CLAIMS PAYMENT REQUEST						
DISTRICT: PORT OF	ORCAS		FUND # 6723	Page1_of_4_		
DATE:	30-Jul-24	L				
SEE ATTACHED INVOIO	CE ACCOUNTING REPO	RT				
TOTAL CLAIMS	\$18,953.10	<u>.</u>				
I do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is just, due, and unpaid obligation against the district. I am authorized to authenticate and certify to these claims. Materials backing up these claims will be retained by the district according to state law and are available to the public on request. 7/30/2024						
Signed as Auditing Office	er	Date	Signed as Chairman / Commissioner	Date		
Board Authorization As the duly elected board for this district we have reviewed the claims attached (including original backup materials) totaling 18,953.10 for the period ending July 30, 2024 We approve payment with our signatures below.						
Commissioner		Date	Commissioner	Date		
Commissioner		Date	Commissioner	Date		

apInAVnn 07/30/2024 9:20:01AM	Invoice Accounting Repo San Juan Co	Page: 1	
Vendor Number: cen657	Name: CENTURYLINK / LUMEN		
Invoice Number	Line No Line Description	Account Number	Amount Type
284.31	1 Phone 20240706	E 6723.00.546.10.42.0020	284.31 in
Vendor Number: eas310	Name: EASTSOUND SEWER & WATER DIST		
Invoice Number	Line No Line Description	Account Number	Amount Type
0005	1 Sewer 20240701	E 6723.00.546.10.47.0003	72.94 in
0229	1 Sewer 20240701 1 Sewer 20240701	E 6723.00.546.10.47.0003 E 6723.00.546.10.47.0003	168.92 in
0707	1 Sewer 20240701	E 6723.00.546.10.47.0003 Vendor Total:	95.98 in 337.84
		vendor rotar:	337.04
Vendor Number: eas350	Name: EASTSOUND WATER USERS ASSN		
Invoice Number	Line No Line Description	Account Number	Amount Type
10831.01	1 Water 20240630	E 6723.00.546.10.47.0001	150.46 in
10832.01 10833.01	1 Water 20240630 1 water 20240630	E 6723.00.546.10.47.0001 E 6723.00.546.10.47.0001	86.23 in
10033.01	1 Water 20240650	Vendor Total:	61.94 in 298.63
		vendor rotar.	230.03
Vendor Number: end225	Name: ENDURIS WASHINGTON		
Invoice Number	Line No Line Description	Account Number	Amount Type
R25-343-1	1 Annual insurance - GL, Auto,	E 6723.00.546.10.46.0003	13,303.00 in
Vendor Number: ham002	Name: HAMILTON. ROBERT		
Invoice Number	Line No Line Description	Account Number	Amount Type
202407	1 Meetina supplies	E 6723.00.546.10.31.0005	120.45 in
	2 Meeting supplies	E 6723.00.546.10.31.0005	<u>1,101.04</u> in
		Vendor Total:	1,221.49
Vendor Number: isl144	Name: ISLAND PETROLEUM SERVICES		

