.



Reporting an outage?

Call (360) 376-3500 and press 1. You will be connected with our call center who logs our outages with the crew and facilitates a fast response time.

Check our website (www.opalco.com) and follow us Facebook and Twitter @OrcasPower for latest up-to-date information.



Orcas Power & Light Cooperative
183 Mt Baker Rd
Eastsound WA 98245-9413

For Billing Questions: **Member Services- Call (360) 376-3500**
Web www.opalco.com
Email info@opalco.com

Account Number 9911600

Statement Date 06/15/2023

Billing Summary

Balance From Last Billing	123.65
Payment Received 06/01/2023	123.65 CR
Balance Into Billing	0.00
New Bill 410 PRUNE ALLEY - UNIT B	92.98
Amount Due	92.98

1121 1 AV 0.471 5 1121
SJC PUBLIC HOSPITAL DIST #3 C-3
PO BOX 226
EASTSOUND WA 98245-0226



Messages

1 of 2

Balance will be paid by credit card on the 1st or next business day.
Summer is the perfect time to Switch It Up! Save now - pay later. www.opalco.com/switch-it-up
You were allocated \$130.35 in Capital Credits for 2022.

Service Details

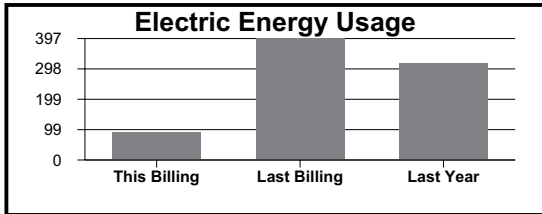
Loc 2023420-007	Service Add 410 PRUNE ALLEY - UNIT B	Desc UNIT B - OFFICE	RC 010
-----------------	--------------------------------------	----------------------	--------

Meter Reading Details Meter 104265539

Current Reading	06/10/23	30,914
Previous Reading	05/11/23	30,825
Total Usage		89
Days Served	30	
KW Current Reading	06/10/23	5.950
Total KW Usage		5.950

Detail of Charges

Balance Into Billing		0.00
Service Access Charge		74.50
Energy Charge Adjustment		0.78
89 kWh @ .00875		0.78
Energy Charges		10.55
89 kWh @ .11850		10.55
Energy Assist Charge		0.07
89 kWh @ .00084		0.07
Demand Charge		7.08
This Service		<u>92.98</u>
Sub-Total Amount Due		92.98



KWH & Cost Comparison	No. Days	Total KWH	KWH Per Day	Total Monthly Cost	Avg. Cost Per Day
Current Billing	30	89	2	92.98	3.09
Last Billing	31	397	12	123.65	3.98
This Billing Last Year	36	317	8	112.11	3.11

Please Return This Stub With Your Payment
Please Do Not Staple, Paperclip, Or Tape

SJC PUBLIC HOSPITAL DIST #3
PO BOX 226
EASTSOUND WA 98245-0000

Account: 9911600
Statement Date: 06/15/2023
Total Due By 07/05/2023 92.98

DO NOT PAY -- AutoPay

Initial any programs below to sign up.

Pal Round-up or one-time donation \$ _____
 Go paperless! Visit www.opalco.com to pay your bill online and sign up for eBill.

See reverse for more information.

Orcas Power & Light Cooperative
183 Mt Baker Rd
Eastsound WA 98245-9413



OPALCO is your member-owned electric cooperative - serving the San Juan Islands since 1937

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Office Locations:

Orcas Island
183 Mount Baker Road
Eastsound, WA 98245

Friday Harbor
1034 Guard Street
Friday Harbor, WA 98250

Office Hours: Monday - Friday, 8 am - 4:30 pm

(360) 376-3500

**Pay online 24/7 and track your energy usage on
Smarthub @ www.opalco.com**

OPALCO Energy Assistance Programs:

ENERGY ASSIST: Eligible low income households receive a monthly bill credit all year round. Find out more at www.opalco.com/energyassist.

PROJECT PAL: Grant for emergency assistance with your power bill one time each heating season. Visit www.opalco.com/projectpal.

Consider rounding up your bill each month to support ProjectPAL

Definition of terms from your bill:

Service Access Charge - A fixed monthly charge that reflects cost to have facilities in place and available for use. This monthly charge remains the same, regardless if electricity is used. The service access charge helps cover the cost of billing, maintenance and meters.

Energy Assist Program - All members contribute towards Energy Assist, which helps qualified low-income members.

kWh - Kilowatt-hour - standard measurement for electricity. One kWh equals 1000 watts of electricity used for 1 hour.

