

**GLORIA FLORES** Interpreting Services

Level I Sign Language, Spanish

Voice & Text (956) 735-3973  
gforestj@yahoo.com

RECEIVED  
Hidalgo County Health & Human Services  
AUG 02 2012  
Edinburg, TX

Fax (956) 424-3670  
P.O. BOX 4056  
MISSION, TX 78573

**Billed To: Hidalgo County Health & Human Services**  
**Attention: Lydia Serna, RN**  
**1304 S. 25<sup>th</sup> Ave.**  
**Edinburg, TX 78542**

**Invoice: 073112**  
**\*Cancellation must be within 24 hours, otherwise a minimum fee will be applied.**  
**\*Holidays / Same day appointments / After 6:00 p.m. \_\_\_\_\_ hour.**

DATE	CLIENT NAME	SERVICE PROVIDED	QTY. (Hours)	FEE
07-10-12		No Show	2.0	100.00
07-20-12			3.5	175.00

**DUE DATE: 30 DAYS OF INVOICE RECEIVED**

Comments  
  
**Signature**  
Form D

8-27-12  
**Date**

**\$ 275.00**  
**Total Billed**

**G LORIA** Interpreting  
**F FLORES** Services

Level I Sign Language, Spanish  
Voice & Text (956) 735-3973  
gflorestj@yahoo.com

RECEIVED  
Hidalgo County Health  
& Human Services  
SEP 05 2012  
Edinburg, Texas

Fax (956) 424-3670  
P.O. BOX 4056  
MISSION, TX 78573

**Billed To: Hidalgo County Health & Human Services**  
**Attention: Lydia Serna, RN**  
**1304 S. 25<sup>th</sup> Ave.**  
**Edinburg, TX 78542**

**Invoice: 083112**

\*Cancellation must be within 24 hours, otherwise a minimum fee will be applied.  
\*Holidays / Same day appointments / After 6:00 p.m. hour.

DATE	CLIENT NAME	SERVICE PROVIDED	QTY. (Hours)	FEE
08-17-12			3.0	150.00

**DUE DATE: 30 DAYS OF INVOICE RECEIVED**

Comments

  
**Signature**  
Form D

9-2-12  
**Date**

\$ 150.00  
**Total Billed**

**GLORIA FLORES** Interpreting Services

Level I Sign Language, Spanish

Voice & Text (956) 735-3973  
gflorestj@yahoo.com

RECEIVED  
Hidalgo County Health & Human Services Department  
OCT 03 2012  
1304 S. 25th Ave  
Edinburg, Texas 78542

Fax (956) 424-3670  
P.O. BOX 4056  
MISSION, TX 78573

Billed To: **Hidalgo County Health & Human Services**  
Attention: **Lydia Serna, RN**  
1304 S. 25<sup>th</sup> Ave.  
Edinburg, TX 78542

Invoice: 093012

\*Cancellation must be within 24 hours, otherwise a minimum fee will be applied.

\*Holidays / Same day appointments / After 6:00 p.m. \_\_\_\_\_ hour.

DATE	CLIENT NAME	SERVICE PROVIDED	QTY. (Hours)	FEE
09-21-12		No Show	2.0	100.00
		Interpreter Showed		

**DUE DATE: 30 DAYS OF INVOICE RECEIVED**

Comments

*[Signature]* 10/1/12

Signature

Date

\$ 100.00  
Total Billed

Form D