CLAIMS PAYMENT REQUEST	NT REQUEST							
FROM: Orcas Islan	FROM: Orcas Island Health Care District	Fund‡	Fund# 6541.00					
Date:	12/17/2018						Page 1 of 1	
Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level Bars #	Bars#	1099
	Technology Services	12/1/2018	nwt155	NW Technology LLC - December Mo. Service Agreement	\$ 277.19		6541.00.561.00.41.0040	
	Legal Services	12/13/2018	ogd100	Ogden Murphy Wallace, P.L.L.C Oct & November	36		6541.00.561.00.41.0030	
	ons	12/13/2018	mun100	MRSC - MRSC Rosters 2019 Dues	\$135.00		6541.00.561.00.49.0010	
				TOTAL THIS PAGE	\$36,935.66			
l, the undersigned, due and payable pu Health Care District	I, the undersigned, do hereby certify under penalty of perjury that the materials have t due and payable pursuant to a contract or is available as an option for full or partial ful Health Care District, and that I am authorized to authenticate and certify to said claim.	penalty of p is available a ed to authen	erjury that the san option for ticate and ce	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 Islance. Health Care District, and that I am authorized to authenticate and certify to said claim.	bor performe ne claim is a ji	d as described ust, due and u	d herein, that any advance payn Inpaid obligation against the Oru	nent is cas Islanc
l, the undersigned, claim.	do hereby certify under	penalty of p	Anne L. Presi erjury that th	dent, due and unpaid obligation against the Orcas	nd Health Ca	Date re District, and I	Date Sland Health Care District, and that I am authorized to certify to said $\frac{121768}{12120000000000000000000000000000000000$	to said
Board Authorization As the duly elected board for th \$36935.66 for the period ending	ation board for this district w eriod ending	e have reviev	Patty Miller, wed the clair . We approv	Patty Miller, Auditing Officer 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.		Date		
Art Lange, Commissioner		Date		Pegi Groundwater, Commissioner	Date			
Diane Boteler, Commissioner		Date		Richard Fralick, Commissioner	Date			
Patty Miller, Commissioner	ssioner	Date					10	
MOLE. IL IS LINE	Digital of topolish	July to man	Italii aueque	note, it is the tribitation responsibility to maintain attequate, original, revolus to substantiate these ciamis.				