CLAIMS PAYI	CLAIMS PAYMENT REQUEST							
FROM: Orcas Isl	FROM: Orcas Island Health Care District		Fund# 6541.00	00				
Date:	11/8/2019	19					Page 1 of 1	
invoice#	Description	Inv. Date	Vendor#					
8322669	Consulting	9/30/2019	din155	Vendor Name Dingus, Zarecor & Associates, pages falled in the control of the con	Amount	Grant /Level Bars #	Bars #	1099
139313	Building Other	10/31/2019	har559	HARGIS Engineers - HVAC Requirements document			6541.00.561.00.41.0050	
37089	Technology Services	-	nwt155	NW Technology - Nov Mo Billion Society	\$ 4,875.00		6541.00.561.00.48.0030	
37089	Technology Services	-		NW Technology Nov Mo Billing - Services	\$ 259.50		6541.00.561.00.41.0040	
5611-Oct	Printing & Graphics	-	off250	The Office Cuphoard Printing of The Office Cuphoard	\$ 22.58		6541.00.561.00,41.0040	
5611-Oct	Office Supplies			The Office Curboard - printing of flyers for Town Hall	\$ 37.84		6541.00.561.00.49.0000	
22862	Provider Grant	10/29/2019		Orcas Family Health Center Sont 110 Africa	\$ 11.66		6541.00.561.00.31.0000	
2020-01	Provider Subsidy	11/8/2019		Orcas Family Health Center EV 20 Count To Country Incentive			6541.00.561.00.41.0001	
5381	Building Maintenance			Odiete Plumbing replace but the Plumbing repla	\$ 38,955.00		6541.00.561.00,41,0001	
3278	Accounting Fees	11/1/2019	\perp	San luan County - replace not water neater in clinic building	\$ 956.69		6541.00.561.00.48.0010	
ISJ877767	Promo & Advertising			-	\$ 275.37		6541.00.561.00.41.0020	
FY_19	UW Subsidy	11/8/2019	1 666dwn	gs	\$ 65.73		6541.00.561.00.41.0060	
FY_19	Equip Maintenance	-		L	\$192,224.00		6541.00.561.00.41.0000	
LOC Fee_2019	Debt Issue Costs	11/4/2019		WaFdBank - Unused Commitment Fee - I OC	1		6541.00.561.00.48.0300	
					\$263,279.37		0000.41.00.585.00.1450	
and payable pursuant to a contract or is available as an option for full or partial Care District, and that I am authorized to authenticate and certify to said playin	do hereby certify uant to a contract or hat I am authorized	is available as a to authenticate	n option for and certify	and payable pursuant to a contract or is available as an option for full or partial fulfillment of a contractual obligation, and that I am authorized to authenticate and certify to said park.	formed as desc just, due and u	ribed herein, Inpaid obligati	that any advance payment is on against the Orcas Island He	due
), the undersigned, claim.	do hereby certify u	Ar nder penalty of	ine L Presso perjury that	Anne L. Presson, Superintendent U. 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.	th Care District	hate and that I an	n authorized to certify to said	
		Par	attu Miller or	Patty Miller or Richard Fralick, Auditing Officer		110119		
Board Authorization As the duly elected board for the \$263279.37 for the period ending	ation poard for the OIHCE period ending) we have revie	wed the clair	Board Authorization As the duly elected board for the OIHCD we have reviewed the claims listed above (including original backup materials) totaling \$263279.37 for the period ending We approve payment with our signatures below.	ţ			
Art Lange, Commissioner		Date	Peg	Pegi Groundwater, Commissioner Date	Te			
Diane Boteler, Commissioner	A Company of the Comp	Date	Rich	Richard Fralick, Commissioner Date	Ö			
Patty Miller, Commissioner	ioner D	Date						
Note: It is the I	DISTRICTS' respon	sibility to mai	ntain adequ	Note: It is the DISTRICTS' responsibility to maintain adequate, original, records to substantiate these claims.				-