

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 7/22/2019

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
2019-03	Provider Subsidy	7/15/2019	orc103	Orcas Family Health Center - Q'3 2019 Grant Payment	\$ 79,865.00		6541.00.561.00.41.0001	
L0009949276	Leasehold Excise Tax Jan-Mar 19	Jan-Mar 19	sta896	WA State Dept. of Revenue - Q'1 2019 return	\$ 2,010.74		6541.00.589.30.00.0000	
L0010008746	Leasehold Excise Tax April-May 19	Apr-May 19	sta896	WA State Dept. of Revenue - Q'2 2019 return	\$ 2,010.74		6541.00.589.30.00.0000	
	OFHC CALCULATION:							
	Subsidy per 1/4 of annual budgeted amount \$82,500							
	LESS MD reduction -25,872							
	Sub total \$56,628							
	PLUS "Disability Allowance" for Jan +9,155							
	PLUS Add back of Q'2 2019 reduction +13,688							
	TOTAL Q'3 2019 GRANT \$79,471							
	Adjust for Q'4 18 payment of \$82,306 vs \$82,500 + 194							
	FINAL Q'3 2019 GRANT \$79,665							
TOTAL THIS PAGE					\$ 83,686.48			

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.

Anne L. Presson
 Anne L. Presson, Superintendent

Date: 7-22-19

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.

Patty Miller
 Richard Fralick, Auditing Officer or
 Patty Miller, Auditing Officer

Date: 7/22/19

Board Authorization

As the duly elected Board for this District we have reviewed the claims listed above (including original backup materials) totaling \$83686.48 for the period ending _____. We approve payment with our signatures below.

Art Lange, Commissioner	_____	Date	_____
Diane Boteler, Commissioner	_____	Date	_____
Patty Miller, Commissioner	_____	Date	_____
Pegi Groundwater, Commissioner	_____	Date	_____
Richard Fralick, Commissioner	_____	Date	_____

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