apInAVnn 07/30/2024 9:20:01AM

Invoice Accounting Report by Vendor Name

San Juan County

Invoice Number	Line No Line Description	Account Number	Amount Type
PortofOrcas 20240701	1 Fuel	E 6723.00.546.10.32.0001	122.98 in
Vendor Number: orc830	Name: OPALCO		
Invoice Number	Line No Line Description	Account Number	Amount Type
2493001	1 Power 20240628	E 6723.00.546.10.47.0002	486.29 in
2493003	1 Power 20240630	E 6723.00.546.10.47.0002	132.68 in
2493007	1 Power 20240630	E 6723.00.546.10.47.0002	59.56 in
2493008	1 Power 20240630	E 6723.00.546.10.47.0002	61.48 in
2493009	1 Power 20240630	E 6723.00.546.10.47.0002	62.58 in
2493010	1 Power 20240630	E 6723.00.546.10.47.0002	60.24 in
2493011	1 Power 20240630	E 6723.00.546.10.47.0002	227.67 in
		Vendor Total :	1,090.50
Vendor Number: pet513	Name: PETTY CASH - PORT OF ORCAS	6	
Invoice Number	Line No Line Description	Account Number	Amount Type
20240730	1 Swire Cocacola	E 6723.00.546.30.34.0001	174.35 in
	2 Island Market meeting supplies	E 6723.00.546.10.31.0005	5.73 in
	3 Swire coca cola	E 6723.00.546.30.34.0001	110.95 in
	4 Smart Sign	E 6723.00.546.10.31.0001	605.88 in
	5 MRSC Rosters	E 6723.00.546.30.49.0010	135.00 in
	6 Vista print - business cards	E 6723.00.546.10.31.0002	31.41 in

Vendor Number: roc201	Name: ROCK ISLAND COMMUNICATIONS INC

10 Swire coca cola

7 Amazon - office supplies 8 AMazon - ianitorial supplies

9 Orcas Island Ace - Janitorial supplies

Invoice Number	Line No Line Description	Account Number	Amount Type
000516966	1 Internet	E 6723.00.546.10.42.003	30 179.85 in
Vendor Number: rsi144	Name: RSINET, LLC		

E 6723.00.546.10.31.0002

6723.00.546.10.31.0004

6723.00.546.10.31.0004

6723.00.546.30.34.0001

Vendor Total:

Е

E

17.33 in

10.61 in

17.32 in

288.35 in 1,396.93 apInAVnn 07/30/2024 9:20:01AM

Invoice Accounting Report by Vendor Name San Juan County

Pa	ne.	3
	yc.	

Invoice Number	Line No Line Description	Account Number	Amount Type
8077	1 Data service Q2	E 6723.00.546.20.41.0002	180.00 in
Vendor Number: san275	Name: SAN JUAN SANITATION. INC		
Invoice Number	Line No Line Description	Account Number	Amount Type
2905665-SJ	1 Trash 20240630	E 6723.00.546.10.47.0004	217.57 in
Vendor Number: sta065	Name: STARR EXCAVATION		
Invoice Number	Line No Line Description	Account Number	Amount Type
125725.125393	1 125393.125725	E 6723.00.546.10.47.0005	320.00 in
		Grand Total:	18,953.10

CLAIMS PAYMENT REQUEST					
DISTRICT: PORT OF ORC	AS		FUND # 6723	Page1of_2_	
DATE: 3	0-Jul-24				
SEE ATTACHED INVOICE A	CCOUNTING REPORT				
TOTAL CLAIMS	\$3,890.88				
TOTAL CLAIMS \$3,890.88 I do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is just, due, and unpaid obligation against the district. I am authorized to authenticate and certify to these claims. Materials backing up these claims will be retained by the district according to state law and are available to the public on request. <i>DocuSigned by: T</i> /30/2024 Signed as Auditing Officer Date Board Authorization As the duly elected board for this district we have reviewed the claims attached (including original backup materials) totaling \$ 3,890.88 for the period ending					
Commissioner		Date	Commissioner	Date	
Commissioner		Date	Commissioner	Date	

Washington State Department of Revenue

Your Return has been submitted and your confirmation number is 0-041-685-122

Below is information from your Quarterly Return for the period ending June 30, 2024

Filing Date July 30, 2024

Account ID 600-200-128

Primary Name PORT OF ORCAS

Payment Method No Payment

Total Tax 3,789.09

Total Due 3,789.09 + previous balances = \$3,890.88

We noticed the email address on this return is different from the one in your profile.

Please verify that the email address in your profile is correct. To update your email address click the Profile menu icon at the top of this page, select My Profile, click the *Profile* tab, and click **Use your SAW profile**.

