

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00


Date: 1/14/2025 (for 2024)

Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
10797.01	Water Sewer, EWUA, Deye Ln	12/31/2024	eas350	EWUA	\$ 84.80		6541.00.561.00.47.0010	
10798.01	Water Sewer, EWUA, Deye Ln	12/31/2024	eas350	EWUA	\$ 50.00		6541.00.561.00.47.0010	

TOTAL THIS PAGE \$ 134.80

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

1/10/2025

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.



David Zoeller, Auditing Officer

1/12/2025

Date

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.

apInAinv
01/10/2025 10:58:57AM

Invoice Accounting Report
San Juan County

Invoice #: 10797.01	Invoice Date: 12/30/2024	Doc Date: 12/30/2024	Due Date: 01/16/2025
Vendor #: eas350	Name: EASTSOUND WATER USERS ASSN	Type: in	

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Water Sewer, EWUA, Deye Lane	E 6541.00.561.00.47.0010	84.80	

Invoice #: 10798.01	Invoice Date: 12/31/2024	Doc Date: 12/30/2024	Due Date: 01/16/2025
Vendor #: eas350	Name: EASTSOUND WATER USERS ASSN	Type: in	

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Water Sewer, EWUA, Deye Parcel	E 6541.00.561.00.47.0010	50.00	

Grand Total: 134.80