

**CLAIMS PAYMENT REQUEST**

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 10/30/2018

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Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
Oct-18	Land & Improvements	10/30/2018	chi100	Chicago Title of WA - Costs to Purchase Building and Land (Funds to be wired to Chicago Title for closing)	\$ 383,851.18		6541.00.594.61.61.0000	
<b>TOTAL THIS PAGE</b>					\$ 383,851.18			

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, Superintendent

10-30-18  
 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, Auditing Officer

10/30/18  
 Date

**Board Authorization**

As the duly elected board for this district we have reviewed the claims listed above (including original backup materials) totaling \$383851.18 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.

