

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 1/10/2023

Page 1 of 1

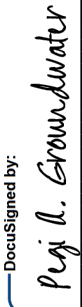
Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
051426	AWPHD Dues	12/15/2022	ass652	ion of Washington Public Hospital	\$ 1,275.00		6541.00.561.00.49.0010	
48522	Technology	1/3/2022	nwt155	NW Technology	\$ 382.98		6541.00.561.00.41.0040	

TOTAL THIS PAGE
 \$ 1,657.98

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.


 Chris Chord, Superintendent
 Date 01/08/2023

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:

 Pegi D. Groundwater
AB0A84BC16C84A8...
 Pegi Groundwater, Auditing Officer
 Date 1/9/2023

Board Authorization

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.

 Diane Boteler, Commissioner/Board Secretary Date _____

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