

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 5/31/22

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Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
110677	Professional services	4/30/22	chm100	Chmelik, Sitkin, Davis	\$150.00		6541.00.561.00.41.0030	
20220528	Reimbursement - office supplies	5/28/22	eve654	Tom Eversole	\$21.14		6541.00.561.00.31.0000	
43979	Supplies for clinic maintenance	5/20/22	isl730	Island Hardware	\$28.02		6541.00.561.00.31.0001	
226	Reimbursement - USPS Box 226	5/28/22	mad159	Kimberley Kimple - Madrona	\$100.00		6541.00.561.00.42.0010	
03.01.2051	Printing services	3/18/22	rai160	Rainbow Services	\$8.66		6541.00.561.00.49.0000	

TOTAL THIS PAGE
\$ 307.82

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 5/30/2022
Tom Eversole, District 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 A. Groundwater 5/31/2022
Pegi A. 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.

Invoice Accounting Report by Vendor Name
San Juan County

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>
110677	1	Professional services	E 6541.00.561.00.41.0030	150.00	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>
20220528	1	Office supply reimbursement	E 6541.00.561.00.31.0000	21.14	in

Vendor Number: isl730 Name: ISLAND HARDWARE & SUPPLY

<u>Invoice Number</u>	<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>Type</u>
43979	1	Maintenance supplies	E 6541.00.561.00.31.0001	28.02	in

Vendor Number: mad159 Name: MADRONA PUBLICATIONS

<u>Invoice Number</u>	<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>Type</u>
226	1	Reimbursement - USPS	E 6541.00.561.00.42.0010	100.00	in

Vendor Number: rai160 Name: RAINBOW SERVICES

<u>Invoice Number</u>	<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>Type</u>
03.01.2051	1	Printing services	E 6541.00.561.00.49.0000	8.66	in

Grand Total: 307.82