

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District

Fund#: 6541.00

Date: 4/15/2019

Page 1 of 1

| Invoice # | Description | Inv. Date | Vendor # | Vendor Name | Amount | Grant Level | Bars # | |
|------------------------|--|-----------|----------|--|---------------------|-------------|------------------------|------|
| 2019-02 | Provider Subsidy | 4/15/2019 | orc103 | Orcas Family Health Center - Q2 2019 Grant Payment | \$35,661 | | 6541.00,661.00,41.0001 | 1099 |
| | To determine the grant reduction associated with the reduced MD FTE we take \$1,831 x 6 (1.0 FTE compared to .4 FTE) x 3 (Oct - Dec 2018) = \$32,958 for the MD FTE reduction. | | | | | | | |
| | Based on the revised Q4 2018 financial report the actual loss for that period was overstated by \$13,881. | | | | | | | |
| | The total deduction to the Q 2 2019 grant payment is \$46,839. When subtracted from the scheduled grant payment of \$82,500 the resulting payment = \$35,661 | | | | | | | |
| TOTAL THIS PAGE | | | | | \$ 35,661.00 | | | |

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
 Anne L. Presson, Superintendent

4-15-19
 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
 Richard Fraick, Auditing Officer or
 Patty Miller, Auditing Officer

4/15/19
 Date

Board Authorization

As the duly elected Board for this District we have reviewed the claims listed above (including original backup materials) totaling \$35661 for the period ending _____, We approve payment with our signatures below.

Art Lange, Commissioner

Date

Pegi Groundwater, Commissioner

Date

Diane Boteler, Commissioner

Date

Richard Fraick, Commissioner

Date

Patty Miller, Commissioner

Date

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