CLAIMS PAYMENT REQU	CLAIMS PAYMENT REQUEST					
DISTRICT: PORT OF ORC	AS		FUND # 6723	Page1of_2_		
DATE:	30-Jul-24					
SEE ATTACHED INVOICE A	ACCOUNTING REPORT					
TOTAL CLAIMS	\$6,099.47					
TOTAL CLAIMS \$6,099.47 I do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is just, due, and unpaid obligation against the district. I am authorized to authenticate and certify to these claims. Materials backing up these claims will be retained by the district according to state law and are available to the public on request. <i>Decusigned by: T/30/2024</i> Signed as Auditing Officer Date Board Authorization As the duly elected board for this district we have reviewed the claims attached (including original backup materials) totaling § 6,099.47 for the period ending July 30, 2024						
Commissioner		Date	Commissioner	Date		
Commissioner		Date	Commissioner	Date		

= \$6,099.47

Washington State Department of Revenue

Your Return has been submitted and your confirmation number is 0-041-711-021

Below is information from your Quarterly Return for the period ending June 30, 2024

Filing Date July 30, 2024

Account ID 601-040-478

Primary Name PORT OF ORCAS

Payment Method No Payment

Total Tax 3,594.38

Total Credits 65.00

Total Due 3

3,529.38 + previous balances =

We noticed the email address on this return is different from the one in your profile.

Please verify that the email address in your profile is correct. To update your email address click the Profile menu icon at the top of this page, select My Profile, click the *Profile* tab, and click **Use your SAW profile**.

CLAIMS PAYMENT REQUEST						
DISTRICT: PORT OF OF	RCAS		FUND # 6723	Page1of_4_		
DATE:	20-Aug-24					
SEE ATTACHED INVOICE	E ACCOUNTING REPORT					
TOTAL CLAIMS	\$35,699.42					
performed as describe authenticate and certil	I do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is just, due, and unpaid obligation against the district. I am authorized to authenticate and certify to these claims. Materials backing up these claims will be retained by the district according to state law and are available to the public on request.					
Signed as Auditing Office	r [Date	Signed as Chairman / Commissioner	Date		
Board Authorization As the duly elected board for this district we have reviewed the claims attached (including original backup materials) totaling 35,699.42 for the period ending August 20, 2024 We approve payment with our signatures below.						
Commissioner	[Date	Commissioner	Date		
Commissioner	[Date	Commissioner	Date		

apInAVnn 08/20/2024 1:30:42AM	Invoice Accounting Repo San Juan Co	Page: 1	
Vendor Number: asc155	Name: ASCENT AVIATION GROUP. INC.		
Invoice Number	Line No Line Description	Account Number	Amount Type
1036058	1 Aviation fuel 07/29/2024	E 6723.00.546.10.32.0002	25.480.27 in
Vendor Number: cen657	Name: CENTURYLINK / LUMEN		
Invoice Number	Line No Line Description	Account Number	Amount Type
300515092	1 Phone 08/06/2024	E 6723.00.546.10.42.0020	285.87 in
Vendor Number: chm100	Name: CSD ATTORNEYS AT LAW		
Invoice Number	Line No Line Description	Account Number	Amount Type
124030	1 Legal - ESWD	E 6723.00.546.10.41.0005	1,675.00 in
124031 124032	1 Legal - hangar drainage 1 Legal - Through the Fence	E 6723.00.546.10.41.0005 E 6723.00.546.10.41.0005	1.616.00 in 507.64 in
124032	r Ledal - fillodali tile rence	Vendor Total:	3,798.64
Vendor Number: eas310	Name: EASTSOUND SEWER & WATER DIST		
Invoice Number	Line No Line Description	Account Number	Amount Type
0005	1 Sewer 20240730	E 6723.00.546.10.47.0003	66.31 in
0229 0707	1 Sewer 2024-07-30 1 Sewer 2024-07-30	E 6723.00.546.10.47.0003 E 6723.00.546.10.47.0003	153.56 in 87.25 in
		Vendor Total :	307.12
Vendor Number: eas350	Name: EASTSOUND WATER USERS ASSN		
Invoice Number	Line No Line Description	Account Number	Amount Type
10831.01	1 Water 20240731	E 6723.00.546.10.47.0001	171.97 in
10832.01 10833.01	1 Water 20240731 1 Water 20240731	E 6723.00.546.10.47.0001 E 6723.00.546.10.47.0001	94.41 in 76.26 in
10033.01	1 Wald 20240/51	Vendor Total:	342.64

