

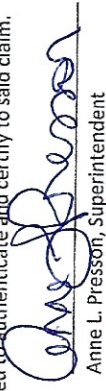
CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 1/14/2019

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
2019-01	Provider Subsidy	1/14/2019	orc103	Orcas Family Health Center - Q'1 2019 Grant Payment	\$ 82,500.00		6541.00.561.00.41.0001	
TOTAL THIS PAGE					\$ 82,500.00			

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

1/14/19
 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, Auditing Officer

1/14/19
 Date

Board Authorization

As the duly elected board for this district we have reviewed the claims listed above (including original backup materials) totaling \$82500 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.