



**CLAIMS PAYMENT REQUEST**

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 8/16/2018

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
815643	Legal Services	8/10/2018	ogd100	Ogden Murphy Wallace, P.L.L.C.	\$ 2,620.50		6541.00.561.00.41.0030	
33123	Technology Services	8/1/2018	nwt155	NW Technology	\$ 20.92		6541.00.561.00.41.0040	
<b>TOTAL THIS PAGE</b>					<b>\$ 2,641.42</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

8/16/18  
 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 , and that I am authorized to certify to said claim.

*Patry Miller*  
 Patry Miller or Richard Fralick, Auditing Officer

8/16/18  
 Date

**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.

Art Lange, Commissioner	Date _____	Pegj Groundwater, Commissioner	Date _____
Diane Boteler, Commissioner	Date _____	Richard Fralick, Commissioner	Date _____
Patry Miller, Commissioner	Date _____		

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