

**CLAIMS PAYMENT REQUEST**

FROM: Orcas Island Health Care District

Fund# 6641.00

Date: 10/29/2018

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant/Level	Bars #	1099
5611-9	Office Supplies	9/30/2018	0ff250	The Office Cupboard - office supplies	\$ 24.30		6541.00,561.00,31.0000	
5611-9	Printing	9/30/2018	0ff250	The Office Cupboard - printing	\$ 32.88		6541.00,561.00,49.0000	
817410	Legal Fees	10/15/2018	ogd100	Ogden Murphy Wallace	\$ 10,819.00		6541.00,561.00,41.0030	
Oct-18	Office Lease	10/30/2018	wim097	Windermere Real Estate - District Office Nov Lease	\$ 700.00		6541.00,561.00,45.0000	
Oct-18	Health Ins. Payment	10/25/2018	lop559	Lopez Island Hospital District - Nov PEBB premium reimbursement	\$ 500.00		6541.00,561.00,20.0006	
<b>TOTAL THIS PAGE</b>					<b>\$ 12,076.18</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

10/29/18  
 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 District, and that I am authorized to certify to said claim.

*Patty Miller*  
 Patty Miller, Auditing Officer

10/29/18  
 Date

**Board Authorization**

As the duly elected board for this district we have reviewed the claims listed above (including original backup materials) totaling \$12076.18 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.