

**CLAIMS PAYMENT REQUEST**

FROM: Orcas Island Health Care District Fund# 6541.00


Date: 12/17/2024

Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
55791	Technology services	12/1/2024	nwt155	NW Technology	\$ 363.52		6541.00.561.00.41.0040	
20241205	Clinic article - medical asst team	12/5/2024	gai001	Gray Gailey	\$ 350.00		6541.00.561.00.41.0050	
10797.01	Water Sewer EWUA Deye Lane	11/22/2024	eas350	EWUA	\$ 50.00		6541.00.561.00.47.0010	
10798.01	Water Sewer EWUA Clinic	11/22/2024	eas350	EWUA	\$ 98.33		6541.00.561.00.47.0010	
3051	Airport Center rent	12/11/2024	nex654	Nexco, Inc.	\$ 897.00		6541.00.561.00.41.0070	
2965836-SJ	Dental trash disposal	11/30/2024	san275	San Juan Sanitation Co.	\$ 19.39		6541.00.561.00.41.0070	
20241210	Dental divider pick-up ferry	12/10/2024	cho002	Chris Chord	\$ 37.57		6541.00.561.00.41.0070	
8INV00018149	X-ray maintenance	12/10/2024	shi001	Shimadzu Medical	\$ 5,013.50		6541.00.561.00.48.0300	


TOTAL THIS PAGE \$ 6,829.31

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

12/13/2024  
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

12/14/2024  
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  
12/13/2024 12:36:05PM

**Invoice Accounting Report**  
San Juan County

**Invoice #:** 10797.01      **Invoice Date:** 12/13/2024      **Doc Date:** 12/13/2024      **Due Date:** 12/14/2024  
**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	50.00	

**Invoice #:** 10798.01      **Invoice Date:** 12/13/2024      **Doc Date:** 12/13/2024      **Due Date:** 12/14/2024  
**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 Clinic	E 6541.00.561.00.47.0010	98.33	

**Invoice #:** 20241205      **Invoice Date:** 12/13/2024      **Doc Date:** 12/13/2024      **Due Date:** 12/13/2024  
**Vendor #:** gai001      **Name:** GAILEY, GRAY      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Clinic article, medical asst team	E 6541.00.561.00.41.0050	350.00	

**Invoice #:** 20241210      **Invoice Date:** 12/13/2024      **Doc Date:** 12/13/2024      **Due Date:** 12/13/2024  
**Vendor #:** cho002      **Name:** CHORD, CHRISTOPHER RYAN      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Dental divider pick-up ferry	E 6541.00.561.00.41.0070	37.57	

**Invoice #:** 2965836-SJ      **Invoice Date:** 12/13/2024      **Doc Date:** 12/13/2024      **Due Date:** 12/14/2024  
**Vendor #:** san275      **Name:** SAN JUAN SANITATION, INC      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Dental trash disposal	E 6541.00.561.00.41.0070	19.39	

**Invoice #:** 3051      **Invoice Date:** 12/13/2024      **Doc Date:** 12/13/2024      **Due Date:** 12/13/2024  
**Vendor #:** nex654      **Name:** NEXCO INC.      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Airport Center rent	E 6541.00.561.00.41.0070	897.00	

**Invoice Accounting Report**  
San Juan County

**Invoice #:** 55791

**Invoice Date:** 12/13/2024

**Doc Date:** 12/13/2024

**Due Date:** 12/13/2024

**Vendor #:** nwt155

**Name:** NW TECHNOLOGY SOLUTIONS, LLC

**Type:** in

Line No Line Description

1 Technology services

Account Number

E 6541.00.561.00.41.0040

Amount PO Number

363.52

**Invoice #:** 8INV00018149

**Invoice Date:** 12/13/2024

**Doc Date:** 12/13/2024

**Due Date:** 12/13/2024

**Vendor #:** shi001

**Name:** SHIMADZU MEDICAL SYSTEMS USA

**Type:** in

Line No Line Description

1 X-ray maintenance

Account Number

E 6541.00.561.00.48.0030

Amount PO Number

5,013.50

**Grand Total:** 6,829.31