



JUNIOR TAXING DISTRICT CLAIMS PAYMENT REQUEST FORM

Junior taxing districts (JTD) must complete this form to request claims payments for all accounts payable and payroll EFT disbursements.

NOTE: It is the district's responsibility to main adequate records to substantiate claims.

Submit completed form to San Juan County Payroll Deputy by 10:00 A.M. on appropriate processing day, as outlined by the Junior Taxing District Accounts Payable & Payroll Calendar.

Form with fields: Date of request (1/14/2025), District name (Orcas Island Health Care District), Requestor name (Chris Chord), Requestor email address (chrisc@orcashealth.org), Requestor phone number (360-317-3545), Total Amount (\$645.64), BARS Code (6541.00.589.40.00.0000), and Description of claim(s) (AP Warrants for 2025_01_14).

Auditing Officer Certification:

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.

Auditing Officer or Commissioner Signature(s) for Approval of Claims:

Signature table with two columns and three rows. First row: Chris Chord (Superintendent), 1/10/2025; Dave Zoeller (auditing o), 1/12/2025. Other rows are empty.

apInAinv
01/10/2025 11:05:57AM

Invoice Accounting Report
San Juan County

Invoice #: 258807 **Invoice Date:** 01/08/2025 **Doc Date:** 01/10/2025 **Due Date:** 01/16/2025
Vendor #: san246 **Name:** SAN JUAN PEST CONTROL **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Pest control service	E 6541.00.589.40.00.0000	329.54	

Invoice #: 56052 **Invoice Date:** 01/01/2025 **Doc Date:** 01/10/2025 **Due Date:** 01/16/2025
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 6541.00.589.40.00.0000	316.10	

Grand Total: 645.64