Demand Charge - The peak amount of power consumed in a rolling 15-minute period. Measured in kilowatts (kW), commercial accounts may be charged per kW for the peak during a billing cycle, or a flat rate (depending on the maximum). Residential accounts are charged a flat rate for the service (currently \$0.00).

Energy Charge Adjustment - An automated monthly recurring true-up (charge or credit) based on actual cost of power vs budget; it can also be invoked by the Board as a variable mechanism to balance the fluctuation in revenue on an as needed basis.

Reporting an outage?

Call (360) 376-3500 and press 1. You will be connected with our call center who logs our outages with the crew and facilitates a fast response time.

Check our website (www.opalco.com) and follow us Facebook and Twitter @OrcasPower for latest up-to-date information.

Eastsound Sewer and Water District
PO Box 640
Eastsound, WA 98245
Phone (360) 376-2720
Email: info@eswd.org

Pay Online Now!
<https://www.eswd.org/>
Pay By Phone: 855-380-0826



SAN JUAN COUNTY PUBLIC HEALTH DIST
ATTN: KIM KIMPLE
P.O. BOX 226
EASTSOUND, WA 98245



ACCOUNT STATEMENT

ACCOUNT INFORMATION

ACCOUNT: 0267
SERVICE ADDRESS: 7 DEYE LANE
SERVICE PERIOD: 06/01/2023 to 06/30/2023
BILLING DATE: 06/30/2023
DUE DATE: 07/28/2023
PHONE PAYMENT ID #: 265
PHONE PAYMENT PIN #: 6460

CURRENT ACTIVITY

Sewer \$103.94
Capital Improvement \$25.99
Capital Repairs \$8.25

MESSAGE

CONSTRUCTION HAS BEGUN ON THE TREATMENT PLANT EXPANSION. THERE MAY BE TIMES THAT THE OFFICE IS NOT ACCESSIBLE TO THE PUBLIC.

TOTAL CURRENT CHARGES \$138.18

ACCOUNT SUMMARY

PREVIOUS BALANCE \$138.18
PAYMENTS RECEIVED \$-138.18
ADJUSTMENTS \$0.00
BALANCE FORWARD \$0.00
NEW CHARGES \$138.18
AMOUNT DUE \$138.18
AMOUNT DUE AFTER 07/28/2023 \$152.00



PAYMENTS RECEIVED AFTER THE DUE DATE
WILL BE SUBJECT TO A LATE FEE

Payment Coupon

Return this stub in the envelope provided with a check payable to ESWD.

ACCOUNT INFORMATION

ACCOUNT: 0267
SERVICE ADDRESS: 7 DEYE LANE
BILLING DATE: 06/30/2023

DUE DATE

July 28, 2023

AMOUNT DUE

\$138.18

AMOUNT ENCLOSED



SAN JUAN COUNTY PUBLIC HEALTH DIST
ATTN: KIM KIMPLE
P.O. BOX 226
EASTSOUND, WA 98245

Eastsound Sewer and Water District
PO Box 640
Eastsound, WA 98245

Washington Alarm, Inc.

2030 Airport Way S
Seattle, WA 98134-1603
(206) 328-3288

Invoice

Invoice Number 586991	Date 07/01/2023
Customer Number 20220304	Terms Net 10

To: **Orcas Island Health Care District**
PO Box 226
EASTSOUND, WA 98245

Remit To: **Washington Alarm, Inc.**
2030 Airport Way South
Seattle, WA 98134-1603

[Click Here To Pay Online!](#)

Registration Code: **62D5A9**

Detach And Return Top Portion With Your Payment

Amount enclosed: _____ **Net Due: \$60.65**

Customer Name	Customer Number	PO Number	Invoice Date	Terms
Orcas Island Health Care District	20220304		07/01/2023	Net 10

Quantity	Description	Months	Rate	Amount
<i>3254956 - Combo-Security & Fire - Orcas Island Health Care District - Sec & Fire - 7 Deye Lane, Eastsound, WA</i>				
1.00	Recurring Fees - Monthly Billing 07/01/2023 - 07/31/2023	1.00	\$56.00	\$56.00
			Subtotal:	\$56.00
			Tax	\$4.65
			Payments/Credits Applied	\$0.00
			Invoice Balance Due:	\$60.65

Thank you for choosing Washington Alarm

Date	Invoice #	Description	Amount	Balance Due
7/1/2023	586991	Contracted Services	\$60.65	\$60.65

Washington Alarm, Inc.

