

Requisition

Req # 00151883

PO #

Date: 03/25/09

*Comment
14709
3/31/09*

Bill To: x
x

Vendor : 6513
CITY OF EDINBURG
P. O. BOX 1079
EDINBURG TX 78540

Ship To: HEALTH DEPARTMENT
1304 S. 25TH
EDINBURG TX 78539

Contact: JOSIE ESCALANT
956-383-6221

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
9.00	MONTH	DO NOT DUPLICATE ORDER TRASH PICK-UP FOR EDINBURG CLINIC LOCATION: 3105 E. RICHARDSON, EDINBURG SCHEDULED PICK-UP MONDYA, WEDNESDAY, & FRIDAY Account No _____	121.44	1,092.96
		9-1100-441-00-340-001-0-421	468.66	
		9-1100-441-00-340-003-0-421	624.30	
			Freight	.00
			Total	1,092.96
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____

9562922064

CITY OF EDINBURG SWM

09:23:00 a.m. 03-25-2009 2/2

COMMERCIAL CONTAINER

Sept 15/88
Amount \$ 14709

3/31/09

CITY OF EDINBURG
Dept. of Solid Waste Management

<u>Account #</u>
34-

Submit	
Mo Post	
Route	

DATE: 3/25/2009

Acct Name	HIDALGO COUNTY HEALTH & HUMAN SERVICES		
Contract by			
Service Address	3105 E RICHARDSON		
Bill To	1304 S 25 TH ST		
City	EDINBURG	TX & Zip	TX 78539
PHONE	383-6221	FAX	383-3229
Other #			

<input checked="" type="checkbox"/> ON SITE 1-2 CY
<input type="checkbox"/> DELIVER
<input type="checkbox"/> REMOVE
<input type="checkbox"/> UPGRADE
<input type="checkbox"/> DOWNGRADE
<input type="checkbox"/> BILLING CHANGE
<input type="checkbox"/> ACCT. CORRECT
<input type="checkbox"/> Other: DAMAGED

<input type="checkbox"/> ECISD
<input type="checkbox"/> U.T.P.A.
<input checked="" type="checkbox"/> Business
<input type="checkbox"/> Hotels / Motels
<input type="checkbox"/> Housing Authority
<input type="checkbox"/> ECISD
<input type="checkbox"/> Mobile Park
<input type="checkbox"/> Apartments # of Units

COMMENTS /NOTES: DEL 12- CY TWICR A WEEK PICK UP

# of Cont	Size-CY	Quantity	ROUTE ID	CHARGES
<input checked="" type="checkbox"/> 1	1.5	1	<input checked="" type="checkbox"/> Monday	
<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 2	2	<input type="checkbox"/> Tuesday	
<input type="checkbox"/> 3	3	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Wednesday	
<input type="checkbox"/> 4	4	4	<input type="checkbox"/> Thursday	
<input type="checkbox"/> 5	8	5	<input checked="" type="checkbox"/> Friday	
<input type="checkbox"/> 6	10	6	<input type="checkbox"/> Saturday	

Current SA Chg	0.00
Open Door	
This Request	121.44
Total Mo Charges	

CUSTOMER SIGNATURE: *Juan D. Salinas III*
 PRINT NAME: Juan D. Salinas III DATE: 3/31/09
County Judge

DEPOSIT _____
INDEM _____

WORK ORDER STATUS

PLACED SERIAL #		ON SITE SERIAL #	
REM SERIAL #		DATE OF ACTION	
NOTES		ACTION BY	

Commercial Supervisor

Date

Accounts Manager

Date

Revised October 08

RECEIVED
MAR 25 2009
By: A. 12/04



HIDALGO COUNTY HEALTH AND HUMAN SERVICES
1304 S. 25th Ave.
Edinburg, Texas 78539
Eduardo Olivarez, Chief Administrative Officer
Office Phone: (956) 383-6221
Fax: (956) 383-3229

FAX

To: *Maty Faz*

From: *Josie G*

Facility: *Purchasing*

Pages (including cover page): *3*

Fax: *292-7612*

Date: *3/25/09*

Phone:

Time:

Re:

Comments:

Please call me.

Thanks

Josie

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**THE DEPARTMENT OF
SOLID WASTE MANAGEMENT**

1201 North Doolittle Road

P.O. Box 1079

Edinburg, Texas 78540

Phone: 956-381-5635

Fax: 956-292-2064

To: *Josie* From: *Cris Rapa*

Fax: *383-2229* Pages: *2*

Phone: Date: *3-25-09*

Re: C:

Urgent For Review Please Comment Please Reply Please Recycle

Josie,

Please review contract for service at location. 3 times a wk pickup. please call to schedule.

Cris Rapa

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