

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 9/15/2019

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Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant./Level	Bars #	1099
1-002	Building Landscape	9/3/2019	gao155	Ismael Garcia/Chihuahua Team - Aug service dates (4 visits)	\$ 3,784.00		6541.00.561.00.48.0020	
1-002	Building Landscape	9/3/2019	gao155	Ismael Garcia/Chihuahua Team - Aug service dates (sales tax)	\$ 283.50		6541.00.561.00.48.0020	
36223	Technology Services	9/1/2019	nwt155	NW Technology - Sept Mo. Billing - Services	\$ 259.50		6541.00.561.00.41.0040	
36223	Technology Services	9/1/2019	nwt155	NW Technology - Sept Mo. Billing - Sales Tax	\$ 22.58		6541.00.561.00.41.0040	
22850	Provider Grant	8/16/2019	orc103	Orcas Family Health Center - July '19 After-hours Incentive	\$ 1,500.00		6541.00.561.00.41.0001	
22852	Provider Grant	9/13/2019	orc103	Orcas Family Health Center - Aug '19 After-hours Incentive	\$ 1,750.00		6541.00.561.00.41.0001	
7941842	Promo & Advertising	8/31/2019	scu100	Sound Publishing - monthly article (8_14 Considering Options)	\$ 50.00		6541.00.561.00.41.0060	
TOTAL THIS PAGE					\$ 7,649.58			

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 said claim.

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.

Anne L. Peerson
Anne L. Peerson, Superintendent

9-15-19
Date

Patty Miller
Patty Miller or Richard Fralick, Auditing Officer

9/16/19
Date

Board Authorization

As the duly elected board for the OIHCD we have reviewed the claims listed above (including original backup materials) totalling \$7649.58 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.