

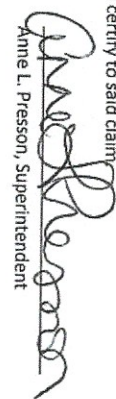
CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 5541.00

Date: 6/22/2019

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant/Level	Bars #	1099
402388600	Property Insurance	6/19/2019	pre159	Anne Presson - reimbursement for payment balance of Liberty Mutual	\$ 3,671.35		6541.00.561.00.46.0002	
19-Jul	Medical Insurance	6/22/2019	lop559	Lopez Island Hospital District - July PEBB premium reimbursement	\$ 500.00		6541.00.561.00.20.0006	
35482	Technology Services	6/1/2019	nw155	NW Technology - June Mo. Billing - Services	\$ 261.10		6541.00.561.00.41.0040	
35482	Technology Services	6/1/2019	nw155	NW Technology - June Mo. Billing - Sales Tax	\$ 22.72		6541.00.561.00.41.0040	
7923949	Advertising	5/31/2019	sou100	Sound Publishing - series of 3 articles	\$ 150.00		6541.00.561.00.41.0060	
19-Jul	Operating Rentals/Leases	6/22/2019	wh1097	Windermere Real Estate - July Rent District Office	\$ 700.00		6541.00.561.00.45.0000	
TOTAL THIS PAGE					\$ 5,305.17			

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

6-22-19
 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 or Richard Fralick, Auditing Officers

Date

Board Authorization

As the duly elected Board for this District we have reviewed the claims listed above (including original backup materials) totaling \$5305.17 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.