CLAIMS PAYMENT REQUEST	JEST						
FROM: Orcas Island Health Care District	are District	Fund# 6541.00	11.00				
Date: 12	12/26/2021					Page 1 of 1	
Invoice # Description	ition Inv. Date	Date Vendor#	# Vendor Name				
14 Building Landscape			Chihuahua Team - Oct Ian	100 002\$	Grant /Level Bars #		1099
				\$58.30		6541 00 561 00 10 0020	
	nts 12/23/2021			\$2.250.00		6541.00.561.00.48.0020	
	urance 12/23/2021	2021 lop559	Lopez Island Hospital District - Dec PEBB premium	\$500.00		6541.00.561.00.45.0000	
857417 Legal Services	ces 12/14/2021			\$329.00		6541 00 561 00 41 0030	
						000.11.00.001	
		-					
			TOTAL THIS PAGE	\$ 3,857.32			
I, the undersigned, do hereby certify under penalty of perjury that the materials have been for single and payable pursuant to a contract or is available as an option for full or partial fulfillm is due and payable pursuant to a contract or is available as an option for full or partial fulfillm is due to the materials have been for some support of the materials have been for its due to the materials have	ertify under pe a contract or is that I am autho	nalty of perjury available as an rized to authen	l, 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.	oor performed as the claim is a jus	s described he	rein, that any advance payme paid obligation against the Orc	nt nt
		Anne Presson	ressort	12/	12/26/2021		
I, the undersigned, do hereby c said claim.	ertify under per	Anne L. Pressonalty of perjury that	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.	D; Dd Health Care D	Date District, and tha	it I am authorized to certify to	
		Richard Fralick	Fralick	12/	12/27/2021		
		Patty Miller	Patty Miller or Richard Fralick, Auditing Officer	D I	Date		
Board Authorization As the duly elected board for the OIHCD we have reviewed the claims listed above (inclu \$3857.32 for the period ending 12-31-21. We approve payment with our signatures below.	e OIHCD we hav 2-31-21. We ap	/e reviewed the oprove payment	Board Authorization As the duly elected board for the OIHCD we have reviewed the claims listed above (including original backup materials) totaling \$3857.32 for the period ending 12-31-21. We approve payment with our signatures below.				
Art Lange, Commissioner	Date		Pegi Groundwater, Commissioner	Date			
Diane Boteler, Commissioner	Date	J	Richard Fralick, Commissioner	Date			
Patty Miller, Commissioner	Date						
Note: It is the DISTRICTS	* responsibility	to maintain ad	Note: It is the DISTRICTS' responsibility to maintain adequate, original, records to substantiate these claims.				