

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 9/19/2023

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Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
R24-653-1	Enduris General Liability	7/27/2023	end225	Enduris Washington	\$ 3,180.00		6541.00.561.00.46.0003	
51457	Technology Services	9/1/2023	nwt155	NW Technology	\$ 373.02		6541.00.561.00.41.004C	
10797.01	Water Sewer - EWUA - Deye Ln	8/31/2023	eas350	EWUA	\$ 106.41		6541.00.561.00.47.001C	
10798.01	Water Sewer - EWUA - Deye Parcel	8/31/2023	eas350	EWUA	\$ 50.00		6541.00.561.00.47.001C	
6954494	Benefits Cafeteria Plan	11/16/2022	dav142	Davis Wright Tremaine LLP	\$ 1,998.00		6541.00.561.00.41.003C	
7312023	Landscaping Service July	7/31/2023	gao155	Chihuahua Team Services	\$ 1,906.08		6541.00.561.00.48.002C	
8312023	Landscaping Service August	8/31/2023	gao155	Chihuahua Team Services	\$ 1,906.08		6541.00.561.00.48.002C	
2067	Generator Replacement - Cost of Generator	9/8/2023	pic146	Pickett Spring	\$ 48,180.42		6541.00.561.00.48.001C	
3750	County Auditing/accounting Services	8/2/2023	san180	San Juan County	\$ 434.69		6541.00.561.00.41.002C	

TOTAL THIS PAGE \$ 58,134.70

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

09/18/2023

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, Auditing Officer

9/18/2023

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.

 Diane Boteler, Commissioner/Board Secretary

 Date

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

Invoice Accounting Report
San Juan County

Invoice #: 08312023 Invoice Date: 09/13/2023 Doc Date: 09/13/2023 Due Date: 09/13/2023
Vendor #: gao155 Name: CHIHUAHUA TEAM Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Chihuahua Team Services	E 6541.00.561.00.48.0020	1,906.08	

Invoice #: 10797.01 Invoice Date: 09/13/2023 Doc Date: 09/13/2023 Due Date: 09/14/2023
Vendor #: eas350 Name: EASTSOUND WATER USERS ASSN Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	EWUA	E 6541.00.561.00.47.0010	106.41	

Invoice #: 10798.01 Invoice Date: 09/13/2023 Doc Date: 09/13/2023 Due Date: 09/14/2023
Vendor #: eas350 Name: EASTSOUND WATER USERS ASSN Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	EWUA	E 6541.00.561.00.47.0010	50.00	

Invoice #: 2067 Invoice Date: 09/18/2023 Doc Date: 09/18/2023 Due Date: 09/18/2023
Vendor #: pic146 Name: PICKETT SPRING Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Cost of Generator	E 6541.00.561.00.48.0010	48,180.42	

Invoice #: 3750 Invoice Date: 09/18/2023 Doc Date: 09/18/2023 Due Date: 09/19/2023
Vendor #: san180 Name: SAN JUAN COUNTY Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Accounting Services - San Juan County	E 6541.00.561.00.41.0020	434.69	

Invoice #: 51457 Invoice Date: 09/19/2023 Doc Date: 09/19/2023 Due Date: 09/19/2023
Vendor #: nwt155 Name: NW TECHNOLOGY SOLUTIONS, LLC Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	NW Technology	E 6541.00.561.00.41.0040	373.02	

Invoice Accounting Report
San Juan County

Invoice #: 6954494 Invoice Date: 09/19/2023 Doc Date: 09/19/2023 Due Date: 09/19/2023
Vendor #: dav142 Name: DAVIS WRIGHT TREMAINE, LLP Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Davis Wright Tremaine, LLP	E 6541.00.561.00.41.0030	1,998.00	

Invoice #: 7312023 Invoice Date: 09/13/2023 Doc Date: 09/13/2023 Due Date: 09/13/2023
Vendor #: gao155 Name: CHIHUAHUA TEAM Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Chihuahua Team Services	E 6541.00.561.00.48.0020	1,906.08	

Invoice #: R24-653-1 Invoice Date: 09/18/2023 Doc Date: 09/18/2023 Due Date: 09/18/2023
Vendor #: end225 Name: ENDURIS WASHINGTON Type: in

<u>Line No</u>	<u>Line Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>PO Number</u>
1	Enduris Annual Liability Bill	E 6541.00.561.00.46.0003	3,180.00	

Grand Total: 58,134.70