

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 6/28/22 Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
111186	General Legal	5/31/22	chm100	Chmelik, Sitkin, Davis	\$360.00		6541.00.561.00.41.0030	
20220613	Reimbursement - Survey supplies	6/13/22	eve654	Tom Eversole	\$855.00		6541.00.561.00.31.0000	
8067663	Retail Display - Ad	5/31/22	sou200	Sound Publishing	\$227.07		6541.00.561.00.41.0060	

TOTAL THIS PAGE
\$ 1,442.07

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.

DocuSigned by:
Tom Eversole 6/27/2022
Tom Eversole, Interim Superintendent 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:
Pegi L. Groundwater 6/27/2022
Pegi L. Groundwater, Auditing Officer 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, Board Secretary Date

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

aplAVnn
06/25/2022 3:45:10PM

Invoice Accounting Report by Vendor Name
San Juan County

Page: 1

Vendor Number: chm100 **Name:** CHMELIK SITKIN & DAVIS, PS

<u>Invoice Number</u>	<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>Type</u>
111186	1	General legal	E 6541.00.561.00.41.0030	360.00	in

Vendor Number: eve654 **Name:** EVERSOLE, THOMAS

<u>Invoice Number</u>	<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>Type</u>
20220613	1	Reimbursement - survey supplies	E 6541.00.561.00.31.0000	855.00	in

Vendor Number: sou200 **Name:** SOUND PUBLISHING, INC

<u>Invoice Number</u>	<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>Type</u>
8067663	1	Retail Display Ad - Superintendent	E 6541.00.561.00.41.0060	227.07	in

Grand Total: 1,442.07