

**CLAIMS PAYMENT REQUEST**

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 5/21/2024

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
131594	Bilirubinometer	5/1/2024	nor012	NW Supply Inc.	\$ 2,303.50		6541.00.594.61.64.0004	
8135572	April Article (Diane interview)	4/30/2024	sou200	Sound Publishing Inc.	\$ 452.25		6541.00.561.00.41.0060	
10797.01	Water Sewer, EWUA, Deye Ln	4/30/2024	eas350	EWUA	\$ 83.37		6541.00.561.00.47.0010	
10798.01	Water Sewer, EWUA, Deye Parcel	4/30/2024	eas350	EWUA	\$ 50.00		6541.00.561.00.47.0010	
1023	Dental consultant	5/20/2024	den656	DentALL PLLC	\$ 3,250.00		6541.00.561.00.41.0070	

TOTAL THIS PAGE \$ 6,139.12

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

5/20/2024

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

5/21/2024

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

05/20/2024 2:16:40PM

**Invoice Accounting Report**  
San Juan County

Page: 1

**Invoice #:** 1023      **Invoice Date:** 05/20/2024      **Doc Date:** 05/20/2024      **Due Date:** 05/20/2024  
**Vendor #:** den656      **Name:** DENTALL PLLC      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Dental consultant	E 6541.00.561.00.41.0070	3,250.00	

**Invoice #:** 10797.01      **Invoice Date:** 05/20/2024      **Doc Date:** 05/20/2024      **Due Date:** 05/21/2024  
**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 Ln	E 6541.00.561.00.47.0010	83.37	

**Invoice #:** 10798.01      **Invoice Date:** 05/20/2024      **Doc Date:** 05/20/2024      **Due Date:** 05/21/2024  
**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 Parcel	E 6541.00.561.00.47.0010	50.00	

**Invoice #:** 131594      **Invoice Date:** 05/20/2024      **Doc Date:** 05/20/2024      **Due Date:** 05/20/2024  
**Vendor #:** nor012      **Name:** NORTHWEST SUPPLY      **Type:** in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Bilirubinometer	E 6541.00.594.61.64.0004	2,303.50	

**Invoice #:** 8135572      **Invoice Date:** 05/20/2024      **Doc Date:** 05/20/2024      **Due Date:** 05/20/2024  
**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	April Article (Diane Interview)	E 6541.00.561.00.41.0060	452.25	

**Grand Total:** 6,139.12

Page: 1