

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 4/28/2022 Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
110173	Legal services	3/31/2022	chm100	Chmelik, Sitkin, & Davis	\$ 2,040.00		6541.00.561.00.41.0030	
43979	Building Maintenance	4/20/2022	isl730	Island Hardware	\$ 532.30		6541.00.561.00.48.0010	
20220115	Subsidy	1/15/2021	isl726	Island Hospital	\$ 383,250.00		6541.00.561.00.41.0003	

TOTAL THIS PAGE
\$ 385,822.30

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 4/28/2022
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Tom Eversole, Interim Superintendent 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.

DocuSigned by:
Pegi A. Groundwater 4/28/2022
A80A84BC16C84A6...
Pegi Groundwater, Auditing Officer Date

Board Authorization

As the duly elected board for the OIHCD we have reviewed the claims listed above (including original backup materials) totaling \$385822.3 for the period ending 04/28/2022. We Approve payment with our signatures below.

_____ Marie Michnich, Commissioner	_____ Date	_____ Pegi Groundwater, Commissioner	_____ Date
_____ Diane Boteler, Commissioner	_____ Date	_____ Carolyn Fiscus, Commissioner	_____ Date
_____ Dave Zoeller, Commissioner	_____ Date		

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