

**CLAIMS PAYMENT REQUEST**

FROM: Orcas Island Health Care District

Fund#: 6541.00

Date: 4/15/2019

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Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant Level	Bars #	
2019-02	Provider Subsidy	4/15/2019	orc103	Orcas Family Health Center - Q2 2019 Grant Payment	\$35,661		6541.00, 661.00, 41.00, 001	1099
	To determine the grant reduction associated with the reduced MD FTE we take \$1,831 x 6 (1.0 FTE compared to .4 FTE) x 3 (Oct - Dec 2018) = \$32,958 for the MD FTE reduction.							
	Based on the revised Q4 2018 financial report the actual loss for that period was overstated by \$13,881.							
	The total deduction to the Q 2 2019 grant payment is \$46,839. When subtracted from the scheduled grant payment of \$82,500 the resulting payment = \$35,661							
<b>TOTAL THIS PAGE</b>					<b>\$ 35,661.00</b>			

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*  
 Anne L. Presson, Superintendent

4-16-19  
 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*  
 Richard Fraick, Auditing Officer or  
 Patty Miller, Auditing Officer

4/15/19  
 Date

**Board Authorization**

As the duly elected Board for this District we have reviewed the claims listed above (including original backup materials) totaling \$35661 for the period ending \_\_\_\_\_ We approve payment with our signatures below.

Art Lange, Commissioner

\_\_\_\_\_ Date

Pegí Groundwater, Commissioner

\_\_\_\_\_ Date

Diane Boteler, Commissioner

\_\_\_\_\_ Date

Richard Fraick, Commissioner

\_\_\_\_\_ Date

Patty Miller, Commissioner

\_\_\_\_\_ Date

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