

**CLAIMS PAYMENT REQUEST**


FROM: Orcas Island Health Care District Fund# 6541.00

Date: 2/25/2019

Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
34505	Technology Services	2/1/2019	nwt155	NW Technology - Feb Mo. Billing	\$ 277.19		6541.00.561.00.41.0040	
Mar-19	Office Lease	2/25/2019	win097	Windermere Real Estate - March Rent District Office	\$ 700.00		6541.00.561.00.45.0000	
Mar-19	Health Ins. Pymt	2/25/2019	lop559	Lopez Island Hospital District - March PEBB premium	\$ 500.00		6541.00.561.00.20.0006	
5611-Feb	Office Supplies	1/31/2019	of250	The Office Cupboard - printer ink and file rack	\$ 67.56		6541.00.561.00.31.0000	
3183	Accounting	1/30/2019	san124	San Juan County - Q4 Auditor Statement	\$ 181.91		6541.00.561.00.41.0020	
44862	Dues	1/25/2019	ass652	Association of WA PHDs - Annual 2019 membership	\$ 1,000.00		6541.00.561.00.49.0010	
7898776	Advertising	1/31/2019	sou100	Sound Publishing - MRSC Notice	\$ 139.25		6541.00.561.00.41.0060	
821176	Legal	2/14/2019	ogd100	Ogden, Murphy, Wallace	\$ 340.00		6541.00.561.00.41.0030	
Feb.1-10x	Printing	2/5/2019	rai160	Rainbow Services - prints for roof permit application	\$ 20.54		6541.00.561.00.49.0000	
PHD1	Provider Grant	1/30/2019	orc103	Orcas Family Health Center - Q4 '18 After-Hours Incentive	\$ 1,000.00		6541.00.561.00.41.0001	
<b>TOTAL THIS PAGE</b>					<b>\$ 4,226.45</b>			

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: 2/24/19

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, Auditing Officer  
 Date: 2/25/19

**Board Authorization**

As the duly elected board for this district we have reviewed the claims listed above (including original backup materials) totaling \$4226.45 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.