apInAVnn 08/20/2024 1:30:42AM	Invoice Accounting Rep San Juan	Page: 2	
Vendor Number: isl730	Name: ISLAND HARDWARE & SUPPLY		
Invoice Number	Line No Line Description	Account Number	Amount Type
40846	1 Meetina supplies 2 Janitorial supplies 3 Buildina maintenance supplies	E 6723.00.546.10.31.0005 E 6723.00.546.10.31.0004 E 6723.00.546.20.31.0009	58.49 in 49.72 in 42.57 in
		Vendor Total:	150.78
Vendor Number: isl144	Name: ISLAND PETROLEUM SERVICES		
Invoice Number	Line No Line Description	Account Number	Amount Type
Port of Orcas	1 Fuel 20240801	E 6723.00.546.10.32.0001	220.01 in
Vendor Number: mid002	Name: MIDNIGHT VENTURE		
Invoice Number	Line No Line Description	Account Number	Amount Type
202407	1 Janitorial - Julv 2 Tax - Janitorial	E 6723.00.546.20.41.0001 E 6723.00.546.20.41.0001	965.51 in 81.10 in
	3 Landscaping	E 6723.00.546.20.48.0006	263.13 in
	4 Tax - Landscaping	E 6723.00.546.20.48.0006	22.10 in
		Vendor Total:	1,331.84
Vendor Number: orc830	Name: OPALCO		
Invoice Number	Line No Line Description	Account Number	Amount Type
2493001	1 Power 20240730	E 6723.00.546.10.47.0002	460.13 in
2493003 2493007	1 Power 20240730 1 Power 20240730	E 6723.00.546.10.47.0002 E 6723.00.546.10.47.0002	132.04 in 59.56 in
2493008	1 Power 20240730	E 6723.00.546.10.47.0002	61.24 in
2493009	1 Power 20240730	E 6723.00.546.10.47.0002	62.48 in
2493010	1 Power 20240730	E 6723.00.546.10.47.0002	60.40 in
2493011	1 Power 20240730	E 6723.00.546.10.47.0002	226.31 in
		Vendor Total:	1,062.16
Vendor Number: pet513	Name: PETTY CASH - PORT OF ORCAS		

apInAVnn 08/20/2024 1:30:42AM	30:42AM San Juan County			
Invoice Number	Line No Line Description	Account Number	Amount Type	
20240819	1 Zoom 2 Rock Auto	E 6723.00.546.10.31.0005 E 6723.00.546.20.31.0007	10.00 in 147.90 in	
		Vendor Total:	157.90	
Vendor Number: roc201	Name: ROCK ISLAND COMMUNICATIONS INC			
Invoice Number	Line No Line Description	Account Number	Amount Type	
RI00002976	1 Internet	E 6723.00.546.10.42.0030	179.85 in	
Vendor Number: san002	Name: SAN JUAN MARINE FREIGHT &			
Invoice Number	Line No Line Description	Account Number	Amount Type	
1619	1 07/24/24 Baroe services	E 6723.00.546.30.43.0002	1.600.00 in	
Vendor Number: san275	Name: SAN JUAN SANITATION. INC			
Invoice Number	Line No Line Description	Account Number	Amount Type	
2905665-SJ	1 Trash 20240731	E 6723.00.546.10.47.0004	381.15 in	
Vendor Number: sta065	Name: STARR EXCAVATION			
Invoice Number	Line No Line Description	Account Number	Amount Type	
126988	1 Sanican Julv	E 6723.00.546.10.47.0005	160.00 in	
Vendor Number: off003	Name: THE OFFICE CUPBOARD			
Invoice Number	Line No Line Description	Account Number	Amount Type	
5285	1 Office supplies	E 6723.00.546.10.31.0002	14.72 in	
	2 Janitorial supplies	E 6723.00.546.10.31.0004 Vendor Total:	<u>226.47</u> in 241.19	
			271.10	
		Grand Total:	35,699.42	

