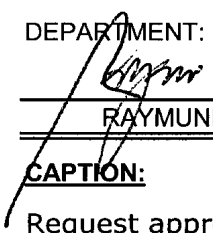


**COUNTY OF HIDALGO
COUNTY AUDITOR'S OFFICE
COMMISSIONERS' COURT AGENDA REQUEST FORM**

No: _____

DATE: July 9, 2008 MEETING DATE REQUEST: July 22, 2008
DEADLINE FOR ACTION: A.S.A.P. CONTACT PERSON: RAYMUNDO EUFRACIO
DEPARTMENT: AUDITOR'S OFFICE PHONE: (956) 318-2511 FAX: (956) 318-2577

RAYMUNDO EUFRACIO, COUNTY AUDITOR

CAPTION: REGULAR AGENDA

Request approval to pay 2008-2009 AICPA (American Institute of Certified Public Accountants) dues for Raymundo Eufrazio in the amount of \$200.00

BACKGROUND: (Briefly summarize your request, if needed use separate sheets or attach supporting documentation.)

The American Institute of Certified Public Accountants is the national, professional organization for all Certified Public Accountants. Its mission is to provide members with the resources, information, and leadership that enable them to provide valuable services in the highest professional manner to benefit the public as well as employers and clients.

Dues for each fiscal year include subscriptions to: *Journal of Accountancy* and *The CPA Letter*.

BUDGETARY IMPACT: \$0

PLEASE INITIAL FOR APPROVAL:

LEGAL COUNCIL: _____ BUDGET: _____ HUMAN RESOURCES: _____
DEPT/FUND NO: _____ AMT EXPENDED: _____ FUNDS/STAFFING BUDGETED: Yes _____ No _____
ACCOUNT CODE: _____ IMPACT ON FUTURE BUDGET: YES _____ No _____

COMMENTS:

ACTION TAKEN BY COMMISSIONERS' COURT:

APPROVED ON: _____ TABLED ON: _____ DENIED ON: _____
(DATE) (DATE) (DATE)

MOTION MADE BY: _____ SECONDED BY: _____ VOTE: _____



2008-2009 DUES NOTICE

AICPA MEMBERSHIP YEAR
AUGUST 1, 2008 - JULY 31, 2009

BILLING DATE:	June 16, 2008
PAYMENT DUE DATE:	August 1, 2008
MEMBER NUMBER:	01546751

01546751
 Hidalgo County Auditor's Office
 Raymundo Eufrazio
 PO Box 689
 Edinburg, TX 78540-0689



RETAIN FOR YOUR RECORDS

CURRENT AICPA MEMBERSHIP RECORD

DESCRIPTION	AMOUNT BILLED
AICPA Institute Membership	200.00
Voluntary Contributions:	
AICPA PAC Contribution	25.00
Benevolent Fund Contribution	10.00
AICPA Foundation/Minority	30.00
TOTAL	265.00

ONLINE: INDIVIDUALS ONLY (credit card)
www.aicpa.org/MyAccount (see enclosed Chase offer!)

METHODS OF PAYMENT

BY MAIL:
MEMBER PAYING FOR SELF OR
EMPLOYER PAYING FOR ONLY ONE MEMBER
(Check or Credit Card Payment)

If paying by check, enter the member's name and member number in the memo section of the check. Mail remittance form and payment to:

AICPA Dues Processing
 P.O. Box 10069
 Newark, NJ 07101-3069

EMPLOYER PAYING FOR MULTIPLE MEMBERS
(Check or Credit Card Payment)

If paying by check, enter "Multiple Member Payment" in the memo section of the check. For credit card and check payments, include the remittance form from each member's dues notice for which you are paying. **DO NOT USE ENCLOSED WINDOWED ENVELOPE!**

Please mail payment to:
 AICPA
 ATTN: MULTI-PAYMENTS
 P.O. Box 52403
 Durham, NC 27717-2403

ONLINE BANKING: INDIVIDUALS ONLY (check)

You must include your member name and number in the memo/note section of your payment. *If your bank does not provide you with this option, please select another payment method.*

BY FAX: CREDIT CARD ONLY

Fax your completed dues form, with credit card information, to:
 1-919-419-4787

NEED HELP? Contact our Service Center.

E-MAIL: service@aicpa.org FAX: 1-800-362-5066
 PHONE: 1-888-777-7077 HOURS: Mon-Fri 9AM - 6PM ET

IMPORTANT: DO NOT USE EITHER OF THE ABOVE ADDRESSES FOR SUBMITTING YOUR AON/AICPA TRUST INSURANCE PREMIUMS. PLEASE SEE BACK FOR MORE INFORMATION.

CONTRIBUTIONS: AICPA dues may be deducted as a business expense but not as a charitable contribution. 4% of net dues are not deductible in accordance with IRC Sec. 6033. Contributions to the AICPA Foundation and the Benevolent Fund are tax-deductible as charitable contributions. See reverse for information on restrictions that apply to contributions to the AICPA PAC.

REMITTANCE FORM

01546751 Raymundo Eufrazio
 Hidalgo County Auditor's Office

CHANGE MY JOB CODE TO:
 (See AICPA JOB CODES on back)

METHOD OF PAYMENT

Personal Corporate

Check # (if applicable) _____

All payments must be made in U.S. dollars drawn on a U.S. financial institution. Make check payable to: **AICPA**. To pay by Credit Card, sign and indicate Credit Card Number and Expiration Date. You **MUST** check the appropriate box for Corporate or Personal credit card.

X _____
 (Signature)

(Print Name as it appears on Credit Card)

DESCRIPTION	BILLED (A)	ADD (DELETE)(B)	PAID (A+B)
AICPA Institute Membership	IN 200.00		200.00
Voluntary Contributions:			
AICPA PAC Contribution	82 25.00	25.00	(25.00)
Benevolent Fund Contribution	85 10.00	10.00	(10.00)
AICPA Foundation/Minority	87 30.00	30.00	(30.00)
Tax Section add \$145	01		
FVS Section add \$200	02		
PPF Section add \$200	03		
IT Section add \$200	04		
CPEXpress add \$180	08		
Tax Section with the Tax Adviser add \$175	11		
FVS Section with CPA Expert add \$236	13		
TOTAL	265.00	(65.00)	200.00

Personal Card Corporate Card

CARD NO.

EXP. DATE

BILLING ZIP

01546751 7 026500 020000 710 2