CLAIMS PAYMENT REQUEST						
FROM: Orcas Island Health Care District		Fund# 6541.00				
Date:	10/27/2019				Page 1 of 1	
Invoice# Description		inv. Date Vendor#	#   Vendor Name	Amount   Grant /Level Bars #	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER	1099
Travel 8			Diane Boteler - reimburseme	_	0.561.00.43.0020	
1-003 Building Landscape		-	_	\$ 1,939.00	6541.00,561,00.48,0020	
1-003 Building Landscape		$\vdash$		\$ 141.75	6541,00,561.00,48,0020	
27-Oct Medical Insurance		$\vdash$		\$ 500,00	6541.00.561.00.20.0006	
† 7			_	\$ 207.75	6541.00,561.00,41.0060	
	$\neg$	+	_	10000	CT 14 00 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Z/-Uct Operating Kentals/Leases	als/Leases 10/27/2019	/2019 WIN097	Windermere Real Estate - November Rent District Office	\$ 700.00	6541.00.561.00.45.0000	
			TOTAL THIS PAGE	\$ 3,925.30		
I, the undersigned, do hereby certify under penalty of perjury that the marpayable pursuant to a contract or is available as an option for full or partial District, and that I am authorized to authenticate and certify to said claim.	fy under penalty of s available as an opt o authenticate and o	oerjury that the i lon for full or pa ertify to said clai	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.	ned as described herein, e and unpaid obligation	that any advance payment is due a gainst the Orcas Island Health Carr	ğ
		Anne L. P	Anne L. Presson, Superintendent	LO-27-9	19	
l, the undersigned, do hereby certi	fy under penalty of p	Patty Mill	I, the undersigned, do hereby certify under genalty 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.  10127119  Patty Miller, Auditing Officer  Date	are District, and that I am aution (0/27/19) Date	m authorized to certify to said clain	
Board Authorization As the duly elected Board for this D \$3925.3 for the period ending	istrict we have revie	wed the claims I We approve pay	<b>Board Authorization</b> As the duly elected Board for this District we have reviewed the claims listed above (including original backup materials) totaling \$3925.3 for the period ending We approve payment with our signatures below.			
Art Lange, Commissioner	Date		Pegi Groundwater, Commissioner	Date		
Dlane Boteler, Commissioner	Date	T-quick	Richard Fralick, Commissioner	Date		
Patty Miller, Commissioner	Date					
Note: It is the DISTRICTS' re	sponsibility to mai	itain adequate,	Note: It is the DISTRICTS' responsibility to maintain adequate, original, records to substantiate these claims.			