CLAIMS PAYMENT REQUEST			
DISTRICT: PORT OF ORCAS		FUND # 6727	Page1_of_2_
DATE: 20-Aug-24			
SEE ATTACHED INVOICE ACCOUN	TING REPORT		
TOTAL CLAIMS	\$22,932.52		
performed as described herein	and that the claim is jus certify to these claims. M	erials have been furnished, the ser st, due, and unpaid obligation agair aterials backing up these claims w request. Signed as Chairman / Commis	nst the district. I am ill be retained by the district
		ved the claims attached (including on the claims attached (including other attached (including other attached on the claims attached (including other attached on the claims attached on the	o i , o
Commissioner	Date	Commissioner	Date
Commissioner	Date	Commissioner	Date

Invoice /	Accounting	Report by	Vendor Name
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apInAVnn 08/20/2024 2:12:29AM

San Juan County

Page: 1

Vendor Number: wet925 Name: WETLAND RESOURCES INC

Invoice Number	Line No Line Description	Account Number	Amount Type
22154-0524	1 Wetland Monitoring report	E 6727.00.594.46.61.0001	2.025.00 in
Vendor Number: whp100	Name: WHPACIFIC. INC.		
Invoice Number	Line No Line Description	Account Number	Amount Type
398144	1 Grant# 3-53-0023-018-2021	E 6727.00.594.46.61.0001	1.929.50 in
400995	1 Grant #3-53-0023-018-2021	E 6727.00.594.46.61.0001	17,256.90 in
401406	1 Grant# 3-53-0023-021-2022	E 6727.00.594.46.61.0001	427.50 in
403843	1 Grant# 3-53-0023-018-2021	E 6727.00.594.46.61.0001	1.293.62 in
		Vendor Total:	20,907.52
		Grand Total:	22,932.52

CLAIMS PAYMENT REQU	EST			
DISTRICT: PORT OF ORCA	AS		FUND # 6723	Page1_of_2_
DATE: 30	0-Aug-24			
SEE ATTACHED INVOICE A	CCOUNTING REPORT			
TOTAL CLAIMS	\$2,263.33			
performed as described h authenticate and certify to and are available to the p pocusigned by: Signed as Auditing Officer Board Authorization As the duly elected board	nerein, and that the c o these claims. Materi oublic on request.	laim is just, due, and un ials backing up these cl 9/3/2024 Date	en furnished, the services rendered paid obligation against the district. I aims will be retained by the district a Signed as Chairman / Commissioner attached (including original backup We approve payment with our sign	am authorized to according to state law Date
Commissioner		Date	Commissioner	Date
Commissioner		Date	Commissioner	Date

WA State Department of Revenue Combined Excise Tax Return Port of Orcas 601-040-478

Filing Period July 31, 2024 \$2,263.33

CLAIMS PAYMENT REQUEST						
DISTRICT: PORT OF OF	RCAS		FUND # 6723	Page1_of_3_		
DATE:	3-Sep-24					
SEE ATTACHED INVOICE	ACCOUNTING REPORT					
TOTAL CLAIMS	\$8,586.93					
performed as describe authenticate and certific and are available to the Docusigned by: Signed as Auditing Office Board Authorization As the duly elected board	I do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is just, due, and unpaid obligation against the district. I am authorized to authenticate and certify to these claims. Materials backing up these claims will be retained by the district according to state law and are available to the public on request. 9/3/2024 Signed as Auditing Officer Date Board Authorization As the duly elected board for this district we have reviewed the claims attached (including original backup materials) totaling					
Commissioner		Date	Commissioner	Date		
Commissioner		Date	Commissioner	Date		

