

**CLAIMS PAYMENT REQUEST**

FROM: Orcas Island Health Care District

Fund# 6541.00

Date: 5/9/2019

Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
402388600	Property Insurance	5/6/2019	pre159	Anne Presson - reimbursement for mo Liberty Mutual premium	\$ 806.65		6541.00.561.00.46.0002	
10874506	Website Services	5/9/2019	pre159	Anne Presson - reimbursement for website domaine NameSilo renewal	\$ 10.79		6541.00.561.00.42.0030	
Box 226	Operating Rentals & Leases	5/7/2019	pre159	Anne Presson - reimbursement for PO box 1 yr renewal	\$ 76.00		6541.00.561.00.45.0000	
4333803	Office Supplies	5/9/2019	pre159	Anne Presson - reimbursement for office supplies	\$ 40.67		6541.00.561.00.31.0000	
5398618	Computer Hardware	5/9/2019	pre159	Anne Presson - reimbursement for computer monitor/keyboard	\$ 164.29		6541.00.594.61.64.0001	
35232	Technology Services	5/1/2019	nwt155	NW Technology - May Mo. Billing - Services	\$ 255.00		6541.00.561.00.41.0040	
35232	Technology Services	5/1/2019	nwt155	NW Technology - May Mo. Billing - Sales Tax	\$ 22.19		6541.00.561.00.41.0040	
823183	Legal Services	4/10/2019	ogd100	Ogden, Murphy, Wallace - March Services	\$ 3,065.00		6541.00.561.00.41.0030	
22828	Provider Grant	5/6/2019	orc103	Orcas Family Health Center - Q1 '19 After-hours incentive	\$ 2,250.00		6541.00.561.00.41.0001	
K21-000991	Medical Equipment	12/21/2018	orc103	Orcas Family Health Center - reimbursement for lab grade refrig/freezer	\$ 2,586.80		6541.00.594.61.64.0004	
May 1-16x	Printing	5/2/2019	rai160	Rainbow Services - plans RFQRFP 2019-01 HVAC	\$ 15.13		6541.00.561.00.49.0000	
ISJ853484	Advertising	4/24/2019	sou100	Sound Publishing - legal notice for RFQ/P	\$ 81.60		6541.00.561.00.41.0060	
<b>TOTAL THIS PAGE</b>					<b>\$ 9,374.12</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, Superintendent

5-9-19

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 or Richard Fralick, Auditing Officers

\_\_\_\_\_  
Date

**Board Authorization**

As the duly elected Board for this District we have reviewed the claims listed above (including original backup materials) totaling \$9374.12 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.