

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 8/30/22

Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
112159	Legal service	7/31/22	chm100	Chmelik, Sitkin, Davis	\$1,564.00		6541.00.561.00.41.0030	
20220723	Landscaping service	8/24/22	gao155	Chihuahua Team Services	\$1,600.00		6541.00.561.00.48.0020	
20220723	Landscaping service	8/24/22	gao155	Chihuahua Team Services	\$132.80		6541.00.561.00.48.0020	
43979	Building Maintenance supplies	8/8/22	isl730	Island Hardware	\$8.20		6541.00.561.00.31.0001	
TOTAL THIS PAGE					\$ 3,305.00			

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.

Tom Eversole, Interim 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.

Pegi A. Groundwater, Auditing Officer

Date

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, Board Secretary

Date

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

	<u>Hours</u>	<u>Amount</u>
GROUNDWATER REGARDING SAME		
For professional services rendered	6.40	\$1,564.00
Previous balance		\$1,350.00
8/9/2022 Payment - Thank you. Check No. 256121		(\$1,350.00)
Total payments and adjustments		(\$1,350.00)
Balance due		<u>\$1,564.00</u>

PAYMENT DUE UPON RECEIPT.
PAST DUE BALANCES WILL BE SUBJECT TO INTEREST AT THE RATE OF 12% PER ANNUM.
PLEASE INCLUDE YOUR INVOICE NO. ON YOUR CHECK.
WE DO NOT ACCEPT CREDIT CARD PAYMENTS.

PLEASE LET US KNOW IF YOU WOULD PREFER
TO HAVE YOUR INVOICES EMAILED.

- FEDERAL TAX ID NO: 91-1361928 -

From: Tom Eversole TomE@orcashealth.org
Subject: Fwd: August invoices
Date: August 24, 2022 at 3:18 PM
To: Kimberly Kimple KimK@orcashealth.org



Get [Outlook for iOS](#)

From: Ismael GGarcia <ismaelorcasisland@gmail.com>
Sent: Wednesday, August 24, 2022 3:17 PM
To: Tom Eversole <TomE@orcashealth.org>
Subject: August invoices

INVOICES
Property maintenance

08/08/22 2 Wkrs 16:00
08/18/22 2 Wkrs 16:00

Weed-eaters
Trimming
Rake
Clean up
Weeding
Blowing

Total hours 32:00

Labor	1,600.00
Tax	132.80

Total \$= 1,732.80

Please send me a check to
Ismael Garcia
71 Bartel rd
Eastsound wa
98245
Thank you

Ismael García
CHIHUAHUA TEAM Services
Property maintenance
360 312 6003

STATEMENT

ISLAND HARDWARE & SUPPLY, INC.

21 W Beach Rd.

Eastsound, WA 98245-9353

Phone # 360-376-4200

ISLAND HARDWARE & SUPPLY, INC.

21 W Beach Rd.

Eastsound, WA 98245-9353

Phone # 360-376-4200

PAGE: 1

CLOSING DATE: 8/20/22

DUE DATE : 9/20/22

ACCT: 43979

CLOSING

DATE : 8/20/22

DUE DATE: 9/20/22

ISLAND HARDWARE &

ORCAS ISLAND HEALT

ACCOUNT : 43979

ORCAS ISLAND HEALTH CARE DIST
 SJ COUNTY PUBLIC HOSPITAL D #3
 PO BOX 226
 EASTSOUND WA 98245



↑↑↑ DETACH THIS ENTIRE STUB ↑↑↑

PLEASE DETACH AND RETURN
 REMITTANCE STUB WITH YOUR PAYMENT

DATE	REFERENCE	ST	C	DESCRIPTION	DEBIT	CREDIT	REFERENCE	AMOUNT										
PLEASE REMEMBER, TO QUALIFY FOR YOUR DISCOUNT WE MUST RECEIVE YOUR PAYMENT BY THE 8TH! THANK YOU.																		
				PREV BALANCE	0.00		PREV BAL	0.00										
7/29/22	717815	1	I	INVOICE	4.39		717815	4.39										
8/19/22	721864	1	I	INVOICE	3.81		721864	3.81										
				NEW BALANCE	8.20													
<table border="1"> <thead> <tr> <th>CURRENT</th> <th>1-30 DAYS</th> <th>31-60 DAYS</th> <th>61-90 DAYS</th> <th>OVER 90 DAYS</th> </tr> </thead> <tbody> <tr> <td>8.20</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> </tr> </tbody> </table>									CURRENT	1-30 DAYS	31-60 DAYS	61-90 DAYS	OVER 90 DAYS	8.20	0.00	0.00	0.00	0.00
CURRENT	1-30 DAYS	31-60 DAYS	61-90 DAYS	OVER 90 DAYS														
8.20	0.00	0.00	0.00	0.00														
NEW BAL:								8.20										

TERMS: 10% SOME BLD.MAT.
 BY 8TH

43979

Transaction Codes

- A - Adjustment
- B - Balance Forward
- C - Credit
- F - Finance Charge
- I - Invoice
- P - Payment

↑↑↑ DETACH THIS ENTIRE STUB ↑↑↑

AMOUNT PAID