

THANK YOU-COME AGAIN
TO VALERO
CORNER STORE
CornerStore4U.com

TP48645765-001 VALERO 1507
4418 HWY 359
LAREDO TX 78

7448

< DUPLICATE RECEIPT >

DATE 09/26/12
TIME 1:32 AM
AUTH# 580494

AMEX

PUMP PRODUCT PPG
03 UNLD \$3.529

GALLONS FUEL TOTAL
24.116 \$85.11

Corner Store #1507
4418 Highway 359
Laredo, TX

ST# 1507 TILL XXXX DR# 0 TRAN#
CSH: 0 09/26/12 01:32:46

Reg# 223742

Eduardo Olivarez

PURCHASE AFFIDAVIT

THE STATE OF TEXAS

COUNTY OF HIDALGO

I, Eduardo Olivarez do hereby state that the item(s) listed on the invoice(s) named below
PURCHASER'S NAME

were purchased for the exclusive use of Hidalgo County:

INVOICE NO.	DATE	AMOUNT	NAME OF COMPANY
<u>580494</u>	<u>9/26/12</u>	<u>85.11</u>	<u>Valero</u>
TOTAL		<u>85.11</u>	

I further state that I was authorized to make such a purchase(s).

Reg# 22 3742

I therefore request reimbursement of this invoice (these invoices) from Hidalgo County and that payment be made payable to me.

acct# 2-1100-441-00-340-001-0-626

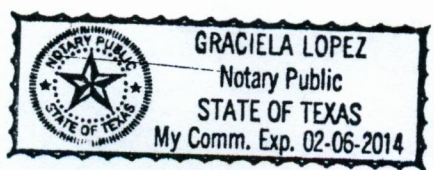
SIGNATURE: [Signature]

TITLE: Chief Administrative Officer
PERSON MAKING PURCHASE

Before me Graciela Lopez, a Notary Public, appeared Eduardo Olivarez and on h__ oath deposed and stated that the foregoing facts as set forth in the above request for expense reimbursement are true and correct in every respect. H__ / S__ further stated h__ / s__ requested payment of the same.

(SEAL)

[Signature]
NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS



APPROVAL: [Signature] DEPARTMENT HEAD

APPROVAL: _____ COUNTY AUDITOR



Requisition No
Po No

Vendor OLIVAREZ, EDUARDO
Address C/O HEALTH DEPT.

Owner JESCALANTE

Date Entered 09-26-2012
Status Disapproved Requisition

Line No	Quantity	Description	Unit Price	Payment Amount
1	1	FUEL FOR COUNTY VEHICLE HD-46 F-250, FORD TRUCK, VIN, 1F	90.0000	90.00

Total 90.00

Account Number	Description	Account Balance	Amount
2-1100-441-00-340-001-0-626	HEALTH ADM-GASOLINE/DIESEL	183.44	90.00

Eddie Olivarez

From: O'Valle, John R <John.O'Valle@dps.texas.gov>
Sent: Wednesday, September 26, 2012 5:19 AM
Cc: 'Eddie.Olivarez@hchd.org'
Subject: Fw: ICS 213 WEBB MORGUE

John R. O'Valle
District Coordinator
Texas Department of Public Safety
Division of Emergency Management
2525 North International Blvd.
Weslaco, Texas 78596
Office (956) 565 7121
Cell (956) 227 0696
Email John.O'Valle@dps.texas.gov

From: Pena, Tony
Sent: Tuesday, September 25, 2012 10:22 PM
To: Alejandro, Jose
Cc: O'Valle, John R
Subject: Re: ICS 213 WEBB MORGUE

John, forward this to Eddie Olivarez and have him fill out the return on it with any guidelines...

A.A. "Tony" Pena, Jr
State EM Coordinator - Region 3
Texas Department of Public Safety
Division of Emergency Management
Weslaco, Texas 78597
956-565-7120 office
956-270-0728 cell
tony.pena@dps.texas.gov

On Sep 25, 2012, at 10:14 PM, "Alejandro, Jose" <Jose.Alejandro@dps.texas.gov> wrote:

Joe Alejandro
District Coordinator 3B
**Sent by Blackberry

From: Andres Butler [<mailto:abutler@webbcountytx.gov>]
Sent: Tuesday, September 25, 2012 05:48 PM
To: 'eddie.olivares@dps.texas.gov' <eddie.olivares@dps.texas.gov>
Cc: Alejandro, Jose
Subject: FW: ICS 213 WEBB MORGUE

As requested

From: Andres Butler
Sent: Tuesday, September 25, 2012 3:53 PM
To: 'jose.alejandro@dps.texas.gov'
Cc: Leroy R. Medford; Arturo Barrera
Subject: ICS 213 WEBB MORGUE

GENERAL MESSAGE		
TO: DDC-19	POSITION: CAPTAIN	
FROM: ANDRES BUTLER WEBB COUNTY	POSITION: EMERGENCY MANAGEMENT COORDINATOR	
SUBJECT: REQUEST A TEMPORARY PORTABLE MORGUE DUE TO THE COUNTY MORGUE OVERFLOW	DATE: 09-25-2012	TIME: 15:35
	MESSAGE	
<p>DUE TO EXTREME HEAT CONDITINS IN WEBB COUNTY, AN UNUSUAL AMOUNT OF DEATHS HAS BEEN CAUSING THE COUNTY MORGUE TO OVERFLOW.</p> <p>WE ARE REQUESTING ASSISTANCE WITH AA REGRIGERATED UNIT (TRAILER BOX) TC SET UP A TEMPORARY MORGUE AT THE 7100 BLOCK OF SAUNDERS ST. IN LAREDO, TX. THE SITE OF THE REGULAR COUNTY MORGUE.</p> <p>THE COUNTY MORGUE IS FILLED BEYOND CAPACITY.</p>		
SIGNATURE SIGNED: ANDRES BUTLER	POSITION EMC	
REPLY		

DATE:	TIME:	SIGNATURE/POSITION
ICS 213		NFES 133

<ICS-213 General Message.doc>

Hidalgo County Health and Human Services Department
1304 S. 25th Avenue Edinburg, Texas 78542

Morgue Trailer Disclosure Statement


While the morgue trailer is in your possession you are responsible for the operation, maintenance, and upkeep of this piece of equipment. The receiving party shall have full responsibility to fuel, clean, and decontaminate the morgue trailer upon its return. You will be responsible to replace/repair any item that has been damaged, broken, misplaced, and/or stolen.

Hidalgo County is not responsible for any person who is injured while operating this piece of equipment. Hidalgo County has no responsibility in any of the outcomes which may not be favorable involving any corpses, evidence, and/or items placed in the trailer.


The following person will be the primary contact and person that will be held responsible and accountable for this piece of equipment while it is in your agency's possession.

Name of Recipient: Dr. Corinne E. Stern
Title of Recipient: Chief Medical Examiner
Recipient's Cell Phone: 956 236 5412

Recipient's Employer: Webb County
Employer Address: 1110 WASHINGTON
Laredo TX 78040
Employer Phone: 956 523 4000

Morgue Trailer Location: Webb County Medical Examiner
Henry Cuellar Roadway
Signature:  Date: 9-25-2012
Time: 2344

The County of Hidalgo confirms that this piece of equipment is totally functional and operational upon delivery.

Hidalgo County Rep: Eddie Olivarez
Signature:  Date: 9-25-2012