

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 8/16/22

Page 1 of 1

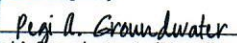
Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
400	OPALCO - Power	7/31/22	ban155	Banner Bank - OPALCO district	\$112.11		6541.00.561.00.47.0011	
400	OPALCO - Power	7/31/22	ban155	Banner Bank - OPALCO Deye	\$567.23		6541.00.561.00.47.0010	
400	Tmobile	7/31/22	ban155	Banner Bank - Tmobile	\$114.91		6541.00.561.00.42.0020	
400	Building maintenance supply	7/5/22	ban155	Banner Bank - My Door Sign	\$37.29		6541.00.561.00.31.0001	
267	Sewer - Deye Ln	7/31/22	eas310	Eastsound Sewer Water District	\$128.70		6541.00.561.00.47.0010	
08-0628	Water- Deye Ln parcel 7/1-8/1	8/1/22	eas350	Eastsound Water Users Assoc	\$41.00		6541.00.561.00.47.0010	
06-0075	Water- Deye Ln build 7/1-8/1	8/1/22	eas350	Eastsound Water Users Assoc	\$51.83		6541.00.561.00.47.0010	
R23-653-1	Insurance	7/29/22	end225	Enduris	\$3,030.00		6541.00.561.00.46.0002	
20220723	Landscaping service	7/23/22	gao155	Chihuahua Team Services	\$800.00		6541.00.561.00.48.0020	
20220723	Landscaping service	7/23/22	gao155	Chihuahua Team Services	\$66.40		6541.00.561.00.48.0020	
5546	Contractor - Strategic planning	8/8/22	hea555	Health Facilities Planning & Dev	\$6,269.20		6541.00.561.00.41.0050	
20220711	Reimbursement - printing	7/11/22	mad159	Kimberley Kimple	\$26.43		6541.00.561.00.49.0000	
46705	Technology Services	8/10/22	nwt155	Northwest Technology	\$328.03		6541.00.561.00.41.0040	
18112	Internet service	8/7/22	roc201	Rock Island	\$85.00		6541.00.561.00.42.0020	
03603	Accounting Services 22Q1	8/5/22	san180	San Juan County	\$336.05		6541.00.561.00.41.0020	
4927	Building Maintenance	8/4/22	san246	San Juan Pest Control	\$275.00		6541.00.561.00.48.0010	
4927	Tax - Building Maintenance	8/4/22	san246	San Juan Pest Control	\$22.83		6541.00.561.00.48.0010	
8074330	Advertisement	7/31/22	sou200	Sound Publishing	\$600.93		6541.00.561.00.41.0060	
TOTAL THIS PAGE					\$ 12,892.94			

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.

DocuSigned by:

 Tom Eversole, Interim Superintendent
 Date: 8/15/2022

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.

DocuSigned by:

 Pegi A. Groundwater, Auditing Officer
 Date: 8/16/2022

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.

Diane Boteler, Board Secretary _____ Date _____

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