

CLAIMS PAYMENT REQUEST


FROM: Orcas Island Health Care District Fund# 6541.00

Date: 10/17/2023 Page 1 of 1

| Invoice # | Description | Inv. Date | Vendor # | Vendor Name | Amount | Grant /Level | Bars # | 1099 |
|-----------|--------------------------------------|------------|----------|---------------------------|--------------|--------------|------------------------|------|
| 44393 | Clinic Automatic Door Repair | 9/18/2023 | aut102 | Automatic Entries, Inc. | \$ 560.46 | | 6541.00.561.00.48.0010 | |
| 20231002 | Landscaping Service - September 2023 | 10/2/2023 | gao155 | Chihuahua Team Services | \$ 1,906.08 | | 6541.00.561.00.48.0020 | |
| 20230926 | Parish Hall - Sept board meeting | 9/26/2023 | emm100 | Emmanuel Episcopal Church | \$ 40.00 | | 6541.00.561.00.49.0001 | |
| 10797.01 | Water Sewer - EWUA - Deye Ln | 9/30/2023 | eas350 | EWUA | \$ 102.85 | | 6541.00.561.00.47.0010 | |
| 10798.01 | Water Sewer - EWUA - Deye Parcel | 9/30/2023 | eas350 | EWUA | \$ 50.00 | | 6541.00.561.00.47.0010 | |
| 130867 | Clinic Ultrasound | 9/15/2023 | nor012 | NorthWest Supply, Inc. | \$ 27,747.89 | | 6541.00.594.61.64.0004 | |
| 131012 | Clinic Bilirubinometer | 10/16/2023 | nor012 | NorthWest Supply, Inc. | \$ 2,201.87 | | 6541.00.594.61.64.0004 | |
| 51760 | Technology Services | 10/2/2023 | nwt155 | NW Techology | \$ 362.85 | | 6541.00.561.00.41.0040 | |
| 20231002 | Accounting Services Q3 | 10/2/2023 | san180 | San Juan County | \$ 481.81 | | 6541.00.561.00.41.0020 | |
| 2068 | Generator balance | 9/18/2023 | pic146 | Pickett Spring | \$ 20,530.10 | | 6541.00.561.00.48.0010 | |
| 2069 | Generator, increase pad size | 9/18/2023 | pic146 | Pickett Spring | \$ 2,555.88 | | 6541.00.561.00.48.0010 | |
| 23066065A | Clinic Building Insurance | 9/28/2023 | ric102 | Rice Insurance | \$ 10,843.02 | | 6541.00.561.00.46.0002 | |
| 8116302 | Sound Publishing - Clinic article | 9/30/2023 | sou200 | Sound Publishing | \$ 452.25 | | 6541.00.561.00.41.0060 | |

TOTAL THIS PAGE \$ 67,835.06

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.

DocuSigned by:

 5DA79705AA62461...
 Chris Chord, Superintendent

10/16/2023
 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.

DocuSigned by:

 A80A84BC16C84A6...
 Pegi Groundwater, Auditing Officer

10/17/2023
 Date

Board Authorization

I attest that the duly elected board for the OIHD 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.

aplAinv
10/16/2023 12:19:57PM

Invoice Accounting Report
San Juan County

Page: 1

Invoice #: 10797.01 **Invoice Date:** 10/16/2023 **Doc Date:** 10/16/2023 **Due Date:** 10/17/2023
Vendor #: eas350 **Name:** EASTSOUND WATER USERS ASSN **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|-------------------------|--------------------------|---------------|------------------|
| 1 | Water Sewer - Deye Lane | E 6541.00.561.00.47.0010 | 102.85 | |

Invoice #: 10798.01 **Invoice Date:** 10/16/2023 **Doc Date:** 10/16/2023 **Due Date:** 10/17/2023
Vendor #: eas350 **Name:** EASTSOUND WATER USERS ASSN **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|-------------------------|--------------------------|---------------|------------------|
| 1 | Water Sewer Deye Parcel | E 6541.00.561.00.47.0010 | 50.00 | |

Invoice #: 130867 **Invoice Date:** 10/16/2023 **Doc Date:** 10/16/2023 **Due Date:** 10/16/2023
Vendor #: nor012 **Name:** NORTHWEST SUPPLY **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|-------------------------|--------------------------|---------------|------------------|
| 1 | Clinic Ultrasound | E 6541.00.594.61.64.0004 | 27,747.89 | |

