

INVOICE

# Jesse Trevino Insurance Agency, Inc.

P O BOX 429

~~XXXXXXXXXX~~



Ph. 687-7271

Fax 687-3634

McALLEN, TEXAS 78501

SHERIFF'S LAW ENFORMENT FACILITY  
711 EL CIBOLO RD  
EDINBURG, TEXAS 78539

CUSTOMER NO.

5144

NAMED INSURED

VIC DELEON-NOTARY BOND

INVOICE DATE: 9-18-2009

rb

PLEASE DETACH AND RETURN WITH PAYMENT

AMOUNT REMITTED \$

CO. NO.	POLICY PERIOD	CL & TR	POLICY NUMBER AND DESCRIPTION	PREMIUM		BALANCE
				CHARGE	CREDIT	
15	9-18-2009/ 2013	70-1	LND028740  P O# _____	71.00		71.00

PREMIUMS DUE AND PAYABLE ON EFFECTIVE DATE OF POLICY

JESSE TREVINO INSURANCE AGENCY, INC.

P.O. # \_\_\_\_\_

Invoice Received By:

MH

on 10/14/09

Good/Services Received By:

Vic De Leon

on 1/1/

9-1100-421-00-280-001-0-529