	d Health Care District Fund# 6541.00								
Date:	12/31/2024	4						Page 1 of 1	
nvoice #	Description	Inv. Date	Vendor #	Vendor Name	Αmoι	unt	Grant /Level	Bars #	109
126948	CSD Attorneys	11/30/2024	chm100	CSD Attorneys at Law		1,248.00		6541.00.561.00.41.0030	
6436	Clinic landscaping	12/3/2024	nun155	Nunez Services LLC	\$	710.02		6541.00.561.00.48.0020	
20241231	Accounting transition - Jan	12/15/2024	bus001	Business Supply Services NW		3,000.00		6541.00.561.00.41.0020	
12202024	Caulk - closet repair	12/15/2024	isl730	Island Hardware	\$	15.59		6541.00.561.00.48.0010	
				TOTAL THIS PAGE	ć	4,973.61	1		
				TOTAL THIS FAGE	ې	4,973.01			
	am authorized to authenticate and certify to said	claim.	(Li l	'As			12/30/202	24	
			Chris Chord,	Superintendent	th Care D		Date		im
·	do hereby certify under penalty of perjury that th		Chris Chord,	Superintendent	th Care D	istrict, and	Date	horized to certify to said cla	im.
			Chris Chord, , due and un David	Superintendent paid obligation against the Orcas Island Healt	th Care D	istrict, and	 Date d that I am aut	horized to certify to said cla	im.
the undersigned,	do hereby certify under penalty of perjury that th		Chris Chord, , due and un David	Superintendent paid obligation against the Orcas Island Healt	th Care D	istrict, and	 Date 1 that I am aut 12/30/20	horized to certify to said cla	im.
the undersigned, Board Authoriz	do hereby certify under penalty of perjury that the certify and the certify an	ne claim is a just	Chris Chord, , due and un David Zoelle	Superintendent paid obligation against the Orcas Island Healt <i>Housean</i> r, Auditing Officer	th Care D	istrict, and	 Date 1 that I am aut 12/30/20	horized to certify to said cla	im.
the undersigned, Board Authoriz attest that the du	do hereby certify under penalty of perjury that th	ne claim is a just, claims listed abo	Chris Chord, , due and un David Zoelle	Superintendent paid obligation against the Orcas Island Healt <i>Housean</i> r, Auditing Officer	th Care D	istrict, and	 Date 1 that I am aut 12/30/20	horized to certify to said cla	im.
the undersigned, Board Authoriz attest that the du	do hereby certify under penalty of perjury that th <b>ration</b> Iy elected board for the OIHCD has reviewed the o	ne claim is a just, claims listed abo	Chris Chord, , due and un David Zoelle	Superintendent paid obligation against the Orcas Island Healt <i>Housean</i> r, Auditing Officer	th Care D	istrict, and	 Date 1 that I am aut 12/30/20	horized to certify to said cla	im.

aplnAinv 12/30/2024	4:25:44	PM			Accounting Report an Juan County			Page: 1
Invoice #: Vendo	12202024 or #: isl73		Invoice Date: Name:	12/30/2024 ISLAND HARDWA	<b>Doc Date:</b> 12/30/2024 RE & SUPPLY	<b>Due Date:</b> 01/01/2025 <b>Type:</b> in		
	Line No	Line Description			Account Number		Amount	PO Number
-	1	Caulk - closet repai	r		E 6541.00.561.00.48.0010		15.59	
Invoice #: Vendo	126948 <b>r #:</b> chm <sup>-</sup>		Invoice Date: Name:	12/30/2024 CSD ATTORNEYS	<b>Doc Date:</b> 12/30/2024 AT LAW	<b>Due Date:</b> 01/01/2025 <b>Type:</b> in		
	Line No	Line Description			Account Number		Amount	PO Number
-	1	CSD Attorneys			E 6541.00.561.00.41.0030		1,248.00	
	2024123 <i>°</i> r <b>#:</b> bus0		Invoice Date: Name:		<b>Doc Date:</b> 12/30/2024 DRT SERVICES NW	<b>Due Date:</b> 01/01/2025 <b>Type:</b> in		
	Line No	Line Description			Account Number		Amount	PO Number
-	1	Accounting transition	on - January		E 6541.00.561.00.41.0020		3,000.00	
Invoice #: Vendo	3436 r#: nun1		Invoice Date: Name:	12/30/2024 NUNEZ SERVICES	<b>Doc Date:</b> 12/30/2024 S LLC	<b>Due Date:</b> 01/01/2025 <b>Type:</b> in		
_	Line No	Line Description			Account Number		Amount	PO Number
	1	Clinic landscaping			E 6541.00.561.00.48.0020		710.02	
						Grand Total:	4,973.61	