

Requisition

Req # 00210167

PO #

Date: 01/27/12

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 |
|----------|------|---|--------------------|--------|
| 1.00 | NGT | DO NOT DUPLICATE ORDER LODGING RATES: \$110.00 LA QUINTA AIRPORT AUSTIN, TEXAS | 110.00 | 110.00 |
| 2.00 | DAY | PER DIEM 02/01/12 \$39.00 02/02/12 \$39.00 | 39.00 | 78.00 |
| 1.00 | EACH | FUEL FOR COUNTY VEHICLE | 150.00 | 150.00 |
| | | Account No _____ | <u>Encumbrance</u> | |
| | | 2-1100-441-00-340-001-0-583 | 338.00 | |
| | | | Freight | .00 |
| | | | Total | 338.00 |
| | | MEETING: 1115 MEDICAID WAIVER ISSUES MEETING LOCATION: AUSTIN, TEXS DATES: 02/02/12 | | |
| | | REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233 | | |

Authorized By: _____