

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 7/30/2019

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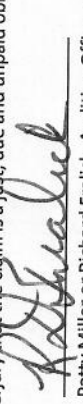
Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
19-Feb	Medical Insurance	7/25/2019	lop559	Lopez Island Hospital District - Feb PEBB premium reimbursement	\$ 500.00		6541.00.561.00.20.0006	
19-Aug	Medical Insurance	7/25/2019	lop559	Lopez Island Hospital District - August PEBB premium reimbursement	\$ 500.00		6541.00.561.00.20.0006	
826483	Legal Services	7/17/2019	ogd100	Ogden, Murphy, Wallace - Services through June 30	\$ 680.00		6541.00.561.00.41.0030	
R20-653-1	General Liability Insurance	7/19/2019	end225	Enduris - Annual Premium renewal; effec 9/1/19 thru 8/31/20	\$ 2,370.00		6541.00.561.00.46.0003	
3248	Accounting Fees	7/15/2019	san180	San Juan County - Q'2 2019 Auditor Statement	\$185.77		6541.00.561.00.41.0020	
19-Aug	Operating Rentals/Leases	7/25/2019	win097	Windermere Real Estate - August Rent District Office	\$ 700.00		6541.00.561.00.45.0000	
TOTAL THIS PAGE					\$ 4,935.77			

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, Superintendent

7-30-19
 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.


 Patty Miller or Richard Fralick, Auditing Officers

7/30/19
 Date

Board Authorization

As the duly elected Board for this District we have reviewed the claims listed above (including original backup materials) totaling \$4935.77 for the period ending _____ We approve payment with our signatures below.

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

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