2030 Airport Way S
Seattle, WA 98134-1603
(206) 328-3288



INVOICE

DocuSign Inc.
 221 Main St.,
 Suite 1550
 San Francisco, CA 94105

Invoice Date: 07/05/2023
 Invoice #: INV42287416
 Payment Terms: Due Upon Receipt
 Due Date: 07/05/2023
 Purchase Order #:
 Account Number: A01014681

Bill To: Orcas Island Health Care District
 chrisc@orcashealth.org
 Washington 98245
 United States

Ship To: Orcas Island Health Care District
 chrisc@orcashealth.org
 Washington 98245
 United States

Subscription	Item	Description	Service Period	Quantity	Unit Price	Tax Amount	Extended Price
A-S01013966	SKU-00000563	eSignature Business Pro Edition - Seat Subscription-Seats	07/05/2023-08/04/2023	2	65.00	10.79	130.00
Subtotal:							130.00
Tax*:							10.79
Total:							140.79
Currency:							USD

DO NOT REMIT PAYMENT

Account will be settled using your chosen payment method on file.

Tax*-Taxation based on 'Ship To' address information.

For additional information, including answers to frequently asked billing questions, please visit our Billing Support site at: <https://www.docusign.com/support>



INVOICE

PO Box 1130
Friday Harbor, WA 98250

Account Number: RI00018112
Invoice Number: INV-000442138
Date: 07/07/2023
Period:07/07-08/06/23
Payment Term: Due Upon Receipt
Invoice Status: **Open**

**Orcas Island Health Care District
P.O. Box 226**

Eastsound, WA 98245

Internet services are billed in advance
Please indicate your account number on any check/cash remittance sent to Rock Island
To setup/change automatic payment preferences for your account please contact us using the information provided below

SERVICE PLAN	SERVICE DESCRIPTION	SERVICE NOTES	RATE	TOTAL
RI Fiber 100Mbps Fulltime Monthly	Fiber internet service billed monthly for 100Mbps connection	410 Prune Alley, Ste. B	85.00	\$85.00
			Subtotal	\$85.00
			Sales tax	\$0.00
			Total	\$85.00
			Balance Due	\$85.00

CONTACT US

Phone 360-378-5884 ext 2
Email billing@rockisland.net
Website rockisland.com

REMIT PAYMENT TO:

Rock Island Communications
PO Box 1130
Friday Harbor, WA 98250

From: [Auto-Receipt](#)
To: [Chris Chord](#)
Subject: Transaction Receipt from FOXS BOXES LLC for \$270.75 (USD)
Date: Saturday, July 8, 2023 3:46:30 AM

Order Information

Description: Month to Month Box Rental, Delivery and Ferry
Invoice Number 782

Billing Information

Christopher Chord
superintendent@orcashealth.org

Shipping Information

Total: \$270.75 (USD)

Payment Information

Date/Time: 8-Jul-2023 3:46:23 PDT
Transaction ID: 64470587776
Payment Method: MasterCard xxxx2738
Transaction Type: Purchase
Auth Code: 662395

Merchant Contact Information

FOXES BOXES LLC
FRIDAY HARBOR, WA 98250
US
foxboxesji@gmail.com
Thank you so much for your business!



RESERVATION CONFIRMATION

Dear Chris Chord,

It is our pleasure to welcome you to Midtowner Motel at Lake Chelan, WA. Ensuring your comfort is our priority.

Please review the following reservation which has been confirmed on your behalf. If you have any questions or concerns please contact us at your earliest convenience at **509-682-4051** or email us at info@midtowner.com.

RESERVATION DETAILS

Reservation #:	754315	Number of Guest(s):	1 Adult(s), 0 Children
Guest Name:	Chris Chord	Guaranteed By:	Master Card
Arrival Date:	June 26, 2023	Deposit Received:	\$150.26
Departure Date:	June 28, 2023	Total Charges:	\$270.00
Number of Night(s):	2	Total Taxes:	\$30.52
Booked On:	May 24, 2023	Grand Total:	\$300.52

ROOM DETAILS

Room Booked:	Two Queen - 1 Room(s)
Rate Reserved:	Wa St Hosp Assn Monday, 06/26/2023 for 2 night(s): \$270.00

ENHANCEMENT DETAILS

BOOKING POLICIES

Cancellation Policy:	Our cancellation policy is 7 days prior to your arrival, unless your reservation was made more than 6 months in advance or is over a 3 day holiday weekend, which is 1 month prior to your arrival.
-----------------------------	---

Failure to notify Campbell's Resort within the specified time of cancellation will result in forfeiture of the deposit or a charge to the credit card.