apInAVnn 09/02/2024 12:18:01AM		e Accounting Report by Vendor Name San Juan County	
Vendor Number: chm100	Name: CSD ATTORNEYS AT LAW		
Invoice Number	Line No Line Description	Account Number	Amount Type
124635 124636 124637	1 Legal - ESWD 1 Legal - Hangar tenant issue 1 Legal - TTF	E 6723.00.546.10.41.0005 E 6723.00.546.10.41.0005 E 6723.00.546.10.41.0005	1,949.00 in 1.898.00 in 571.64 in
		Vendor Total :	4,418.64
Vendor Number: isl730	Name: ISLAND HARDWARE & SUPPLY		
Invoice Number	Line No Line Description	Account Number	Amount Type
40846	1 Building maintenance supplies 2 Janitorial supplies 3 Vehicle maintenance supplies	E 6723.00.546.20.31.0009 E 6723.00.546.10.31.0004 E 6723.00.546.20.31.0007	20.46 in 36.13 in 20.59 in
		Vendor Total:	77.18
Vendor Number: mid002	Name: MIDNIGHT VENTURE		
Invoice Number	Line No Line Description	Account Number	Amount Type
20240831	1 Janitorial - August 2 Tax - Janitorial 3 Landscaping 4 Tax - Landscaping	E 6723.00.546.20.41.0001 E 6723.00.546.20.41.0001 E 6723.00.546.20.48.0006 E 6723.00.546.20.48.0006	965.51 in 81.10 in 263.13 in 22.10 in
Vendor Number: nap100	Name: NAPA AUTO PARTS	Vendor Total :	1,331.84
Invoice Number	Line No Line Description	Account Number	Amount Type
16781605	1 Vehicle Maintenance	E 6723.00.546.20.31.0007	7.29 in
Vendor Number: pet513	Name: PETTY CASH - PORT OF ORCAS		
Invoice Number	Line No Line Description	Account Number	Amount Type
20240831	1 Adobe, May - Aug 2 Zoom - May. June. Aug	E 6723.00.546.10.31.0002 E 6723.00.546.10.31.0002	86.68 in 30.00 in

apInAVnn 09/02/2024 12:18:01AM	Invoice Accounting Repo San Juan Co	-	v Vendor Name		Page: 2	
	 3 Orcas Rental - Lift 4 Amazon - Janitorial supplies 5 WA DOR - Business License 6 Read AI - meeting software 	E E E	6723.00.546.20.31.0009 6723.00.546.10.31.0004 6723.00.546.30.49.0090 6723.00.546.10.31.0005	Vendor Total :	238.48 in 15.71 in 233.58 in 292.68 in 897.13	
Vendor Number: qtp672	Name: QT PETROLEUM ON DEMAND LLC					
Invoice Number	Line No Line Description	Ace	count Number		Amount Type	
1374-SP2024	1 09/01/2024 - 08/31/2025 Network and	Ē	6723.00.546.10.41.0006		1,675.00 in	
Vendor Number: roc201	Name: ROCK ISLAND COMMUNICATIONS INC					
Invoice Number	Line No Line Description	Ace	count Number		Amount Type	
Inv-000523563	1 Internet - 07/25 - 8/24	Е	6723.00.546.10.42.0030		179.85 in	
				Grand Total:	8,586.93	

