

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 8/20/2024

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Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
20240820	District office rent Q3	8/20/2024	bro005	Brown Dog Holdings LLC	\$ 2,547.00		6541.00.561.00.45.0000	

TOTAL THIS PAGE \$ 2,547.00

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
Chris Chord, Superintendent

8/19/2024
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.

Pegi A. Groundwater
Pegi Groundwater, Auditing Officer

8/20/2024
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.