

CLAIMS PAYMENT REQUEST

FROM: Lopez Island Hospital District Fund# 6531.00

Date: 12/13/2020


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Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
3_LIPT_20	PT Contract	12/11	lop555	Lopez Island Physical Therapy LLC - Q'3 Subsidy Payment	\$3,039.00		6531.00.561.00.41.0007	
4_LIPT_20	PT Contract	12/11	lop555	Lopez Island Physical Therapy LLC - Q'4 Subsidy Payment	\$6,822.00		6531.00.561.00.41.0007	
40913	Technology Services	12/1	nwt155	NW Technology - Monthly Billing Service for December	\$245.00		6531.00.561.00.41.0004	
40913	Technology Services	12/1	nwt155	NW Technology - Monthly Billing Tax for December	\$20.34		6531.00.561.00.41.0004	
2020_4_OIHCD	Computer Software	12/11	orc002	Orcas Island Health Care District - reimburse 50% of Zoom subscription (162.04)	\$81.02		6531.00.594.61.64.0002	
2020_4_OIHCD	Computer Software	12/11	orc002	Orcas Island Health Care District - reimburse 50% of DocuSign subscription (324.30)	\$162.15		6531.00.594.61.64.0002	

TOTAL THIS PAGE

10,369.51

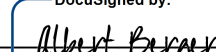
I, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor performed as described herein, that any advance payment is due and payable pursuant to a contract or is available as an option for full or partial fulfillment of a contractual obligation, and that the claim is a just, due and unpaid obligation against the LIHD, and that I am authorized to authenticate and certify to said claim.

DocuSigned by:

 Superintendent, Anne L. Presson

12/13/2020

Date

I, the undersigned, do hereby certify under penalty of perjury that the claim is a just, due and unpaid obligation against the Lopez Island Hospital District, and that I am authorized to certify to said claim.

DocuSigned by:

 Auditing Officer, Albert Berger

12/13/2020

Date

Board Authorization

As the duly elected board for the LIHD we have reviewed the claims listed above(including original backup materials) totaling \$10369.51 for the period ending 12-31-20. We approve payment with our signatures below.

 Albert Berger, Commissioner Date _____
 Rebecca Presley, Commissioner Date _____

 Christa Campbell, Commissioner Date _____
 Iris Graville, Commissioner Date _____

 James Orcutt, Commissioner Date _____

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