



Requisition No
 Po No

Vendor HERNANDEZ, RUBEN
 Address C/O HEALTH DEPARTMENT

Owner JESCALANTE

Date Entered 01-30-2013
 Status Disapproved Requisition

Line No	Quantity	Description	Unit Price	Payment Amount
1	1	REIMBUREMENT FOR RENEWAL OF NONCOMMERCIAL POLITICAL	12.0000	12.00
Total				12.00
Account Number	Description	Account Balance	Amount	
3-1100-441-00-340-001-0-811	HEALTH ADM-LICENSES & PERMITS	1,026.00	12.00	