CLAIMS PAYMENT REQUEST	NT REQUEST							
FROM: Orcas Islan	FROM: Orcas Island Health Care District		Fund# 6541.00					
Date:	9/12/2018						Page 1 of 1	
invoice #	Description	Inv. Date	Vendor#	Vendor Name	Amount	Grant /Level Bars #	Bars#	1099
IN-0556	Advertisement	9/11/2018	por500	Orcas Issues - Sept ads for Town Hall meetings	\$ 150.00	-	6541.00.561.00.41.0060	
33260	Technology Services	9/1/2018	nwt155	NW Technology - Sept monthly billing	\$ 277.19		6541.00.561.00.41.0040	
APRS018-02	Election	6/27/2018	san125	∙ <del>Sp</del> ecial-Election-Costs-April-24 <del>,</del> 2018	\$29,706.14		6541.00.561.00.51.0000	
R19-653-1	Insurance	9/11/2018	nwt155	Enduris - FY 19 Annual Premium	\$ 2,824.00		6541.00.561.00.46.000	
839	Meeting	9/11/2018	orc900	Orcas Village Store - lunch for UWNC meeting	\$ 116.65		6541.00.561.00.49.0001	
9217	Printing	9/4/2018	pre159	Anne Presson - exp reimb for Town Hall flyers printed	\$ 22.15		6541.00.561.00.49.0000	
				TOTAL THIS PAGE	\$33,096,13			
I, the undersigned,	do hereby certify u	nder penalty	of perjury tha	l, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the	e labor perfor	med as describ	abor performed as described herein, that any advance payment is	yment is
Island Health Care	District, and that I a	n authorized /	to authenticate	Island Health Care District, and that I am authorized to authenticate and certify to said claim.	^	8,210		
		-6	Anne L. Press	Anne L. Presson, Superintendent		Date		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
I, the undersigned, claim.	do hereby certify und	er penalty of	perjury that the	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.	and Health Car	re District, and t	hat I am authorized to certify to	said
	Ą		of atte	Jost Willes	^	91516		
		_	any milion of	Lary miles of Executive Family, Fadining Offices		Č		
Board Authorization As the duly elected board for the sages 13 for the period ending	ation board for this distrieriod ending	ct we have re	viewed the c	Board Authorization As the duly elected board for this district we have reviewed the claims listed above(including original backup materials) totaling same 13 for the period ending We approve payment with our signatures below.				
Art Lange, Commissioner		Date	<b></b>	Pegi Groundwater, Commissioner	Date			
	1		11					
Date Commissioner	<u>خ</u>		,	Niciala Flatica, Colliniasional	6			
Patty Miller, Commissioner		Date						
Note: It is the	BISTRICTS' response	nsibility to n	naintain ade	Note: It is the DISTRICTS' responsibility to maintain adequate, original, records to substantiate these claims.				-