

DATE: **9/23/24**

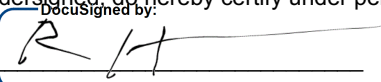
**PAYROLL WORKSHEET**

September 2024

**Port of Orcas**

RATE	EMPLOYEE NAME	EMPLOYEE NUMBER	FUND #	BARS	L&I	REG HRS	AMOUNT DUE	multiple line total per employee
161.00	Jason Laursen	LAU672	6723.00	546.10.10.2001	5306-07	1	\$161.00	
161.00	Michael Triplett	TRI150	6723.00	546.10.10.2001	5306-07	1	\$161.00	
161.00	Mia Kartiganer	KAR100	6723.00	546.10.10.2001	5306-07	1	\$161.00	
161.00	Robert Hamilton	HAM300	6723.00	546.10.10.2001	5306-07	1	\$161.00	
161.00	Annalies Schuh	SCH672	6723.00	546.10.10.2001	5306-07	11	\$1,771.00	
11,145.83	Chip Long	LON672	6723.00	546.10.10.2002	5306-07	176	\$11,145.83	
	Chip Long	LON672	6723.00	546.10.10.2002	N/A	8	\$0.00	PTO-Holiday
	Chip Long	LON672	6723.00	546.10.10.2002	N/A		\$570.60	Medical
	Chip Long	LON672	6723.00	546.10.10.2002	N/A	0	\$505.72	\$12,222.15 Adjustment
53.85	Kimberley Kimple	KIM250	6723.00	546.10.10.2002	5306-07	92	\$4,954.20	
	Kimberley Kimple	KIM250	6723.00	546.10.10.2002	N/A	0		PTO-Sick
28.44	James Reid	REI200	6723.00	546.10.10.2003	4201-02	116	\$3,299.04	
	James Reid	REI200	6723.00	546.10.10.2003	N/A	5.6	\$159.26	PTO-Holiday
	James Reid	REI200	6723.00	546.10.10.2003	N/A	0	\$0.00	PTO-Sick
420.00	James Reid	REI200	6723.00	546.10.20.0005	N/A	x	\$420.00	\$3,878.30 Medical
<b>TOTALS</b>						<b>412.60</b>	<b>\$23,469.65</b>	

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

Signed   
6F9CF742D9FE415...

Auditing Officer  
Title

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, and that the claim is a just, due and unpaid obligation against San Juan County, and that I am authorized to authenticate and certify to said claim.

Signed \_\_\_\_\_

Chairman \_\_\_\_\_

Date \_\_\_\_\_

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DATE: **10/24/24**

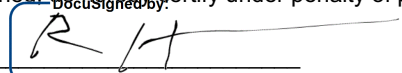
**PAYROLL WORKSHEET**

September 2024

**Port of Orcas**

RATE	EMPLOYEE NAME	EMPLOYEE NUMBER	FUND #	BARS	L&I	REG HRS	AMOUNT DUE	multiple line total per employee
161.00	Jason Laursen	LAU672	6723.00	546.10.10.2001	5306-07	1	\$161.00	
161.00	Michael Triplett	TRI150	6723.00	546.10.10.2001	5306-07	2	\$322.00	
161.00	Mia Kartiganer	KAR100	6723.00	546.10.10.2001	5306-07	2	\$322.00	
161.00	Robert Hamilton	HAM300	6723.00	546.10.10.2001	5306-07	2	\$322.00	
161.00	Annalies Schuh	SCH672	6723.00	546.10.10.2001	5306-07	2	\$322.00	
11,145.83	Chip Long	LON672	6723.00	546.10.10.2002	5306-07	176	\$11,145.83	
	Chip Long	LON672	6723.00	546.10.10.2002	N/A	0	\$0.00	PTO-Holiday
	Chip Long	LON672	6723.00	546.10.10.2002	N/A	x	\$570.60	\$11,716.43 Medical
53.85	Kimberley Kimple	KIM250	6723.00	546.10.10.2002	5306-07	68	\$3,661.81	
	Kimberley Kimple	KIM250	6723.00	546.10.10.2002	N/A	0		PTO-Sick
28.44	James Reid	REI200	6723.00	546.10.10.2003	4201-02	121	\$3,441.24	
	James Reid	REI200	6723.00	546.10.10.2003	N/A	0	\$0.00	PTO-Holiday
	James Reid	REI200	6723.00	546.10.10.2003	N/A	0	\$0.00	PTO-Sick
420.00	James Reid	REI200	6723.00	546.10.20.0005	N/A	x	\$420.00	\$3,861.24 Medical
<b>TOTALS</b>						<b>374.00</b>	<b>\$20,688.48</b>	

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

Signed   
6F9CF742D9FE415...

Auditing Officer  
Title

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, and that the claim is a just, due and unpaid obligation against San Juan County, and that I am authorized to authenticate and certify to said claim.

Signed \_\_\_\_\_

Chairman \_\_\_\_\_

Date \_\_\_\_\_