Smoking/Vaping Policy:

We are a Smoke-Free/Vapor-Free Environment. This includes in your guest room. Washington State law requires that smoking occur at least 25 feet away from any entrance. A minimum \$200 recovery fee will be charged if evidence is found.

Pets Policy:

Pets are allowed in designated rooms only. There is a \$15 per night charge per pet, for up to 2 pets. Undeclared pets whether yours or a friends' visiting, discovered in any room will incur a minimum \$75 cleaning charge per night. Pets must be kept on a leash and are not allowed in pool area. Pets cannot be left unattended in the room at any time.

Check In:

Check in time is after 4:00pm.
If you will be arriving after 11:00pm, please contact the Office to make arrangements for check in.

Check Out:

Check out is by 11:00am.

Again, thank you for choosing Midtowner Motel in Lake Chelan, WA. Please do not hesitate to contact us at **509-682-4051** or email us at info@midtowner.com.

We look forward to having you as our guest.

Sincerely,
The Reservations Team

MIDTOWNER MOTEL

721 E. Woodin Avenue
Chelan, WA 98816

509-682-4051 | info@midtowner.com

© Midtowner Motel 2021

SJCPHD#3: Orcas Island Health Care District

2023 EMPLOYEE/COMMISSIONER CLAIM OF EXPENSE

Employee/Commissioner Name: Chris Chord
Expenses for the Month of: June
Purpose & Destination of Trip: AWPMD Annual Conference - Midtowner Motel, Chelan, WA

SUMMARY	
Meals	\$ 17.25
Lodging	\$ -
Mileage	\$ 305.23
Misc Expenses	\$ 10.06
Total	
	\$ 332.54
Less advanced, if any	\$ -
Due to Employee/Commissioner	\$ 332.54
Due to PHD	\$ -
Please submit within 15 days of expenditure	

SUPERINTENDENT TO COMPLETE THIS SECTION

Enter 17-digit BARS code below:	AMOUNT	Grant/Project	Expense String
6541.00.561.00.43.0020	332.54		
		<=Enter amt of advanced travel (SAN170)	

MEALS - Date and time of both departure and return must be entered - Itemized receipts required						
Date	Time Depart	Time Return	B'fast-up to \$16	Lunch - up to \$19	Dinner - up to \$29	TOTAL AMOUNT
28-Jun-23				\$ 17.25		\$ 17.25
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

LODGING	
Date	Lodging Amount

MILEAGE - .655/mile effective 01-01-2023			
Date	To - From	Miles	Miles x Rate
26-Jun-23	Orcas - Chelan	233	\$ 152.62
28-Jun-23	Chelan - Orcas	233	\$ 152.62
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -

Date	MISCELLANEOUS EXPENSES - DESCRIPTION	AMOUNT
28-Jun-23	1x Punch on 10 WSDOT Ana-Orc Ferry Commuter Ride Card	\$ 10.06

CERTIFICATION

I hold the position of Superintendent and am submitting an itemized account totaling: 332.54 Dollars. I hereby affirm that the foregoing account is accurate and true; that I have not received any reimbursement, payment or rebate of any kind for any of the itemized expenses; and that the expenses charged were actually and necessarily incurred in the course of OIHCD business and paid by me in lawful money.

SUBMITTED BY:

Chris Chord 07/10/2023

Signature Date

APPROVED BY:

Peggy A. Groundwater 7/11/2023

OIHCD Auditing Officer Date

APR06#BC70C3#R0... OIHCD Auditing Officer Date



Eastsound Water UA

286 Enchanted Forest Road | PO Box 115
 Eastsound, WA 98245

(360) 376-2127
info@eastsoundwater.org
 Office hours are Monday - Friday 9:00am - 5:00pm

[Remove Account](#)

Have your bill paid automatically each month with Xpress Bill Pay's hassle-free Auto Pay feature.

