

# Requisition

Req # 00201695

PO #

Date: 08/29/11

Bill To: x  
x

Vendor : 207055  
IVAN G. MELENDEZ, M.D.  
1216 N 5TH STREET  
MCALLEN TX 78501  
FAX (956)581-7819

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
4.00	MONTH	DO NOT DUPLICATE ORDER CHIEF PHYSICIAN SERVICES FOR HEALTH CLINICS , PULMONARY AND CENTRAL OFFICE DATES: SEPTEMBER 1, 2011 - DECEMBER 31, 2011 Account No <u>1-1100-441-00-340-001-0-331</u>	6,150.00	24,600.00
			<u>Encumbrance</u>	
			24,600.00	
			Freight	.00
			Total	24,600.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: \_\_\_\_\_