CLAIMS PAYMEN   REQUEST	JEST			м тейменицинайнальныцьаракоприямия этипринейнайную проторожений проторожений проторожений проторожений проторож			NOTIONAL CONTRACTOR OF THE STREET OF THE	Oriental Atmentivaments
FROM: Orcas Island Health Care District	are District	Func	Fund# 6541.00					
Date:	8/22/2019						Page 1 of 1	
Invoice # Description	4	Inv. Date	Vendor#	Vandor Namo				
Sep-19 Health Ins. Pymt	-		lop559	Lopez Island Hospital District - Sept PEBB premium	\$ 500.00	Grant /Level Bars #	Bars #	1099
827674 Legal		8/9/2019	ogd100	Ogden, Murphy, Wallace - July services			6541.00.561.00.20.0006	
Sep-19 Office Lease	_	8/22/2019	win097	Windermere Real Estate - Sept Rent District Office			6541.00.561.00.41.0030	
							0.0000	
				TOTAL THIS PAGE	\$ 1,370.00			
), the undersigned, do hereby certify under penalty of perjury that the materials have been fundered and payable pursuant to a contract or is available as an option for full or partial fulfillments and payable pursuant to a contract or is available as an option for full or partial fulfillments and payable pursuant to a contract or a value of the payable pursuant to a value of the payable provided the payable payable provided the payable payable provided the payable	certify under contract or l I that I am au	penalty of	perjury that the san option for a san option for a san aption for a san	), the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor 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 call the care District, and that I am authorized to authenticate and certify to said claim.	0 7	ed as described just, due and u	r performed as described herein, that any advance payment is claim is a just, due and unpaid obligation against the Orcas	ent is as
l, the undersigned, do hereby c	ertify under	An penalty of p	me L. Pressor erjury that th	Amne L. Presson, Superintendent I, the undersigned, do hereby certify under penalty of perjury that the claim is a just, due and unpaid obligation against the Orcas Island claim.		Date Care District, and to	B. 22.19  Date  Health Care District, and that I am authorized to certify to said	o said
		Pat	datty Miller, Au	Patty Miller, Auditing Officer		8/98/19 Date		
Board Authorization As the duly elected board for th \$1370 for the period ending	is district we _8-31-19	have reviev	ved the clain	Board Authorization As the duly elected board for this district we have reviewed the claims listed above (including original backup materials) totaling \$1370 for the period ending8-31-19 We approve payment with our signatures below.				
Art Lange, Commissioner	Date	and the second second	Peg	Pegi Groundwater, Commissioner	Date		ě	~
Diane Roteler, Commissioner	Date		Rich	Richard Fralick, Commissioner	Date			This is the state of the state
Patty Miller, Commissioner	Date							The grave supply
Note: It is the DISTRICTS	'responsibil	ity to main	ain adequat	Note: It is the DISTRICTS' responsibility to maintain adequate, original, records to substantiate these claims.				- Constant