CLAIMS PAYMENT REQUEST	REQUEST							
FROM: Orcas Island Health Care District	alth Care Distri		Fund# 6541.00					
Date:	8/2/2018						Page 1 of (
invoice#	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level Bars #	Bars #	1099
bote-01	Website		bot Q Q	Commissioner Boteler - namesilo for district domain	\$ 19.96		6541.00.561.00.42.0030	
bote-02	Website	\perp	1 1	ng			6541.00.561.00.42.0030	
				TOTAL THIS PAGE	\$ 103.72			
l, the undersigned, do hereby certify under penalty of perjury that the materials have be due and payable pursuant to a contract or is available as an option for full or partial fulf (city/county/district), and that I am authorized to authenticate and certify to said claim. Anne L. Presson, Superintendent	ereby certify ur int to a contract id that I am aut	nder penalty of cor is available horized to auti	f perjury that as an option henticate and henticate and henticate and henticate are the same than the same that the same than th	een furnished, the services rendered or Illment of a contractual obligation, and i	abor perform the claim is a j	rmed as describ a just, due and	the labor performed as described herein, that any advance payment is that the claim is a just, due and unpaid obligation against the $ \frac{6}{2} $ Date	yment is
l, the undersigned, do h	ereby certify und	der penalty of p	f perjury that the claim is a ju	st, due and unpaid obligation against the Orcas	d Health Care	g, and that I a	Island Health Care, and that I am authorized to certify to said claim. $\frac{S S }{ S }$ Date	laim.
Board Authorization As the duly elected board for \$103.72 for the period ending	n d for this distric	t we have revi	iewed the clai We approve	Board Authorization As the duly elected board for this district we have reviewed the claims listed above(including original backup materials) totaling \$103.72 for the period ending We approve payment with our signatures below.				
Art Lange, Commissioner		Date	Pej	Pegi Groundwater, Commissioner	Date			
Diane Boteler, Commissioner	*.	Date	립	Richard Fralick, Commissioner	Date			
Patty Miller, Commissioner		Date						
Note: It is the DIS	TRICTS' respo	nsibility to ma	aintain adequ	Note: It is the DISTRICTS' responsibility to maintain adequate, original, records to substantiate these claims.				

Patt	Dian	Art L	As th \$264	į, the	t, the due : Islan	П				FRON	CLA
Patty Miller, Commissioner Note: It is the DISTR	Diane Boteler, Commissioner	Art Lange, Commissioner	Board Authorization As the duly elected board \$2641.42 for the period er	undersignec	: undersigne and payable d Health Car			33123	Invoice #	ท: Orcas Islaı	IMS PAYMI
missioner	mmissioner	issioner	Board Authorization As the duly elected board for this distr \$2641.42 for the period ending	1, do hereby certify un	d, do hereby certify u pursuant to a contrac e District, and that I a			Technology Services	Description Legal Services	FROM: Orcas Island Health Care District Date: 8/16/2018	CLAIMS PAYMENT REQUEST
Date onsibility to	Date	Date	ict we have r	der penalty o	nder penalty x or is availal ım authorize			8/1/2018	Inv. Date 8/10/2018		
maintain ade	-		eviewed the c We appro	Patty Miller o	of perjury that the ble as an option for sto-authenticate ay an arrange of the storage of the st			nwt155	Vendor#	Hund# 6547.00	
Willer, Commissioner Date Note: It is the DISTRICTS' responsibility to maintain adequate, original, records to substantiate these claims.	Richard Fralick, Commissioner	Pegi Groundwater, Commissioner	Board Authorization As the duly elected board for this district we have reviewed the claims listed above(including original backup materials) totaling \$2641.42 for the period ending We approve payment with our signatures below.	I, the undersigned, do hereby certify under penalty of perjusy that the claim is a just, due and unpaid obligation against the Orcas Island Health Care, and that I am authorized to certify to said claim. Signature Patty Miller or Richard Fralick, Auditing Officer Date	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 Anne L. Presson, Superintendent	TOTAL THIS PAGE		NW Technology	Vendor Name Ogden Murphy Wallace, P.L.L.C.		
	Date	Date	64	sland Health Ca	the labor perfo that the claim i	\$ 2,641.42		\$ 20.92	\$ 2,620.50		-
				3 16 18 Date	is a just, due and unp				Grant /Level		
				am authorized to certify to said	ibed herein, that any advance produnpaid obligation against the			6541.00.561.00.41.0040	6541.00.561.00.41.0030	Page 1 of 1	
				Slaim.	ayment is Orcas				1099		