

**Hidalgo County Health and Human Services Department  
Indigent Health Care Program Weekly Vendor Payment Attestation**

I attest that the payment amounts inputted by my staff into the Chassis software system for the Indigent Health Care Program for the vendor payments to be approved by the Commissioners' Court on May 19, 2008 have not been previously paid. The electronic file being submitted to the County Auditor's office to process the vendor payments for the above mentioned weekly check run has been reconciled to the payment information from the Chassis software system.

In addition to physically screening all incoming invoices for duplication, I submit the following checklist of steps taken by my office to insure that duplicate payments are not being made.

Amount to be paid by the County Auditor's Office \$13,175.76  
(Per electronic file by the Hidalgo County Health and Human Services  
Department generated by CHASSIS system for payment information)

Amount to be paid (Per the Payment Itemization Report \$13,175.76  
from the Chassis software. The amount must agree with the total  
on the electronic file being provided to the Auditor's Office.)

The Hidalgo County Health & Human Services staff has compared each invoice being processed for payment this week against the vendor name, vendor number, amount, pay date, and service date, as shown on the Chassis software's "Payment Itemization Report by the reviewer. The reviewer has signed and dated page one of said report.

The report is being submitted to the Auditor's Office with the electronic file. Yes

For this week's payment, was the duplicate invoice test run on a daily  
Basis? (Yes or No) Yes

All possible duplicates were investigated and when appropriate were deleted from the Chassis software system before the diskette for the Auditor's Office was generated.

Lauren Samiento 5-12-08  
Approved by Human Services Director Date

Complete this form on a weekly basis & send to the County Auditor's Office with the electronic file for payment.

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Indigent Health Care Program Weekly Vendor Payment Attestation**

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In addition to physically screening all incoming invoices for duplication, I submit the following checklist of steps taken by my office to insure that duplicate payments are not being made.

Amount to be paid by the County Auditor's Office \$134.75  
(Per electronic file by the Hidalgo County Health and Human Services  
Department generated by CHASSIS system for payment information)

Amount to be paid (Per the Payment Itemization Report \$134.75  
from the Chassis software. The amount must agree with the total  
on the electronic file being provided to the Auditor's Office.)

The Hidalgo County Health & Human Services staff has compared each invoice being processed for payment this week against the vendor name, vendor number, amount, pay date, and service date, as shown on the Chassis software's "Payment Itemization Report by the reviewer. The reviewer has signed and dated page one of said report.

The report is being submitted to the Auditor's Office with the electronic file. Yes

For this week's payment, was the duplicate invoice test run on a daily Basis? (Yes or No) Yes

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Lauren Sarmiento  
Approved by Human Services Director

5-12-08  
Date

Complete this form on a weekly basis & send to the County Auditor's Office with the electronic file for payment.