

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District

Fund# 6541.00

Date:

7/2/2024

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Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
400	Adobe Acrobat	6/11/2024	ban155	Banner Bank	\$ 52.01		6541.00.561.00.31.0002	
400	Fox's Boxes clinic storage	6/8/2024	ban155	Banner Bank	\$ 271.00		6541.00.561.00.41.0070	
400	OPALCO - clinic	5/15/2024	ban155	Banner Bank	\$ 669.19		6541.00.561.00.47.0010	
400	OPALCO - district office	5/15/2024	ban155	Banner Bank	\$ 114.14		6541.00.561.00.47.0011	
400	Rock Island - June 2024	6/7/2024	ban155	Banner Bank	\$ 85.00		6541.00.561.00.42.0020	
400	T-Mobile - May 2024	6/20/2024	ban155	Banner Bank	\$ 109.51		6541.00.561.00.42.0020	
400	Washington Alarm - June 2024	7/1/2024	ban155	Banner Bank	\$ 66.77		6541.00.561.00.31.0002	
400	Docusign annual fee	6/5/2024	ban155	Banner Bank	\$ 650.40		6541.00.561.00.31.0002	
400	Docusign refund 1 seat	6/16/2024	ban155	Banner Bank	\$ (325.20)		6541.00.561.00.31.0002	
400	Eastsound Sewer & Water District	5/30/2024	ban155	Banner Bank	\$ 148.27		6541.00.561.00.47.0010	
400	AWPHD Conference travel - lunch	6/25/2024	ban155	Banner Bank	\$ 25.66		6541.00.561.00.43.0020	
400	AWPHD Conference registration	6/6/2024	ban155	Banner Bank	\$ 1,098.00		6541.00.561.00.43.0010	
400	AWPHD Conference accommodation	6/22/2024	ban155	Banner Bank	\$ 403.77		6541.00.561.00.43.0020	
400	AWPHD Conference travel - parking	6/24/2024	ban155	Banner Bank	\$ 4.05		6541.00.561.00.43.0020	
6202024	Hazardous waste unit	6/20/2024	isi730	Island Hardware	\$ 97.18		6541.00.561.00.48.0010	
6007	Clinic landscaping	6/18/2024	num155	Nunez Services LLC	\$ 1,149.04		6541.00.561.00.48.0020	
20240715	Island Health, operations fee	7/15/2024	isi726	Skagit County Public Hospital District #2	\$ 511,000.00		6541.00.561.00.41.0003	

TOTAL THIS PAGE

\$ 515,618.79

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

Date

07/01/2024

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

Date

7/1/2024

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.