

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District

Fund# 6541.00

Date: 8/22/2019

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Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
Sep-19	Health Ins. Pymt	8/22/2019	lop559	Lopez Island Hospital District - Sept PEBB premium	\$ 500.00		6541.00.561.00.20.0006	
827674	Legal	8/9/2019	ogd/100	Ogden, Murphy, Wallace - July services	\$ 170.00		6541.00.561.00.41.0030	
Sep-19	Office Lease	8/22/2019	win097	Windermere Real Estate - Sept Rent District Office	\$ 700.00		6541.00.561.00.45.0000	
TOTAL THIS PAGE					\$ 1,370.00			

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

8.22.19
 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
 Patty Miller, Auditing Officer

8/28/19
 Date

Board Authorization

As the duly elected board for this district we have reviewed the claims listed above (including original backup materials) totaling \$1370 for the period ending 8-31-19. We approve payment with our signatures below.

Art Lange, Commissioner

Date

Pegi Groundwater, Commissioner

Date

Diane Roteler, 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.