SAN JUAN COUNTY
Auditor's Office

JUNIOR TAXING DISTRICT
CLAIMS PAYMENT REQUEST FORM

Junior taxing districts (JTD) must complete this form to request claims payments for all accounts payable and payroll disbursements.
NOTE: It is the district's responsibility to maintain adequate records to substantiate claims.
Submit completed form to San Juan County Payroll Deputy by 10:00 A.M. on Tuesday morning.

Date of request: October 27, 2026

District name: Orcas Island Health Care District

Requestor name: Chris Chord

Requestor phone & email address: 360-317-3545, chrisc@orcashealth.org

Total amount: $11,178.20

BARS code: 6541 .00.589.40.00.0000

Request type: Accounts Payable Warrants

Description of claim(s):

OIHCD AP, October 27, 2026

Last four digits of bank account (EFT's ONLY): N/A

Warrant delivery: SJC mail warrants to vendor(s) (JTD must provide remittances)

Auditing Officer Certification:
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.

Auditing Officer or Commissioner Signature(s) for Approval of Claims:

Name and title	
Chris Chord	Superintendent
Signature and date	
Chris Chord (Oct 25, 2026 11:24:19 PDT)	Oct 25, 2026

Name and title	
Trey Holland	Auditing Officer
Signature and date	
Trey Holland (Oct 26, 2026 11:49:29 PDT)	Oct 26, 2026

Name and title
Signature and date

Name and title
Signature and date

Name and title
Signature and date

Name and title
Signature and date

Invoice Accounting Report

San Juan County

Invoice #: 139743 **Invoice Date:** 10/27/2026 **Doc Date:** 10/24/2026 **Due Date:** 10/28/2026
Vendor #: j00342 **Name:** CSD ATTORNEYS AT LAW **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	CSD Attorneys, Sept 2026	E 6541.00.589.40.00.0000	2,520.00	

Invoice #: 144536 **Invoice Date:** 10/27/2026 **Doc Date:** 10/24/2026 **Due Date:** 10/28/2026
Vendor #: j00383 **Name:** PFM FINANCIAL ADVISORS LLC **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Financial advisors	E 6541.00.589.40.00.0000	1,141.25	

Invoice #: 1550 **Invoice Date:** 10/27/2026 **Doc Date:** 10/24/2026 **Due Date:** 10/28/2026
Vendor #: orc170 **Name:** ORCAS COMMUNITY RESOURCE **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	OCRC Med travel, Sept 2026	E 6541.00.589.40.00.0000	1,725.97	

Invoice #: 1551 **Invoice Date:** 10/27/2026 **Doc Date:** 10/24/2026 **Due Date:** 10/28/2026
Vendor #: orc170 **Name:** ORCAS COMMUNITY RESOURCE **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	OCRC med support, Sept 2026	E 6541.00.589.40.00.0000	59.94	

Invoice #: 20261015 **Invoice Date:** 10/27/2026 **Doc Date:** 10/24/2026 **Due Date:** 10/28/2026
Vendor #: j00415 **Name:** ORCAS ISLAND PHYSICAL THERAPY **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Physical therapy support Jan-July 2026	E 6541.00.589.40.00.0000	4,741.04	

Invoice #: 3527 **Invoice Date:** 10/27/2026 **Doc Date:** 10/24/2026 **Due Date:** 10/28/2026
Vendor #: nex654 **Name:** NEXCO INC. **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Airport Center rent, Nov 2026	E 6541.00.589.40.00.0000	990.00	

Grand Total: 11,178.20