

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 1/6/2019

Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
34247	Technology Services	1/1/2019	nwt155	NW Technology - January Mo. Billing	\$ 277.19		6541.00.561.00.41.0040	
Jan-19	Office Lease	1/1/2019	win097	Windermere Real Estate - Jan Rent District Office	\$ 700.00		6541.00.561.00.45.0000	
Jan-19	Health Ins. Pymt	12/25/2018	lop559	Lopez Island Hospital District - Jan PEBB premium	\$ 500.00		6541.00.561.00.20.0006	
#112-0835627-4188269	Computer Hardware	1/3/2019	pre159	Reimburse Anne Presson for Office Printer/Scanner	\$ 786.44		6541.00.594.61.64.0003	

TOTAL THIS PAGE					\$ 2,263.63			

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.

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 \$2263.63 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.