

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District

Fund# 6541.00

Date: 4/29/2019

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
May-19	Office Lease	4/29/2019	win097	Windermere Real Estate - May Rent District Office	\$ 700.00		6541.00.561.00.45.0000	
May-19	Health Ins. Pymt	4/29/2019	lop559	Lopez Island Hospital District - May PEBB premium	\$ 500.00		6541.00.561.00.20.0006	
TOTAL THIS PAGE					\$ 1,200.00			

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.

[Signature]
 Anne L. Presson, Superintendent

Date: 4-29-19

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.

[Signature]
 Patty Miller or Richard Fralick, Auditing Officers

Date: 4/29/19

Board Authorization

As the duly elected board for this district we have reviewed the claims listed above (including original backup materials) totaling \$1200 for the period ending _____. We approve payment with our signatures below.

Art Lange, Commissioner

Date

[Signature] Pegi Groundwater, Commissioner

Diane Boteler, Commissioner

Date

[Signature] Richard Fralick, Commissioner

Date: 4/29/19

Patty Miller, Commissioner

Date

Note: It is the DISTRICTS' responsibility to maintain adequate, original, records to substantiate these claims.