Billing Address

SJC PUBLIC HOSPITAL DISTRICT 3
 PO BOX 226
 EASTSOUND, WA 98245-

Service Address

7 DEYE LN
 EASTSOUND WA 98245

Account Information

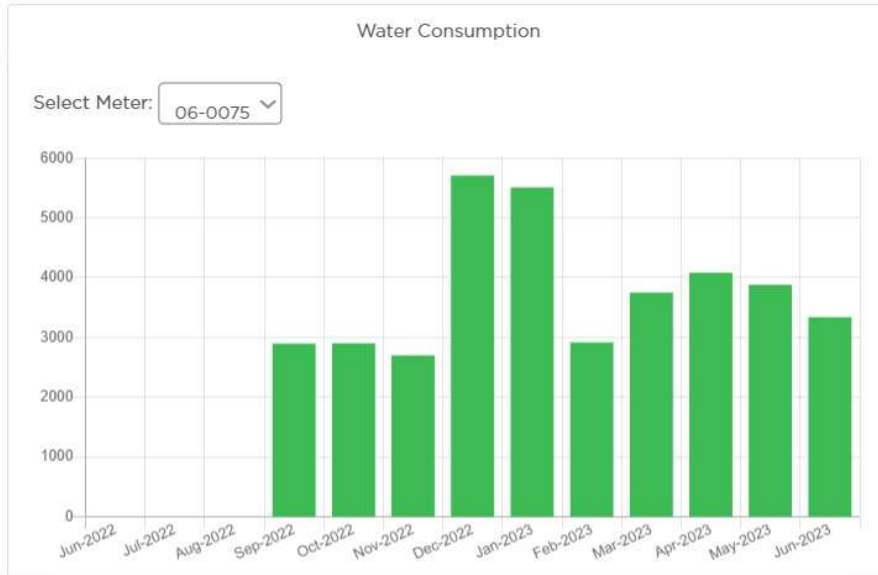
Account Number 10797.01
 Billing Period End 06/30/2023
 Account Type Utility
 Due Date 07/31/2023
 Select Billing Period 6/30/2023

DESCRIPTION	PREV READ DATE	READ DATE	METER	PREV READING	PRESENT READING	TOTAL USAGE
Water Consumption	06/01/2023	06/30/2023	06-0075	303596	306930	3334

Total Charges

Water Consumption	\$26.67
Water Base	\$69.94
Statement Charges	\$96.61
Amount Due	\$96.61

Previous Payment Date 06/19/2023
 Previous Payment Amount \$100.98



The information displayed here is provided by Eastsound Water UA. If there is a discrepancy, please contact Eastsound Water UA. Please note that this bill is only displaying payments made on or after 07/01/2023. Payments made directly to Eastsound Water may or may not be displayed here.



Eastsound Water UA

286 Enchanted Forest Road | PO Box 115
Eastsound, WA 98245

(360) 376-2127
info@eastsoundwater.org
Office hours are Monday - Friday 9:00am - 5:00pm

[Remove Account](#)

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Billing Address

SJC PUBLIC HOSPITAL DISTRICT 3
PO BOX 226
EASTSOUND, WA 98245-

Service Address

PARCEL DEYE LN.
EASTSOUND WA 98245

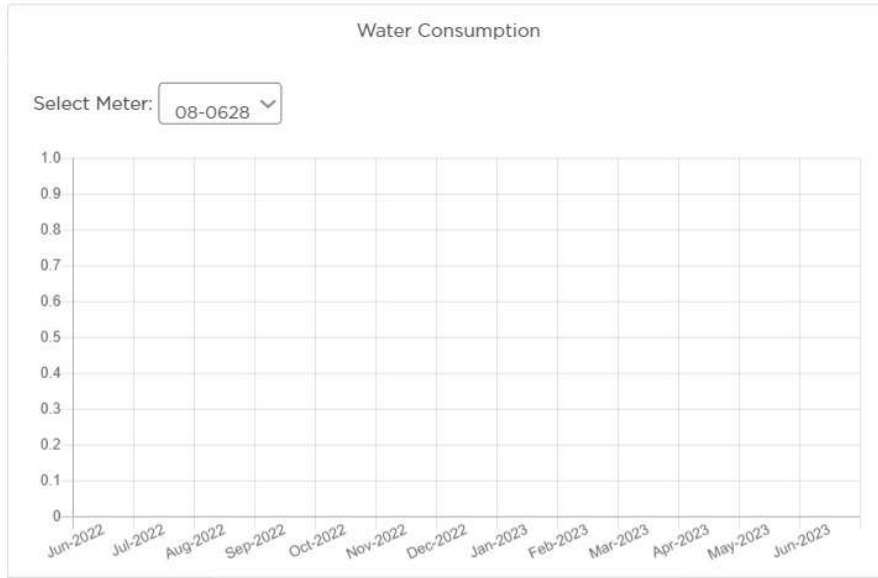
Account Information

Account Number	10798.01
Billing Period End	06/30/2023
Account Type	Utility
Due Date	07/31/2023
Select Billing Period	6/30/2023

Previous Payment Date	06/19/2023
Previous Payment Amount	\$45.00

Total Charges

Water Base	\$45.00
Statement Charges	\$45.00
Amount Due	\$45.00



The information displayed here is provided by Eastsound Water UA. If there is a discrepancy, please contact Eastsound Water UA. Please note that this bill is only displaying payments made on or after 07/01/2023. Payments made directly to Eastsound Water may or may not be displayed here.

