

CLAIMS PAYMENT REQUEST


FROM: Orcas Island Health Care District Fund# 6541.00

Date: 4/7/2022 Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
#000004	Office Cupboard - Supplies	3/8/2022	ban155	Banner Bank 0400	\$17.29		6541.561.00.31.0000	
138878524	Zoom annual subscription	3/19/2022	ban155	Banner Bank 0400	\$157.89		6541.561.00.49.0010	
Trans#293	US Post Office - Postage	3/22/2022	ban155	Banner Bank 0400	\$8.95		6541.561.00.42.0010	
Trans#704	US Post Office - Postage	3/30/2022	ban155	Banner Bank 0400	\$8.95		6541.561.00.42.0010	
9911600 March	OPALCO - Office Feb 600	3/1/2022	ban155	Banner Bank 4332	\$124.49		6541.00.561.00.47.0011	
March	T-Mobile Office Phone	3/20/2022	ban155	Banner Bank 4332	\$ 85.35		6541.561.00.47.0020	
3/31/ESWD	Clinic Building Utilities	3/31/2022	eas310	ESWD	\$ 128.70		6541.561.00.47.0010	
45497	Technology Support Services	4/1/2022	nwt155	NW Technology	\$ 259.50		6541.561.00.41.0040	
Jul-24	Technology Support Services	4/1/2022	nwt155	NW Technology Tax	\$22.84		6541.561.00.41.0040	
NWTQ5136	Computer hardware	3/31/2022	nwt155	NW Technology	\$ 371.00		6541.594.61.64.0001	
NWTQ5136	Computer hardware	3/31/2022	nwt155	NW Technology Tax	\$ 30.79		6541.594.61.64.0001	
SMB 02 2022	Independent Contractor	2/19/2022	mcb001	Susan McBain	\$ 300.00		6541.00.561.41.0050	
43979 March	Clinic Building General Maintenance	3/20/2022	isl730	Island Hardware	\$ 270.74		6541.561.00.48.0010	


TOTAL THIS PAGE \$1,786.49

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 sign and certify to said claim.



5DA79705AA62461...
 Tom Eversole, Interim Superintendent
 Date 4/15/2022

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:


A80A84BC16C84A6...
 Pegi Groundwater or Richard Fralick, Auditing Officer
 Date 4/15/2022

Board Authorization

As the duly elected board for the OIHD we have reviewed the claims listed above (including original backup materials) totaling \$1786.49 for the period ending 04-07-2022. We Approve payment with our signatures below.

Art Lange, Commissioner	Date	Pegi Groundwater, Commissioner	Date
Diane Boteler, Commissioner	Date	Richard Fralick, Commissioner	Date
Dave Zoeller, Commissioner	Date		

Note: It is the DISTRICTS' responsibility to maintain adequate, original, records to substantiate these claims.