

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 2/21/2022

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Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
2/10/2022 te	Office Supplies reimbursement	2/10/2022	EVE654	Tom Eversole	\$ 160.14		6541.00.561.31.0000	
2/10/22 te	Sales tax Office supplies	2/10/2022	EVE654	Tom Eversole	\$ 12.81		6541.00.561.31.0000	
1/12/2022 te	Ofc Supplies paper reimbursement	1/12/2022	EVE654	Tom Eversole	\$ 6.29		6541.00.561.31.0000	
1/12/2022 te	Sales tax Ofc Supplies paper	1/12/2022	EVE654	Tom Eversole	\$ 0.51		6541.00.561.31.0000	
2/2/22 te	Ofc Supplies staple puller reimbursement	2/2/2022	EVE654	Tom Eversole	\$ 3.71		6541.00.561.31.0000	
2/2/22 te	Sales Tax Ofc Supplies staple puller	2/2/2022	EVE654	Tom Eversole	\$ 0.30		6541.00.561.31.0000	
1/16/22 te	Trash Disposal	1/16/2022	EVE654	Tom Eversole	\$ 7.00		6541.00.561.49.0050	
2/18/22te	Ofc. Supplies Postage stamps	2/18/2022	EVE654	Tom Eversole	\$ 11.60		6541.00.561.31.0000	
2/19/22te	Ofc. Supplies printer paper & pens reimbursement	2/19/2022	EVE654	Tom Eversole	\$ 53.78		6541.00.561.31.0000	
2/19/22te	Sales tax Ofc. Supplies printer paper & pens	2/19/2022	EVE654	Tom Eversole	\$ 4.73		6541.00.561.31.0000	

Note: These are reimbursements

TOTAL THIS PAGE \$ 260.87

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.

Tom Eversole

Tom Eversole, Interim Superintendent

2-21-2022

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.

DocuSigned by:

Pegi A. Groundwater

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Pegi Groundwater or Richard Fralick, A

2/21/2022

Date

Board Authorization

As the duly elected board for the OIHCD we have reviewed the claims listed above (including original backup materials) totaling \$260.87 for the period ending 2/19/2022. We approve payment with our signatures below.

Art Lange, Commissioner

Date

Pegi Groundwater, Commissioner

Date

Diane Boteler, Commissioner

Date

Richard Fralick, Commissioner

Date

Dave Zoeller, Commissioner

Date

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