From: [Chris Chord](#)
To: [Ellen Fraser](#)
Subject: Fwd: MAY INVOICE
Date: Monday, July 3, 2023 9:45:38 PM

I think we may have missed this last month.

Chris Chord
Superintendent
Orcas Island Health Care District
San Juan County Public Hospital District #3
C: (360) 317-3545
superintendent@orcashealth.org
www.orcashealth.org

From: Ismael GGarcia <ismaelorcasisland@gmail.com>
Sent: Wednesday, June 14, 2023 6:38:14 PM
To: Chris Chord <ChrisC@orcashealth.org>
Subject: MAY INVOICE

Propertymaintenance
Weed-eaters
Weeding
Rake clean up
Blowing
Bark mulch for gardens
05/06/23 2 Wkrs 16:00
05/28/23 2 Wkrs 16:00
Total hours 32:00

Labor	1,760.00
Tax	146.08
8 Yds Bark mulch And delivery.	720.00

Total \$=	2,626.08

Please send me a check to
CHIHUAHUA TEAM Services LLC
71 Bartel rd
Eastsound wa
98245
Thank you



NW Technology LLC
 5160 Industrial PL
 Suite 104
 Ferndale, WA 98248
 (360) 384-6987

Bill To:
Orcas Island Health Care District Attn: Chris Chord PO Box 226 Eastsound, WA 98245 United States

Date	Invoice
07/01/2023	50750
Account	
Orcas Island Health Care District	

Terms	Due Date	PO Number	Reference
Net 15 days	07/16/2023		Monthly Billing for July

Managed Services Details	Quantity	Price	Amount
Managed Services Agreement: Monthly Services			
Office 365 Agreement: Office365-orcashealth			
Microsoft 365 Business Standard / Exchange (50GB per mailbox) / Office Standard / Lync / Sharepoint / User-PerMonth	7.00	\$13.50	\$94.50
Help Desk Agreement: HelpDeskAgreement-OrcasHealth			
Unlimited Help Desk \ Basic Monitoring \ Software Update Services \ Projects, On-Site Visits and items outside of the agreement billed as time and material.	7.00	\$15.00	\$105.00
Escalation Comprehensive Agreement: EscalationCompAgreement-OrcasHealth			
Unlimited Escalation a Month \ Antivirus \ Network Monitoring \ Advance Server Monitoring \ IT Project Manager Assigned \ Training Services	7.00	\$15.00	\$105.00
Total Managed Services Details:			\$304.50

Beginning August 1, 2022, NW Technology will be charging a 3.0% transaction fee to all Credit Card payment. Fee will be added at the time of payment. Make checks payable to NW Technology LLC	Invoice Subtotal:	\$304.50
	Sales Tax:	\$26.80
	Invoice Total:	\$331.30
	Payments:	\$0.00
	Credits:	\$0.00
	Balance Due:	\$331.30

Thank you for your business!
 All invoices due over 30 days are subject to 18% finance charge.

From: [Chris Chord](#)
To: [Ellen Fraser](#)
Subject: Fwd: June INVOICE
Date: Monday, July 3, 2023 9:43:00 PM

Chris Chord
Superintendent
Orcas Island Health Care District
San Juan County Public Hospital District #3
C: (360) 317-3545
superintendent@orcashealth.org
www.orcashealth.org

From: Ismael GGarcia <ismaelorcasisland@gmail.com>
Sent: Monday, July 3, 2023 11:40:27 PM
To: Chris Chord <ChrisC@orcashealth.org>
Subject: June INVOICE

Clinic
Property maintenance
Mowing
Weedwhakers
Weeding
Rake clean up
Blowing

06/10/23 2 Wkrs 16:00
06/24/23 2 Wkrs 16:00

Total hours 32:00

Labor 1,760.00
Tax 146.08

Total \$= 1,906.08

Please send me a check to
CHIHUAHUA TEAM Services LLC
71 Bartel rd
Eastsound wa
98245
Thank you