

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 10/11/2019

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Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
2413 - Sept	Office Supplies	9/10/2019	ban155	Banner Bank - Amazon.com for printer ink all colors and black	\$ 426.68		6541.00.561.00.31.0000	
10105	Website	10/4/2019	ray195	Cloud52 - Annual Web Manager Contract	\$ 1,200.00		6541.00.561.00.42.0030	
36682	Technology Services	10/1/2019	nwt155	NW Technology - Oct Mo. Billing - Services	\$ 259.50		6541.00.561.00.41.0040	
36682	Technology Services	10/1/2019	nwt155	NW Technology - Oct Mo. Billing - Sales Tax	\$ 22.58		6541.00.561.00.41.0040	
5611-Sept	Printing & Graphics	9/30/2019	off250	The Office Cupboard - printing of flyers for Town Hall	\$ 43.22		6541.00.561.00.49.0000	
L132799	State Audit Expense	9/12/2019	sta890	WA State Auditor - final bill for Accountability Audit	\$ 600.60		6541.00.561.10.41.0002	
TOTAL THIS PAGE					\$ 2,552.58			

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. Pressor, Superintendent

10-13-19
 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.


 Patty Miller or Richard Fralick, Auditing Officer

10-13-19
 Date

Board Authorization

As the duly elected board for the OIHCD we have reviewed the claims listed above (including original backup materials) totaling \$2552.58 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.