CLAIMS PAYMENT REQUEST					
DISTRICT: PORT OF ORCAS		FUND # 6727	Page1_of_2_		
DATE: 3-Sep-24					
SEE ATTACHED INVOICE ACCOL	INTING REPORT				
TOTAL CLAIMS	\$15,153.28				
performed as described herei	n, and that the claim is jus d certify to these claims. M	erials have been furnished, the servi st, due, and unpaid obligation agains laterials backing up these claims will request.	t the district. I am		
Signed as Auditing Officer	Date	Signed as Chairman / Commiss	ioner Date		
Board Authorization As the duly elected board for this district we have reviewed the claims attached (including original backup materials) totaling 15,153.28 for the period ending September 3, 2024 We approve payment with our signatures below.					
Commissioner	Date	Commissioner	Date		
Commissioner	Date	Commissioner	Date		

apInAVnn 09/03/2024 12:02:55AM	Invoice Accounting Rep San Juan (Page: 1	
Vendor Number: faa001	Name: FAA - REIMBURSABLE RECEIPTS		
Invoice Number	Line No Line Description	Account Number	Amount Type
Port of Orcas	1 AJF-ON-AAC-22-AC-005011-A1	E 6727.00.594.46.61.0001	14,404.28 in
Vendor Number: whp100	Name: WHPACIFIC, INC.		
Invoice Number	Line No Line Description	Account Number	Amount Type
374853	1 Grant# 3-53-0023-021-2022	E 6727.00.594.46.61.0001	749.00 in
		Grand Total:	15,153.28

CLAIMS PAYMENT REQ	UEST					
DISTRICT: PORT OF OR	CAS		FUND # 6723	Page1of4		
DATE:	17-Sep-24					
SEE ATTACHED INVOICE	ACCOUNTING REPORT					
TOTAL CLAIMS	\$3,317.44					
performed as described authenticate and certify and are available to the DocuSigned by: Signed as AGE MARSE Officer Board Authorization As the duly elected boa	I do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is just, due, and unpaid obligation against the district. I am authorized to authenticate and certify to these claims. Materials backing up these claims will be retained by the district according to state law and are available to the public on request.					
Commissioner		Date	Commissioner	Date		
Commissioner		Date	Commissioner	Date		

apInAVnn 09/17/2024 9:25:15AM	Invoice Accounting Repo San Juan Co	Page: 1	
Vendor Number: eas310	Name: EASTSOUND SEWER & WATER DIST		
Invoice Number	Line No Line Description	Account Number	Amount Type
0005 0229 0707	1 Sewer 20240831 1 Sewer 20240831 1 Sewer 20240831	E 6723.00.546.10.47.0003 E 6723.00.546.10.47.0003 E 6723.00.546.10.47.0003	59.68 in 138.20 in <u>78.52</u> in
Vendor Number: eas350	Name: EASTSOUND WATER USERS ASSN	Vendor Total :	276.40
Invoice Number	Line No Line Description	Account Number	Amount Type
10831.01 10832.01 20240831	1 Water 20240831 1 Water 2024 0831 1 Water 20240831	E 6723.00.546.10.47.0001 E 6723.00.546.10.47.0001 E 6723.00.546.10.47.0001	176.59 in 101.85 in <u>63.70</u> in
Vendor Number: qua101	Name: GUARDIAN SECURITY SYSTEMS, INC	Vendor Total :	342.14
Invoice Number	Line No Line Description	Account Number	Amount Type
1524858	1 2024 Q4 monitoring	E 6723.00.546.10.41.0003	96.72 in
Vendor Number: isl144	Name: ISLAND PETROLEUM SERVICES		
Invoice Number	Line No Line Description	Account Number	Amount Type
PortOrcas	1 Fuel August	E 6723.00.546.10.32.0001	147.90 in
Vendor Number: nap100	Name: NAPA AUTO PARTS		
Invoice Number	Line No Line Description	Account Number	Amount Type
16781605	1 Auto maintenance	E 6723.00.546.20.31.0007	35.03 in
Vendor Number: orc830	Name: OPALCO		
Invoice Number	Line No Line Description	Account Number	Amount Type
2493001	1 Power 20240831	E 6723.00.546.10.47.0002	431.25 in

