

A Sign Language Company

Invoice

A Sign Language Company
 2721 Fountain Plaza Blvd Ste A
 Edinburg, Texas 78539

Phone # (956) 668-8233 & 956-... aslcom@aol.com
 Fax # (956) 878-1618

Invoice #: 8117
Invoice Date: 01/23/2012
Due Date: 01/23/2012
Terms:
Project:
P.O. No.:

Bill To:

4-D Courts
 MASTER COURT #1
 1615 S. Closner Blvd. Ste D
 Edinburg TX 78539
 ATTN: DELIA GARZA

Description	Hrs/Qty	Rate	Amount
Interpreting Services Provided by Raquel Taylor - RID Certified - on Jan. 18, 2012 for Fatima Gonzales	4.25	95.00	403.75
<p style="font-size: 2em; color: blue; margin-left: 20px;">2-1100-412-00-031-001-0-811</p> <div style="margin-left: 20px;"> <p>INVOICE RECEIVED BY: _____</p> <p>ON _____</p> <p>GOODS/SERVICES RECEIVED BY: _____</p> <p>ON _____</p> </div>			

Please call Raquel Taylor for any questions 956-533-1780 cell or office at 956-668-8233. Thank you.

Please Note: A finance charge of 1.5% per month will be applied to all past due invoices. Any changes to the billing address must be submitted in writing to A Sign Language Co. Thank you for your prompt payment.

Total	\$403.75
Payments/Credits	\$0.00
Balance Due	\$403.75

MC 1+2

SIGN LANGUAGE SERVICES

Amy Hermansen
1409 Rio Grande St
San Juan TX 78589
956-588-8078
FAX 956-720-0832
signlanguageservices@yahoo.com

Invoice# MASTER COURT 1 & 2
Service Date: 8-16/ 8-23 2012
invoice Date: Aug 3, 2012

SIGN LANGUAGE INTERPRETING SERVICES

MASTER COURT #1
1615 S CLOSNER BLVD
EDINBURG TX 78539
C/O DELIA D GARZA 956-292-7000 EXT 6562

INVOICE RECEIVED BY: _____
ON _____
GOODS/SERVICES RECEIVED BY: _____
ON _____

INVOICE	DATE	RATE	HOURS	TOTAL
MASTER CO 1	16-Aug	\$85	2	\$170
		COURT		
		TRAVEL		
From San Benito Tx		\$85.00	2	\$170
1 HOUR WAIVED			-1	(\$85)
I will waive the 2 hour minimum for this appointment because the case was rescheduled for 8-23 due to an error was made in the time of this hearing.				
MASTER CO 2	23-Aug	\$85	2	\$170
		TRAVEL		
From San Benito Tx		\$85.00	2	\$170

\$255.00
3-11W-412-W-031-001-0831
PO#

3-11W-412-W-032-001-0-831
NO PO#

TOTAL

\$595

CAROL LINAN COURT CERT #: 0030401020108

Please send check to : Amy Hermansen at above address

UPON YOUR APPROVAL PLEASE FORWARD INVOICE TO HIDALGO CO AUDITORS OFFICES

2-11W-412-W-031-001-0-831

email sent 8/16/12

9-26-12 Angela ~~garcia~~ angela.garcia@co.hidalgo.tx.us

CPS

SIGN LANGUAGE SERVICES

Amy Hermansen
1409 Rio Grande St
San Juan TX 78589
956-588-8078
FAX 956-720-0832
signlanguageservices@yahoo.com

Invoice# Court-Nov
11/08/2012 Date of Service
Invoice Date 10/17/2012

SIGN LANGUAGE INTERPRETING SERVICES

Department of Family Protective Services
Delia Valdez CPS Specialist
956-316-8613
Case Number: Rodolfo Garza

<u>INVOICE</u>	<u>DATE</u>	<u>RATE</u>	<u>HOURS</u>	<u>TOTAL</u>
COURT-	24-Jul	\$85.00	2	\$170
From San Benito Tx		\$85.00	2	\$170
				\$340.00

TOTAL \$340.00

CAROL LINAN COURT CERT #: 0030401020108
Please send check to : Amy Hermansen at above address

INVOICE RECEIVED BY: _____
ON _____
GOODS/SERVICES RECEIVED BY: _____
ON _____

3-1110-444-00-360-001-0-831

CPS

SIGN LANGUAGE SERVICES

Amy Hermansen
1409 Rio Grande St
San Juan TX 78589
956-588-8078
FAX 956-720-0832

Invoice# CPS-COURT 8-30

Invoice Date - 8-30-12
Date of Service-8-30-12

signlanguageservices@yahoo.com

SIGN LANGUAGE INTERPRETING SERVICES

Hidalgo County Administration
Esmeralda Sepulveda
CPS Specialist
300 E. Canton Rd, Edinburg, Texas 78539
(956) 316-8606 office
(956) 792-3967 cell

CPS COURT
ALEJANDRO ALVAREDO
CAUSE NO CW-0084-12-A

INVOICE RECEIVED BY:

ON

GOODS/SERVICES RECEIVED BY:

ON

INVOICE	DATE	RATE	HOURS	TOTAL
CPS-COURT-8-30	8/30	COURT/\$85	2	\$170
		TRAVEL	2	\$170
				\$340

Interpreter: Carol Linan
Certification # #0030401020108

COURT CERTIFIED

TOTAL \$340

Please make check payable to : Amy Hermansen

8/4 Angela in purchasing has not received this req. for P.O. - Called Esmer and left message & email

10-5-12 left voice message

316-8606

11-1-12 - Spoke w/ Esmeralda - will check into.

11-1-12 Angela - resend. Email - will check

3-71100-444-00-360-001-0-831