

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 1/9/2024 (2024)

Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
4C59EFD9-0004	Website services	1/1/2024	str102	Streamline	\$ 2,988.00		6541.00.561.00.42.0030	
52765	Technology services	1/1/2024	nwt155	NW Technology	\$ 362.85		6541.00.561.00.41.0040	

TOTAL THIS PAGE \$ 3,350.85

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.




 Chris Chord, Superintendent

01/09/2024

 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.

DocuSigned by:


 A80A84BC16C84A6...
 Pegi Groundwater, Auditing Officer

1/9/2024

 Date

Board Authorization

I attest that the duly elected board for the OIHCD has reviewed the claims listed above (including original backup materials) and have approved said claims by majority vote at a meeting open to the public.

 Diane Boteler, Commissioner/Board Secretary

 Date

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

Invoice Accounting Report
San Juan County

Invoice #: 4C59EFD9-0004 Invoice Date: 01/03/2024 Doc Date: 01/03/2024 Due Date: 01/03/2024
Vendor #: str102 Name: STREAMLINE SOFTWARE, INC. Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Website Services	E 6541.00.561.00.42.0030	2,988.00	

Invoice #: 52765 Invoice Date: 01/03/2024 Doc Date: 01/03/2024 Due Date: 01/03/2024
Vendor #: nwt155 Name: NW TECHNOLOGY SOLUTIONS, LLC Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Technology services	E 6541.00.561.00.41.0040	362.85	

Grand Total: 3,350.85