apInAVnn 09/17/2024 9:25:15AM	Invoice Accounting Repo San Juan Co	Page: 2	
2493003 2493007 2493008 2493009 2493010 2493011	1 Power 20240831 1 Power 20240831 1 Power 20240831 1 Power 20240831 1 Power 20240831 1 Power 20240831	E 6723.00.546.10.47.0002 E 6723.00.546.10.47.0002 E 6723.00.546.10.47.0002 E 6723.00.546.10.47.0002 E 6723.00.546.10.47.0002 E 6723.00.546.10.47.0002 E 6723.00.546.10.47.0002	125.43 in 56.72 in 58.50 in 59.66 in 57.49 in 231.17 in 1,020.22
Vendor Number: pet513	Name: PETTY CASH - PORT OF ORCAS		
Invoice Number	Line No Line Description	Account Number	Amount Type
20240917	 SJC - Economic Development Luncheon USPS - postage SWIRE Coca-cola Amazon - bike repair Amazon - bike repair 	E 6723.00.546.30.49.0030 E 6723.00.546.10.42.0010 E 6723.00.546.30.34.0001 E 6723.00.546.20.31.0007 E 6723.00.546.20.31.0007 Vendor Total :	47.00 in 1.77 in 158.50 in 15.17 in 23.82 in 246.26
Vendor Number: gre200	Name: PROTHMAN COMPANY		
Invoice Number	Line No Line Description	Account Number	Amount Type
2024-8723	1 Professional service - E.D. search	E 6723.00.546.10.41.0006	155.25 in
Vendor Number: roc201	Name: ROCK ISLAND COMMUNICATIONS INC		
Invoice Number	Line No Line Description	Account Number	Amount Type
INV-00053180	1 Internet 20240825	E 6723.00.546.10.42.0030	179.85 in
Vendor Number: san275	Name: SAN JUAN SANITATION, INC		
Invoice Number	Line No Line Description	Account Number	Amount Type
2905665-SJ	1 Trash 20240831	E 6723.00.546.10.47.0004	417.67 in
Vendor Number: sta065	Name: STARR EXCAVATION		
Invoice Number	Line No Line Description	Account Number	Amount Type

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126355.127442	1 Sanican - 202407 2 Sanican - 202408	E		endor Total : Grand Total :	160.00 in 240.00 in 400.00 3,317.44

CLAIMS PAYMENT REQUEST					
DISTRICT: PORT OF ORC	AS		FUND # 6727	Page1_of_2_	
DATE: 1	7-Sep-24				
SEE ATTACHED INVOICE A	CCOUNTING REPORT				
TOTAL CLAIMS	\$2,544.80				
I do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is just, due, and unpaid obligation against the district. I am authorized to authenticate and certify to these claims. Materials backing up these claims will be retained by the district according to state law and are available to the public on request. <u>Docusigned by:</u> <u>9/17/2024</u> <u>9/17/2024</u> <u>9/17/2024</u> <u>Signed as AUTHING Officer</u> <u>Date</u> <u>Signed as Chairman / Commissioner</u> <u>Date</u>					
Board Authorization As the duly elected board	d for this district we ha	ve reviewed the cla	aims attached (including origina	al backup materials) totaling	
As the duly elected board for this district we have reviewed the claims attached (including original backup materials) totaling \$ 2,544.80 for the period ending September 17, 2024 We approve payment with our signatures below.					
Commissioner		Date	Commissioner	Date	
Commissioner		Date	Commissioner	Date	

apinAVnn 09/17/2024 9:26:11AM	Invoice Accounting Re San Jua	Page: 1	
Vendor Number: pre144	Name: PRECISION APPROACH ENGINEER	RING	
Invoice Number	Line No Line Description	Account Number	Amount Type
6493 Vendor Number: wet925	1 3-53-0023-022-2023 Name: WETLAND RESOURCES INC	E 6727.00.594.46.61.0001	2,019.80 in
Invoice Number	Line No Line Description	Account Number	Amount Type
24063-0524	1 Westside mapping	E 6727.00.594.46.61.0001	525.00 in
		Grand Total:	2,544.80