

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District

Fund# 6541.00

Date: 5/7/2024

Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
400	Adobe Acrobat	4/11/2024	ban155	Banner Bank	\$ 52.01		6541.00.561.00.31.0002	
400	Fox's Boxes clinic storage	4/8/2024	ban155	Banner Bank	\$ 271.00		6541.00.561.00.48.0010	
400	OPALCO - clinic	3/15/2024	ban155	Banner Bank	\$ 808.78		6541.00.561.00.47.0010	
400	OPALCO - district office	3/15/2024	ban155	Banner Bank	\$ 148.06		6541.00.561.00.47.0011	
400	Rock Island - April 2024	4/7/2024	ban155	Banner Bank	\$ 85.00		6541.00.561.00.42.0020	
400	T-Mobile - March 2024	3/31/2024	ban155	Banner Bank	\$ 109.51		6541.00.561.00.42.0020	
400	Washington Alarm - April 2024	3/1/2024	ban155	Banner Bank	\$ 66.77		6541.00.561.00.31.0002	
400	Eastsound Sewer & Water District	3/29/2024	ban155	Banner Bank	\$ 148.27		6541.00.561.00.47.0010	
400	Clinic faucet replacement - Amazon	4/2/2024	ban155	Banner Bank	\$ 444.34		6541.00.561.00.48.0010	
400	Home Depot returned faucets	4/13/2024	ban155	Banner Bank	\$ (214.76)		6541.00.561.00.48.0010	
400	AWPHD Conference Accommodation	4/19/2024	ban155	Banner Bank	\$ 221.47		6541.00.561.00.43.0020	
53961	Technology services	5/1/2024	nwt155	NW Technology	\$ 363.52		6541.00.561.00.41.0040	
5821	Clinic landscaping	4/15/2024	nun155	Nunez Services	\$ 303.52		6541.00.561.00.48.0020	
1021	Dental consultant	4/30/2023	den656	DentALL PLLC	\$ 2,760.00		6541.00.561.00.41.0070	

TOTAL THIS PAGE

\$ 5,567.49

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.



Chris Chord, Superintendent

Date

05/02/2024

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.

Pegi A. Groundwater

Pegi Groundwater, Auditing Officer

Date

5/3/2024

Board Authorization

I attest that the duly elected board for the OIHCD has reviewed the claims listed above (including original backup materials) and have approved said claims by majority vote at a meeting open to the public.

Mark Salierno, Commissioner/Board Secretary

Date

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

Invoice Accounting Report
San Juan County

apInAinv
05/01/2024 3:26:30PM

Invoice #: 1021 **Invoice Date:** 05/01/2024 **Doc Date:** 05/01/2024 **Due Date:** 05/01/2024
Vendor #: den656 **Name:** DENTALL PLLC **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Dental Consultant	E 6541.00.561.00.41.0070	2,760.00	

Invoice #: 400 **Invoice Date:** 05/01/2024 **Doc Date:** 05/01/2024 **Due Date:** 05/01/2024
Vendor #: ban155 **Name:** BANNER BANK **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Adobe Acrobat	E 6541.00.561.00.31.0002	52.01	
2	Fox's Boxes clinic storage	E 6541.00.561.00.48.0010	271.00	
3	OPALCO, clinic	E 6541.00.561.00.47.0010	808.78	
4	OPALCO, District office	E 6541.00.561.00.47.0011	148.06	
5	Rock Island, April 2024	E 6541.00.561.00.42.0020	85.00	
6	T-Mobile, March 2024	E 6541.00.561.00.42.0020	109.51	
7	Washington Alarm	E 6541.00.561.00.31.0002	66.77	
8	Eastsound Sewer & Water District	E 6541.00.561.00.47.0010	148.27	
9	Amazon, clinic faucet replacement	E 6541.00.561.00.48.0010	444.34	
10	Home Depot, returned faucets	E 6541.00.561.00.48.0010	-214.76	
11	AWPHD Conf accommodation	E 6541.00.561.00.43.0020	221.47	
			Invoice Total:	2,140.45

Invoice #: 53961 **Invoice Date:** 05/01/2024 **Doc Date:** 05/01/2024 **Due Date:** 05/01/2024
Vendor #: nwt155 **Name:** NW TECHNOLOGY SOLUTIONS, LLC **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Technology services	E 6541.00.561.00.41.0040	363.52	

Invoice #: 5821 **Invoice Date:** 05/01/2024 **Doc Date:** 05/01/2024 **Due Date:** 05/01/2024
Vendor #: nun155 **Name:** NUNEZ SERVICES LLC **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Clinic landscaping	E 6541.00.561.00.48.0020	303.52	

Grand Total: 5,567.49