

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

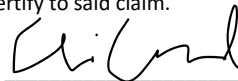
Date: 5/29/2023

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Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
400	T-Mobile Bill	5/21/2023	ban155	Banner Bank	\$ 114.91		6541.00.561.00.42.0020	
400	Adobe Acrobat Pro - May	5/12/2023	ban155	Banner Bank	\$ 51.96		6541.00.561.00.41.0040	
400	Foxs Boxes - Clinic storage	5/10/2023	ban155	Banner Bank	\$ 606.80		6541.00.561.00.48.0010	
400	Rock Island - May	4/30/2023	ban155	Banner Bank	\$ 85.00		6541.00.561.00.42.0020	
3627	Chmelik Sitkin & Davis Legal	4/30/2023	chm100	Chmelik, Sitkin, Davis	\$ 384.00		6541.00.561.00.41.0020	
20230425	Island Excavating - clinic road repair	4/25/2023	islexc	Island Excavating, Inc	\$ 41,948.65		6541.00.561.00.48.0010	

TOTAL THIS PAGE \$ 43,191.32

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.



Chris Chord, Superintendent

05/29/2023

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.



Pegi Groundwater, Auditing Officer

5/30/2023

Date

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, Commissioner/Board Secretary

Date

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

apInAinv
05/29/2023 6:55:41PMInvoice Accounting Report
San Juan County

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Invoice #: 20230425 Invoice Date: 05/29/2023 Doc Date: 05/29/2023 Due Date: 05/30/2023
Vendor #: isl680 Name: ISLAND EXCAVATING, INC Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Deye Ln Road Repair	E 6541.00.561.00.48.0010	41,948.65	

Invoice #: 3627 Invoice Date: 05/29/2023 Doc Date: 05/29/2023 Due Date: 05/30/2023
Vendor #: chm100 Name: CSD ATTORNEYS AT LAW Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Legal Services Bill	E 6541.00.561.00.41.0020	384.00	

Invoice #: 400 Invoice Date: 05/29/2023 Doc Date: 05/29/2023 Due Date: 05/29/2023
Vendor #: ban155 Name: BANNER BANK Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	T-Mobile Cell Phone Bill	E 6541.00.561.00.42.0020	114.91	
2	Adobe Acrobat Pro monthly fee	E 6541.00.561.00.41.0040	51.96	
3	Fox's Boxes - Shipping Container Rental	E 6541.00.561.00.48.0010	606.80	
4	Rock Island Monthly Internet Fee	E 6541.00.561.00.42.0020	85.00	

Invoice Total: 858.67

Grand Total: 43,191.32

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