Requisition

Req # 00189512

PO #

Date: 02/03/11

Consent
#25097
2/8/11

Bill To: x
x

Vendor : 133655
SUPERIOR ALARMS
P. O. BOX 3097
MCALLEN TX 78502
FAX (956)971-6395

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
		DO NOT DUPLICATE ORDER		
12.00	MONTH	COMMERCIAL ALARM MONITORING SERVICES FOR MISSION CLINIC,. 211 S. BRYFOGLE / 211 N. SHUERBACH RD., MISSION TEXAS CONDITIONS MONITORED: FIRE ALARM	20.00	240.00
		Account No	Encumbrance	
		1-1100-441-00-340-003-0-413	240.00	
			Freight	.00
			Total	240.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____