

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 12/13/22

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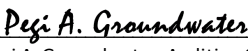
Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
267	Sewer	11/30/22	eas310	ESWD	\$128.70		6541.00.561.00.47.0010	
10797-01	Water - Deye Parcel	11/30/22	eas350	EWUA	\$70.72		6541.00.561.00.47.0010	
10798-01	Water - Deye Clinic	11/30/22	eas350	EWUA	\$41.00		6541.00.561.00.47.0010	
48261	Technology Services	11/17/22	nwt155	NW Technology	\$374.27		6541.00.561.00.41.0040	
18112	Internet	12/7/22	roc201	Rock Island	\$85.00		6541.00.561.00.42.0020	
214843	Maintenance - Pest Control	12/5/22	san246	San Juan Pest Control	\$297.83		6541.00.561.00.41.0040	
TOTAL THIS PAGE					\$ 997.52			

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:

 Chris Ward, Superintendent Date 12/12/2022

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 A. Groundwater, Auditing Officer Date 12/13/2022

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.