Invoice #: 131012 **Invoice Date:** 10/16/2023 **Doc Date:** 10/16/2023 **Due Date:** 10/16/2023
Vendor #: nor012 **Name:** NORTHWEST SUPPLY **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|-------------------------|--------------------------|---------------|------------------|
| 1 | Clinic Bilirubinometer | E 6541.00.594.61.64.0004 | 2,201.87 | |

Invoice #: 20230926 **Invoice Date:** 10/16/2023 **Doc Date:** 10/16/2023 **Due Date:** 10/16/2023
Vendor #: emm100 **Name:** EMMANUEL EPISCOPAL PARISH OF **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|----------------------------------|--------------------------|---------------|------------------|
| 1 | Parish Hall - Sept board meeting | E 6541.00.561.00.49.0001 | 40.00 | |

Invoice #: 20231002 **Invoice Date:** 10/16/2023 **Doc Date:** 10/16/2023 **Due Date:** 10/16/2023
Vendor #: gao155 **Name:** CHIHUAHUA TEAM **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|---------------------------------|--------------------------|---------------|------------------|
| 1 | Landscaping Service - Sept 2023 | E 6541.00.561.00.48.0020 | 1,906.08 | |

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Invoice Accounting Report
San Juan County

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Invoice #: 20231002 **Invoice Date:** 10/16/2023 **Doc Date:** 10/16/2023 **Due Date:** 10/17/2023
Vendor #: san180 **Name:** SAN JUAN COUNTY **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|-------------------------|--------------------------|---------------|------------------|
| 1 | Accounting services Q3 | E 6541.00.561.00.41.0020 | 481.81 | |

Invoice #: 2068 **Invoice Date:** 10/16/2023 **Doc Date:** 10/16/2023 **Due Date:** 10/16/2023
Vendor #: pic146 **Name:** PICKETT SPRING **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|-------------------------|--------------------------|---------------|------------------|
| 1 | Generator Balance | E 6541.00.561.00.48.0010 | 20,530.10 | |

Invoice #: 2069 **Invoice Date:** 10/16/2023 **Doc Date:** 10/16/2023 **Due Date:** 10/16/2023
Vendor #: pic146 **Name:** PICKETT SPRING **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|------------------------------|--------------------------|---------------|------------------|
| 1 | Generator, increase pad size | E 6541.00.561.00.48.0010 | 2,555.88 | |

Invoice #: 23066065A **Invoice Date:** 10/16/2023 **Doc Date:** 10/16/2023 **Due Date:** 10/16/2023
Vendor #: ric102 **Name:** RICE INSURANCE **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|---------------------------|--------------------------|---------------|------------------|
| 1 | Clinic Building Insurance | E 6541.00.561.00.46.0002 | 10,843.02 | |

Invoice #: 44393 **Invoice Date:** 10/16/2023 **Doc Date:** 10/16/2023 **Due Date:** 10/16/2023
Vendor #: aut102 **Name:** AUTOMATIC ENTRIES, INC. **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|------------------------------|--------------------------|---------------|------------------|
| 1 | Clinic automatic door repair | E 6541.00.561.00.48.0010 | 560.46 | |

Invoice #: 51760 **Invoice Date:** 10/16/2023 **Doc Date:** 10/16/2023 **Due Date:** 10/16/2023
Vendor #: nwt155 **Name:** NW TECHNOLOGY SOLUTIONS, LLC **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|----------------|-------------------------|--------------------------|---------------|------------------|
| 1 | Technology Services | E 6541.00.561.00.41.0040 | 362.85 | |

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10/16/2023 12:19:57PM

Invoice Accounting Report
San Juan County

Invoice #: 8116302 **Invoice Date:** 10/16/2023 **Doc Date:** 10/16/2023 **Due Date:** 10/16/2023
Vendor #: sou200 **Name:** SOUND PUBLISHING, INC **Type:** in

| <u>Line No</u> | <u>Line Description</u> | <u>Account Number</u> | <u>Amount</u> | <u>PO Number</u> |
|---------------------|---------------------------------|--------------------------|------------------|------------------|
| 1 | Sound Publishing Clinic Article | E 6541.00.561.00.41.0060 | 452.25 | |
| Grand Total: | | | <u>67,835.06</u> | |