

Requisition

Req # 00205606

PO #

Date: 11/03/11

Bill To: x
x

Vendor: 296597
OLIVAREZ, EDUARDO
C/O HEALTH DEPT.

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		
2.00	NGT	MEETING: UPL EXECTUVE WAIVER COMMITTEE MEETING LOCATION: AUSTIN, TEXAS DATES: NOVEMBER 13-15, 2011	110.00	220.
3.00	DAY	LODGING PER DIEM	39.00	117.
1.00	EACH	FUEL FOR COUNTY VEHICLE	80.00	80.
		<u>Account No</u> _____	<u>Encumbrance</u>	
			Freight	.0
			Total	417.0
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____