

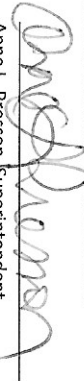
CLAIMS PAYMENT REQUEST


FROM: Orcas Island Health Care District Fund# 6541.00

Date: 5/29/2019


Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
ORD-2701	Conference	5/23/2019	pre159	Anne Presson - June WSHA Reg AP and DB	\$ 750.00		6541.00,561.00,43.0010	
Jun-19	Health Ins. Pymt	5/29/2019	lop559	Lopez Island Hospital District - June PEBB premium	\$ 500.00		6541.00,561.00,20.0006	
2019-03	Provider Grant	5/2/2019	orc103	Orcas Family Health Center - vaccine reimbursement	\$ 6,066.03		6541.00,561.00,41.0001	
19-Apr	Provider Grant	5/29/2019	orc103	Orcas Family Health Center - April '19 After-hours incentive	\$ 1,250.00		6541.00,561.00,41.0001	
824192	Legal Services	5/10/2019	ogdt100	Ogden, Murphy, Wallace - March Services	\$ 1,842.50		6541.00,561.00,41.0030	
Jun-19	Office Lease	5/29/2019	wln097	Windermere Real Estate - June Rent District Office	\$ 700.00		6541.00,561.00,45.0000	
TOTAL THIS PAGE					\$ 11,108.53			

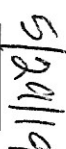
I, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor performed as described herein, that any advance payment is due and payable pursuant to a contract or is available as an option for full or partial fulfillment of a 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.


 Anne L. Presson, 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.


 Richard Fralick, Auditing Officer or
 Patty Miller, Auditing Officer


 Date

Board Authorization

As the duly elected Board for this District we have reviewed the claims listed above (including original backup materials) totaling \$11108.53 for the period ending _____ We approve payment with our signatures below.

Art Lange, Commissioner Date _____ Pegi Groundwater, Commissioner Date _____

Diane Boteler, Commissioner Date _____ Richard Fralick, Commissioner Date _____

Patty Miller, Commissioner Date _____

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