

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District

Fund# 6541.00

Date: 9/3/2019

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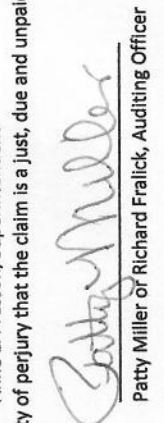
Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
3022	Building Maintenance	9/3/2019	orc110	Orcas Electric - service to redirect freezer to generator circuit	\$ 330.00		6541.00.561.00.48.0010	
3022	Building Maintenance	9/3/2019	orc110	Orcas Electric - tax on service	\$ 26.73		6541.00.561.00.48.0010	
22833	Provider Grant	6/6/2019	orc103	Orcas Family Health Center - May '19 After-hours incentive	\$ 750.00		6541.00.561.00.41.0001	
L132065	State Audit Expense	7/1/2019	sta890	WA State Auditor - Accountability Audit	\$ 3,066.21		6541.00.561.10.41.0002	
L132429	State Audit Expense	8/9/2019	sta890	WA State Auditor - Accountability Audit balance	\$ 1,051.05		6541.00.561.10.41.0002	
TOTAL THIS PAGE					\$ 5,223.99			

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

9/3/19
 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 or Richard Fralick, Auditing Officer

9/2/19
 Date

Board Authorization

As the duly elected board for the OIHCD we have reviewed the claims listed above (including original backup materials) totaling \$5223.99 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.