

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

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Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
34019	Technology Services	12/1/2018	nwt155	NW Technology LLC - December Mo. Service Agreement	\$ 277.19		6541.00.561.00.41.0040	
819145	Legal Services	12/13/2018	ogd100	Ogden Murphy Wallace, P.L.L.C. - Oct & November	\$36,523.47		6541.00.561.00.41.0030	
45726	Dues & Subscriptions	12/13/2018	mun100	MRSC - MRSC Rosters 2019 Dues	\$135.00		6541.00.561.00.49.0010	
TOTAL THIS PAGE					\$36,935.66			

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.

Anne L. Presson, 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.

Patty Miller

Patty Miller, Auditing Officer Date 12/17/18

Board Authorization

As the duly elected board for this district we have reviewed the claims listed above (including original backup materials) totaling \$36935.66 for the period ending _____ We approve payment with our signatures below.

Art Lange, Commissioner Date _____
Pegi Groundwater, Commissioner Date _____

Diane Boteler, Commissioner Date _____
Richard Fralick, Commissioner Date _____

Patty Miller, Commissioner Date _____

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