

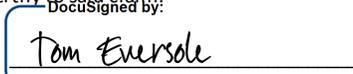
**CLAIMS PAYMENT REQUEST**

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	
<b>TOTAL THIS PAGE</b>					<b>\$ 3,506.70</b>			

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 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.**

Invoice Accounting Report by Vendor Name  
San Juan County

Vendor Number: hea195

Name: HEALTH CARE AUTHORITY

Invoice Number

Line No Line Description

Account Number

Amount Type

900 D71

1 Benefits - 8/26/22

E 6541.00.561.00.20.0006

3,167.43 In

Vendor Number: nwt155

Name: NW TECHNOLOGY SOLUTIONS, LLC

Invoice Number

Line No Line Description

Account Number

Amount Type

47161

1 Tech services 9/1/22

E 6541.00.561.00.41.0040

328.03 In

Vendor Number: sta888

Name: ST. WA DEPT OF REVENUE

Invoice Number

Line No Line Description

Account Number

Amount Type

604-401-665

1 Q2 Leasehold tax 604-401-665

E 6541.00.589.30.00.0000

11.24 In

Grand Total: 3,506.70

HEA195

REPORT NO: HRISDB5325-R01

STATE OF WASHINGTON  
HEALTH CARE AUTHORITY  
INSURANCE STATEMENT BY AGENCY

RUN DATE: 08/26/2022

SAN JUAN COUNTY PUBLIC H  
KIMBERLY KIMPLE  
PO BOX 226  
EASTSOUND WA 98245

ACCOUNT# : 900 D71  
INVOICE MONTH : 09/2022  
AMOUNT DUE : \$ 3,167.43  
FILE ID : P202209  
DUE DATE : 09/20/2022

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THIS REMITTANCE SLIP MUST BE RETURNED WITH YOUR PAYMENT BY THE DUE DATE ABOVE TO ENSURE ACCURATE PROCESSING OF YOUR PAYMENT.

SEND PAYMENTS TO:

SEND INQUIRES TO:

HEALTH CARE AUTHORITY  
P.O. BOX 84265  
SEATTLE, WA 98124-5565

HEALTH CARE AUTHORITY  
P.O. BOX 42684  
OLYMPIA, WA 98504-2684

900D71 0922 000316743



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

<b>Bill To:</b>
Orcas Island Health Care District Attn: Kimberly Kimple PO Box 226 Eastsound, WA 98245 United States

<b>Date</b>	<b>Invoice</b>
09/01/2022	47161
<b>Account</b>	
Orcas Island Health Care District	

<b>Terms</b>	<b>Due Date</b>	<b>PO Number</b>	<b>Reference</b>
Net 15 days	09/16/2022		Monthly Billing for September

Managed Services Details	Quantity	Price	Amount
<b>Managed Services Agreement: Monthly Services</b>			
<b>Office 365 Agreement: Office365-orcashealth</b>			
Microsoft 365 Business Standard / Exchange (50GB per mailbox) / Office Standard / Lync / Sharepoint / User-PerMonth	7.00	\$12.50	\$87.50
Previously named Skype for Business PSTN Conferencing for Skype for Business customers.	1.00	\$4.00	\$4.00
<b>Help Desk Agreement: HelpDeskAgreement-OrcasHealth</b>			
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
<b>Escalation Comprehensive Agreement: EscalationCompAgreement-OrcasHealth</b>			
Unlimited Escalation a Month \ Antivirus \ Network Monitoring \ Advance Server Monitoring \ IT Project Manager Assigned \ Training Services	7.00	\$15.00	\$105.00
<b>Total Managed Services Details:</b>			<b>\$301.50</b>
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	<b>Invoice Subtotal:</b>		\$301.50
	<b>Sales Tax:</b>		\$26.53
	<b>Invoice Total:</b>		\$328.03
	<b>Payments:</b>		\$0.00
	<b>Credits:</b>		\$0.00
	<b>Balance Due:</b>		\$328.03

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



STATE OF WASHINGTON  
DEPARTMENT OF REVENUE

sta 888

## Washington State Department of Revenue Leasehold Tax Return

**Account ID:** 604-401-665  
**Name:** SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT #3

**Filing:** Quarterly  
**Filing Period:** Jun-30-2022  
**Due Date:** Aug-01-2022  
**Date Received:** Aug-30-2022

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### Return Summary

**Total Tax Due:** \$11.24  
**Total Amount Due:** -\$1,028.80

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### Return Detail

#### Regular Lessee

Lease Number	Lessee Name	Location Code	Tax Code Area	Other	Taxable Rent Due	Tax Rate	Tax Due
	UW NEIGHBORHOOD CLINIC	2800 - SAN JUAN COUNTY	0374		\$0.00	0.1284	\$0.00
	ISLAND HOSPITAL	2800 - SAN JUAN COUNTY	0374		\$87.50	0.1284	\$11.24
	ISLAND HOSPITAL	2800 - SAN JUAN COUNTY	0374		\$0.00	0.1284	\$0.00
	Island Health - Primary Care Orcas	2800 - SAN JUAN COUNTY	0374		\$0.00	0.1284	\$0.00
							<b>\$11.24</b>

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### Additional Information

**Confirmation Number:** 0-028-564-370  
**Prepared By:** Kimberley Kniple  
**Phone Number:** (360) 298-4465  
**Email:** kimk@orcashealth.org