

Check No:	01 00328921	Claim No:		Vendor No:	18465
Check Date:	09-14-2010	Vendor:	JESSE TREVINO INSURANCE AGENCY, INC.	Payment Type:	C
Check Amount:	70.00	Address:	P.O. BOX 429	Void Flag:	
Void Period:			MCALLEN TX 785050429	Batch No.:	5944
Void Date:					
Date Cleared Bank:	09-20-2010				

Invoice No	PO No	Quantity	Description	Claim No	1099 Flag	Unit Price	Payment Amount
LPO-1135688	644031	0	5144 08-26-10/11 YVONNE R#T42A2		NA		70.00
Total							70.00
Account No	Cash Account No	Amount Paid	Amount Liq				
0-1100-414-00-130-001-0-529	ELECTIONS DEPT-SUR 0-1100-101-00-000-000-0-000	70.00	70.00				