

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00


Date: 1/7/2025 (for 2024)

Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
400	QuickBooks - Dec 2024	12/6/2024	ban155	Banner Bank	\$ 53.66		6541.00.561.00.31.0002	
400	Rock Island - Dec 2024	12/7/2024	ban155	Banner Bank	\$ 85.00		6541.00.561.00.42.0020	
400	Fox's Boxes clinic storage	12/8/2024	ban155	Banner Bank	\$ 271.00		6541.00.561.00.41.0070	
400	Adobe Acrobat	12/11/2024	ban155	Banner Bank	\$ 52.01		6541.00.561.00.31.0002	
400	Microsoft charger	12/24/2024	ban155	Banner Bank	\$ 97.55		6541.00.561.00.35.0001	
400	OPALCO - clinic	12/5/2024	ban155	Banner Bank	\$ 757.71		6541.00.561.00.47.0010	
400	OPALCO - district office	12/5/2024	ban155	Banner Bank	\$ 129.39		6541.00.561.00.47.0011	
400	OPALCO - dental clinic	12/5/2024	ban155	Banner Bank	\$ 102.36		6541.00.561.00.41.0070	
400	T-Mobile Nov 2024	12/20/2024	ban155	Banner Bank	\$ 111.51		6541.00.561.00.42.0020	
400	Eastsound Sewer & Water District	12/28/2024	ban155	Banner Bank	\$ 287.90		6541.00.561.00.47.0010	
20250115	Island Health Operations Support Fee	12/15/2024	isl726	Skagit County Public Hospital District No.2	\$ 511,000.00		6541.00.561.00.41.0003	
3002	Airport Center cleaning - dental	12/31/2024	har910	Rita Harvey	\$ 280.00		6541.00.561.00.41.0070	
3933	SJC accounting fees Q4	12/31/2024	san180	San Juan County	\$ 723.19		6541.00.561.00.41.0020	
8158124	Superintendent article/commissioner notice	12/31/2024	sou200	Islands Sounder	\$ 904.50		6541.00.561.00.41.0060	

TOTAL THIS PAGE \$ 514,855.78

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.

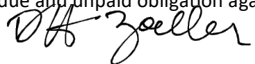


 Chris Chord, Superintendent

1/6/2025

 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

1/6/2025

 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.

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01/06/2025 10:02:16AM

Invoice Accounting Report
San Juan County

Invoice #: 03933 **Invoice Date:** 12/31/2024 **Doc Date:** 12/30/2024 **Due Date:** 01/09/2025
Vendor #: san180 **Name:** SAN JUAN COUNTY **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	SJC Accounting fees Q4	E 6541.00.561.00.41.0020	723.19	

Invoice #: 20250115 **Invoice Date:** 12/15/2024 **Doc Date:** 12/30/2024 **Due Date:** 01/09/2025
Vendor #: isl726 **Name:** ISLAND HOSPITAL **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Island Health Operations Support Fee	E 6541.00.561.00.41.0003	511,000.00	

Invoice #: 3002 **Invoice Date:** 12/31/2024 **Doc Date:** 12/30/2024 **Due Date:** 01/09/2025
Vendor #: har910 **Name:** HARVEY, RITA **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Airport Centre cleaning, dental	E 6541.00.561.00.41.0070	280.00	

Invoice #: 400 **Invoice Date:** 12/31/2024 **Doc Date:** 12/30/2024 **Due Date:** 01/09/2025
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	QuickBooks, Dec 2024	E 6541.00.561.00.31.0002	53.66	
2	Rock Island, Dec 2024	E 6541.00.561.00.42.0020	85.00	
3	Fox's Boxes clinic storage	E 6541.00.561.00.41.0070	271.00	
4	Adobe Acrobat	E 6541.00.561.00.31.0002	52.01	
5	Micrsoft charger	E 6541.00.561.00.35.0001	97.55	
6	OPALCO, clinic	E 6541.00.561.00.47.0010	757.71	
7	OPALCO, district office	E 6541.00.561.00.47.0011	129.39	
8	OPALCO, dental clinic	E 6541.00.561.00.41.0070	102.36	
9	T-Mobile, Nov 2024	E 6541.00.561.00.42.0020	111.51	
10	Eastsound Sewer & Water District	E 6541.00.561.00.47.0010	287.90	

Invoice Total: 1,948.09

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01/06/2025 10:02:16AM

Invoice Accounting Report

San Juan County

Invoice #: 8158124

Invoice Date: 12/31/2024

Doc Date: 12/30/2024

Due Date: 12/09/2024

Vendor #: sou200

Name: SOUND PUBLISHING, INC

Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Superintendent article/Commissioner	E 6541.00.561.00.41.0060	904.50	

Grand Total: 514,855.78