Invoice #	Description	Inv. Date	Vendor#	Vendor Name	Amount	Grant /Level Bars #	Bars#	1099
IN-0548	Advertisement	6/9/2018	por 500	Orcas Issues - June ad for Superintendent	\$ 80.00	-	6541.00.561.00.41.0060	
33003	Technology Services	7/25/2018	nwt155	NW Technology - one time set up fee	\$ 302.68		6541.00.561.00.41.0040	
Gro-0818	Travel	8/24/2018	gro159	Pegi Groundwater - reminbursement for ferry	\$ 28.65		6541.00.561.00.43.0020	
33097	Technology Services	8/1/2018	nwt155	NW Technology - Monthly Service Agreement	\$ 275.66		6541.00.561.00.41.0040	
1-Sep	Office Lease	8/31/2018	FPONIW	Windermere Real Estate	\$ 700.00		6541.00.561.00.45.0000	
				TOTAL THIS PAGE	\$ 1,386.99			
l, the undersigned due and payable p Island Health Care	, do hereby certify unursuant to a contraction District, and that I are	nder penalty t or is availat m authorized	of perjury than the as an option of perjury than the series of the serie	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.	e labor perfor at the claim is	rmed as describ	ned herein, that any advance partices and obligation against the	ayment is Orcas
			Anne L. Pres	Anne L. Presson, Superintendent	: : :	Date		:
I, the undersigned, claim.	do hereby certify und	der penalty of	perjury that t	I, the undersigned, do hereby certify under penalty of perjury that the claim is a just, due and unpaid obligation against the Orcas Island claim.	and Health Ca	re District, and t	Health Care District, and that I am authorized to certify to said	said
	4		Patty Miller o	Josthy W Niller Patty Miller or Richard Fralick, Auditing Officer		\$1118		
Board Authorization As the duly elected board for t \$1386.99 for the period ending	zation I board for this distri	ct we have re	eviewed the o	Board Authorization As the duly elected board for this district we have reviewed the claims listed above(including original backup materials) totaling \$1386.99 for the period ending We approve payment with our signatures below.				
Ó								***************************************
Diane Boteler, Commissioner		Date		Richard Fralick, Commissioner	Date			
Patty Miller, Commissioner	issioner	Date					-	
Note: It is th	e DISTRICTS' respo	onsibility to	maintain ade	Note: It is the DISTRICTS' responsibility to maintain adequate, original, records to substantiate these claims.				