

**CLAIMS PAYMENT REQUEST**

FROM: Orcas Island Health Care District

Fund# 6541.00


Date: 6/18/2024

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Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
10797.01	Water Sewer, EWUA, Deye Ln	5/31/2024	eas350	EWUA	\$ 90.04		6541.00.561.00.47.0010	
10798.01	Water Sewer, EWUA, Deye Parcel	5/31/2024	eas350	EWUA	\$ 50.00		6541.00.561.00.47.0010	
16411	X-ray maintenance	6/11/2024	shi001	Shimadzu Medical Systems USA	\$ 5,013.50		6541.00.561.00.48.0300	
5947	Clinic landscaping	6/12/2024	nun155	Nunez Services LLC	\$ 303.52		6541.00.561.00.48.0020	
5948	Clinic landscaping	6/12/2024	nun155	Nunez Services LLC	\$ 303.52		6541.00.561.00.48.0020	

TOTAL THIS PAGE \$ 5,760.58

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.

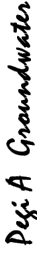


Chris Chord, Superintendent

06/17/2024

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.



Pegi Groundwater, Auditing Officer

6/17/2024

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.

Mark Salierno, Commissioner/Board Secretary

Date

**Note: It is the DISTRICTS' responsibility to maintain adequate, original, records to substantiate these claims.**

apInAinv  
06/17/2024 11:05:08AMInvoice Accounting Report  
San Juan County

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**Invoice #:** 10797.01      **Invoice Date:** 06/17/2024      **Doc Date:** 06/17/2024      **Due Date:** 06/18/2024  
**Vendor #:** eas350      **Name:** EASTSOUND WATER USERS ASSN      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Water Sewer, EWUA, Deye Lane	E 6541.00.561.00.47.0010	90.04	

**Invoice #:** 10798.01      **Invoice Date:** 06/17/2024      **Doc Date:** 06/17/2024      **Due Date:** 06/18/2024  
**Vendor #:** eas350      **Name:** EASTSOUND WATER USERS ASSN      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Water Sewer, EWUA, Deye Parcel	E 6541.00.561.00.47.0010	50.00	

**Invoice #:** 16411      **Invoice Date:** 06/17/2024      **Doc Date:** 06/17/2024      **Due Date:** 06/17/2024  
**Vendor #:** shi001      **Name:** SHIMADZU MEDICAL SYSTEMS USA      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	X-ray maintenance	E 6541.00.561.00.48.0300	5,013.50	

**Invoice #:** 5947      **Invoice Date:** 06/17/2024      **Doc Date:** 06/17/2024      **Due Date:** 06/17/2024  
**Vendor #:** nun155      **Name:** NUNEZ SERVICES LLC      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Clinic landscaping	E 6541.00.561.00.48.0020	303.52	

**Invoice #:** 5948      **Invoice Date:** 06/17/2024      **Doc Date:** 06/17/2024      **Due Date:** 06/17/2024  
**Vendor #:** nun155      **Name:** NUNEZ SERVICES LLC      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Clinic landscaping	E 6541.00.561.00.48.0020	303.52	

**Grand Total:** 5,760.58

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