

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 1/21/2019

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Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
7881454	Advertisement	12/31/2018	sou100	Sound Publishing - ads for Superintendent Search	\$ 541.26		6541.00.561.00.41.0060	
2019-01	Building Maintenance	1/18/2019	san168	SJC Community Development - plan review fee	\$ 345.80		6541.00.561.00.48.0010	
820171	Legal Services	1/15/2019	ogd100	Ogden Murphy Wallace, P.L.L.C. - Dec services	\$ 2,113.01		6541.00.561.00.41.0030	
18-281	Building Utilities	1/4/2019	eas350	Eastsound Water - membership transfer fees clinic & parcel	\$370.00		6541.00.561.00.47.0010	
TOTAL THIS PAGE					\$ 3,370.07			

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.

Anne L. Presson, 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.

Patty Miller, Auditing Officer Date

Board Authorization

As the duly elected board for this district we have reviewed the claims listed above (including original backup materials) totaling \$3370.07 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.