<b>CLAIMS PAYME</b>	NT REQUEST									
FROM: Orcas Islar	nd Health Care District Fund# 6541.00									
Date: 1/30/2024							Page 1 of 1			
Invoice #	Description	Inv. Data	Vendor #	Vendor Name	Amou	4	Grant /Level	Dave #	1099	
invoice #	Description	Inv. Date	vendor#	vendor Name	Amou	unt	Grant /Level	bars #	1099	
GENE23-09	2023 General Election costs	1/2/2024	san125	San Juan County	Ś	7,341.84		6541.00.561.00.41.0149	+	
10797,01	Water Sewer - EWUA Deye Ln	12/31/2023	eas350	EWUA	\$	97.21		6541.00.561.00.47.0010	+	
10798.01	Water Sewer - EWUA Deye Parcel	12/31/2023	eas350	EWUA	\$	50.00		6541.00.561.00.47.0010		
1391	Board Retreat Consultant	1/23/2024	via001	Via Health Care Consulting		6,000.00		6541.00.561.00.41.0050		
240732	San Juan Pest Control	1/23/2024	san246	San Juan Pest Control	\$	313.28		6541.00.561.00.48.0010		
120612	CSD Attorneys	12/31/2023	chm100	CSD Attorneys at Law		3,200.00		6541.00.561.00.41.0030		
3811	Accounting Services, Q4	1/25/2024	san180	San Juan County	Ś	549.05		6541.00.561.00.41.0020		
3011	Accounting Services, Q4	1/23/2024	Salitou	San Juan County	۱۶	349.03		0341.00.301.00.41.0020		
				TOTAL THIS PAGE	\$ 1	17,551.38	1			
				TOTAL THIS TAGE	<u> </u>	17,551.50	ı			
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.										
01/29/2024								024		
Chris Chord, 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.										
	Pezi A Groundwater					1/30/2024				
Pegi Groundwater, Auditing Officer						Date				
Board Authori	zation									
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.										
and have approve	d said dains by majority vote at a meeting open to	the public.								
Mark Salierno, Co	mmissioner/Board Secretary	Date								
	Plotploto							1		
Note: It is the DISTRICTS' responsibility to maintain adequate, original, records to substantiate these claims.										

aplnAinv

**Invoice Accounting Report San Juan County** 

Page: 1

01/29/2024

Invoice #:

1:36:02PM

10797.01 Invoice Date: 01/29/2024

1 Water Sewer - EWUA Deve Lane

Doc Date: 01/29/2024

Due Date: 01/30/2024

Vendor #: eas350

Name: EASTSOUND WATER USERS ASSN

Type: in

Line No Line Description **Account Number** 

E 6541.00.561.00.47.0010

**Account Number** 

**Amount PO Number** 97.21

Invoice #: 10798.01

Invoice Date: 01/29/2024

Doc Date: 01/29/2024

Due Date: 01/30/2024

Vendor #: eas350

Name: EASTSOUND WATER USERS ASSN

Type: in

Line No Line Description

1 Water Sewer - EWUA Deve Parcel

E 6541.00.561.00.47.0010

**Amount PO Number** 50.00

**Invoice #**: 120612

Invoice Date: 01/29/2024

Doc Date: 01/29/2024

**Due Date:** 01/30/2024

Vendor #: chm100

Name: CSD ATTORNEYS AT LAW

Type: in

Line No Line Description

**Account Number** E 6541.00.561.00.41.0030

**Account Number** 

**Amount PO Number** 

3.200.00

1 CSD Attorneys

Due Date: 01/29/2024

Invoice #: 1391

Invoice Date: 01/29/2024

Doc Date: 01/29/2024

Vendor #: via001

Name: VIA HEALTHCARE CONSULTING, INC

Type: in

Line No Line Description

**Board Retreat Consultant** 

E 6541.00.561.00.41.0050

6,000.00

Invoice #:

Invoice #:

240732

Invoice Date: 01/29/2024

Doc Date: 01/29/2024

Due Date: 01/30/2024

Vendor #: san246

Name: SAN JUAN PEST CONTROL

Type: in

Line No Line Description

**Account Number** E 6541.00.561.00.48.0010 Amount PO Number 313.28

**Amount PO Number** 

1 San Juan Pest Control

**Doc Date:** 01/29/2024

3811 Vendor #: san180 Invoice Date: 01/29/2024

Name: SAN JUAN COUNTY

Type: in

Due Date: 01/30/2024

Line No Line Description

**Account Number** 

Amount PO Number

1 Accounting Services, Q4

E 6541.00.561.00.41.0020

549.05

aplnAinv 01/29/2024 1:36:02PM

## Invoice Accounting Report San Juan County

Page: 2

Invoice #: GENE23-09

Invoice Date: 01/29/2024

Doc Date: 01/29/2024

**Due Date:** 01/30/2024

Vendor #: san125

Name: SAN JUAN CO TREASURER

Type: in

 Line No
 Line Description
 Account Number
 Amount
 PO Number

 1
 2023 General Election costs
 E 6541.00.561.00.41.0149
 7,341.84

**Grand Total:** 17,551.38