SAN JUAN COUNTY
Auditor's Office

JUNIOR TAXING DISTRICT
CLAIMS PAYMENT REQUEST FORM

Junior taxing districts (JTD) must complete this form to request claims payments for all accounts payable and payroll disbursements.
NOTE: It is the district's responsibility to maintain adequate records to substantiate claims.
Submit completed form to San Juan County Payroll Deputy by 10:00 A.M. on Tuesday morning.

Date of request: September 8, 2026

District name: Orcas Island Health Care District

Requestor name: Chris Chord

Requestor phone & email address: 360-317-3545, chrisc@orcashealth.org

Total amount: $82,381.54

BARS code: 6541 .00.589.40.00.0000

Request type: Accounts Payable Warrants

Description of claim(s):

OIHCD AP Warrants, September 8, 2026

Last four digits of bank account (EFT's ONLY): N/A

Warrant delivery: SJC mail warrants to vendor(s) (JTD must provide remittances)

Auditing Officer Certification:
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.

Auditing Officer or Commissioner Signature(s) for Approval of Claims:

Name and title		Name and title	
Chris Chord	Superintendent	Trey Holland	Auditing Officer
Signature and date		Signature and date	
Chris Chord (Sep 3, 2026 12:04:23 PDT)	Sep 3, 2026	Trey Holland (Sep 3, 2026 13:08:37 PDT)	Sep 3, 2026
Name and title		Name and title	
Signature and date		Signature and date	
Name and title		Name and title	
Signature and date		Signature and date	

Invoice Accounting Report

San Juan County

Invoice #: 1001 **Invoice Date:** 09/03/2026 **Doc Date:** 09/08/2026 **Due Date:** 09/09/2026
Vendor #: j00405 **Name:** HIGH POINT HEALTHCARE **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Capital strategy development	E 6541.00.589.40.00.0000	6,500.00	

Invoice #: 1198 **Invoice Date:** 09/03/2026 **Doc Date:** 09/08/2026 **Due Date:** 09/09/2026
Vendor #: j00388 **Name:** DENTALL PLLC **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	DentALL admin, Aug 2026	E 6541.00.589.40.00.0000	2,415.00	

Invoice #: 1199 **Invoice Date:** 09/03/2026 **Doc Date:** 09/08/2026 **Due Date:** 09/09/2026
Vendor #: j00388 **Name:** DENTALL PLLC **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	DentALL clinical, Aug 2026	E 6541.00.589.40.00.0000	21,448.74	

Invoice #: 271077 **Invoice Date:** 09/03/2026 **Doc Date:** 09/08/2026 **Due Date:** 09/09/2026
Vendor #: j00360 **Name:** DLR GROUP **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Clinic expansion project	E 6541.00.589.40.00.0000	37,081.08	

Invoice #: 290774 **Invoice Date:** 09/03/2026 **Doc Date:** 09/08/2026 **Due Date:** 09/09/2026
Vendor #: san246 **Name:** SAN JUAN PEST CONTROL (INC) **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	San Juan Pest Control	E 6541.00.589.40.00.0000	329.38	

Invoice #: 327 **Invoice Date:** 09/03/2026 **Doc Date:** 09/08/2026 **Due Date:** 09/09/2026
Vendor #: isl743 **Name:** ISLAND OPPORTUNITY CHARTERS **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Dental transportation, Aug 2026	E 6541.00.589.40.00.0000	3,850.00	

Invoice #: 400 **Invoice Date:** 09/03/2026 **Doc Date:** 09/08/2026 **Due Date:** 09/09/2026
Vendor #: j00394 **Name:** BANNER BANK **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Orcas Online, dental	E 6541.00.589.40.00.0000	69.00	
2	OPALCO, clinic June 2026	E 6541.00.589.40.00.0000	582.30	
3	OPALCO, district office June 2026	E 6541.00.589.40.00.0000	107.93	
4	OPALCO, dental June 2026	E 6541.00.589.40.00.0000	284.48	
5	QuickBooks payroll, Aug 2026	E 6541.00.589.40.00.0000	165.78	
6	Washington Alarm, Aug 2026	E 6541.00.589.40.00.0000	83.67	
7	Rock Island, Aug 2026	E 6541.00.589.40.00.0000	85.00	
8	Adobe Acrobat	E 6541.00.589.40.00.0000	51.99	
9	T-Mobile, July 2026	E 6541.00.589.40.00.0000	112.59	
10	SiteGround, CHN website hosting	E 6541.00.589.40.00.0000	51.88	
11	ESWD, July 2026	E 6541.00.589.40.00.0000	162.72	
		Invoice Total:	1,757.34	

Invoice #: 7173 **Invoice Date:** 09/03/2026 **Doc Date:** 09/08/2026 **Due Date:** 09/09/2026
Vendor #: j00384 **Name:** CERTERRA NORTHWEST, LLC **Type:** in

Line No	Line Description	Account Number	Amount	PO Number
1	Clinic expansion project, geotech	E 6541.00.589.40.00.0000	9,000.00	

Grand Total: 82,381.54