



600 Ash Ave
P.O. Drawer 3097
McAllen, Texas 78501

Tel. (956) 682-6005
Fax (956) 213-1179

State License B4881 | Fire License ACR-86318-816

RECEIVED
Hidalgo County Health
& Human Services Department

FEB 27 2013

1304 S. 25th
Edinburg, Texas 78542

To: **Hidalgo County Health Dept.**
1304 S 25th
Edinburg, TX 78539

<h1>Invoice</h1>	
Invoice Number 424192	Date 1/1/2013
Customer Number 622769	Due Date 1/1/2013

Remit To: **Superior Alarms**
PO Box 3097
McAllen, TX 78502

Amount Enclosed: _____

Net Due: \$90.00

Detach And Return Top Portion With Your Payment

Customer Name	Customer Number	PO Number	Invoice Date	Due Date
Hidalgo County Health Dept.	622769		1/1/2013	1/1/2013

Quantity	Description	Rate	Amount
6.00	Hidalgo County Health Dept., 300 Hall Acres Pharr, TX Central Station Monitoring Fee Burglar Alarm, 1/1/2013 - 6/30/2013	15.00	90.00
	Tax		0.00
	Payments/Credits Applied		0.00
Subtotal:			\$90.00
Invoice Balance Due:			\$90.00

INVOICE RECEIVED BY: <u>Jeanette Palacios</u> DATE <u>2/27/13</u>
GOODS/SERVICES RECEIVED BY: <u>Palacios</u> DATE <u>1/1-6/30/13</u>
<u>3</u> -1100-441-00-340- <u>003</u> -0- <u>413</u>
PYMT AMOUNT \$ <u>90.00</u> PO# <u>claim</u>
APPROVED BY: _____



PAST DUE

Date	Invoice #	Description	Amount	Balance Due
1/1/2013	424192	Recurring Services	\$90.00	\$90.00



600 Ash Ave
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All payments made at our office will be taken thru the drive up window only. For auto draft using bank account or credit/debit card, call our collections dept at 956-682-6005. For online secure payments, visit www.superioralarms.com



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McAllen, Texas 78501

Tel. (956) 682-6005
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State License B4881| Fire License ACR-86318-816

RECEIVED
Hidalgo County Health
& Human Services Department

JUN 27 2013

1304 S. 25th Ave.
Edinburg, Texas 78542

To: **Hidalgo County Health Dept.**
1304 S 25th
Edinburg, TX 78539

Remit To: **Superior Alarms**
PO Box 3097
McAllen, TX 78502

<h1>Invoice</h1>	
Invoice Number 443391	Date 7/1/2013
Customer Number 622769	Due Date 7/1/2013

Amount Enclosed: _____

Net Due: \$90.00

Detach And Return Top Portion With Your Payment

Customer Name	Customer Number	PO Number	Invoice Date	Due Date
Hidalgo County Health Dept.	622769		7/1/2013	7/1/2013

Quantity	Description	Rate	Amount
6.00	Hidalgo County Health Dept., 300 Hall Acres Pharr, TX Central Station Monitoring Fee 7/1/2013 - 12/31/2013	15.00	90.00
	Tax		0.00
Subtotal:			\$90.00
Total Payments / Credits Applied:			0.00
Invoice Balance Due:			\$90.00

INVOICE RECEIVED BY: <u>Jeanette Palacios</u> DATE <u>6/27/13</u>
GOODS/SERVICES RECEIVED BY: <u>Palacios</u> DATE <u>7/1/2013</u>
<u>3</u> - 1100-441-00-340-003-0-413
PYMT AMOUNT \$ <u>90.00</u> PO# <u>claim</u>
APPROVED BY: _____

Date	Invoice #	Description	Current Invoice	Balance Due
7/1/2013	443391	Recurring Services	\$90.00	\$90.00

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<h1>Invoice</h1>	
Invoice Number 429257	Date 3/1/2013
Customer Number 100813	Due Date 3/1/2013

RECEIVED
Hidalgo County Health
& Human Services Department

FEB 21 2013

1304 S. 25th Ave.
Edinburg, Texas 78542

To: **Hidalgo County Health Dept.**
Attn: Sylvia Pena
1304 S. 25th St.
Edinburg, TX 78539

Remit To: **Superior Alarms**
PO Box 3097
McAllen, TX 78502

Amount Enclosed: _____

Net Due: \$120.00

Detach And Return Top Portion With Your Payment

Customer Name	Customer Number	PO Number	Invoice Date	Due Date
Hidalgo County Health Dept.	100813	PO 670688	3/1/2013	3/1/2013

Quantity	Description	Rate	Amount
6.00	Central Station Monitoring Fee 3/1/2013 - 8/31/2013 PO# PO 670688	20.00	120.00
	Tax		0.00
Subtotal:			\$120.00
Total Payments / Credits Applied:			0.00
Invoice Balance Due:			\$120.00

INVOICE RECEIVED BY: <i>Jeanette Palacios</i>	DATE <i>2/21/13</i>
GOODS/SERVICES RECEIVED BY: <i>J Palacios</i>	DATE <i>3/1-8/31/13</i>
<i>3</i> -1100-441-00-340- <i>003</i> -0- <i>413</i>	PO# <i>claim</i>
APPROVED BY: _____	

Date	Invoice #	Description	Current Invoice	Balance Due
3/1/2013	429257	Recurring Services	\$120.00	\$120.00

All payments made at our office will be taken thru the drive up window only. For auto draft using bank account or credit/debit card, call our collections dept at 956-682-6005. For online secure payments, visit www.superioralarms.com



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RECEIVED
Hidalgo County Health
& Human Services Department

AUG 30 2013

1304 S. 25th Ave.
Edinburg, Texas 78542

Invoice

Invoice Number 448312	Date 9/1/2013
Customer Number 100813	Due Date 9/1/2013

To: **Hidalgo County Health Dept.**
Attn: Sylvia Pena
1304 S. 25th St.
Edinburg, TX 78539

Remit To: **Superior Alarms**
PO Box 3097
McAllen, TX 78502

Amount Enclosed: _____ **Net Due: \$120.00** *Detach And Return Top Portion With Your Payment*

Customer Name	Customer Number	PO Number	Invoice Date	Due Date
Hidalgo County Health Dept.	100813	PO 670688	9/1/2013	9/1/2013

Quantity	Description	Rate	Amount
Elsa Clinic, 708 Edinburg St. Elsa, TX			
6.00	Central Station Monitoring Fee 9/1/2013 - 2/28/2014 PO# PO 670688	20.00	120.00
	Tax		
Subtotal:			\$120.00
Total Payments / Credits Applied:			0.00
Invoice Balance Due:			\$120.00

INVOICE RECEIVED BY:
Jeanette Palacios DATE 8/30/13
GOODS/SERVICES RECEIVED BY:
Palacios DATE 9/1-2/28/14
3 -1100-441-00-340-003 -0- 413
PYMT AMOUNT \$ 120.00 PO# claim
APPROVED BY: _____

Date	Invoice #	Description	Current Invoice	Balance Due
9/1/2013	448312	Recurring Services	\$120.00	\$120.00

All payments made at our office will be taken thru the drive up window only. For auto draft using bank account or credit/debit card, call our collections dept at 956-682-6005. For online secure payments, visit www.superioralarms.com



600 Ash Ave
P.O. Drawer 3097
McAllen, Texas 78501

Tel. (956) 682-6005
Fax (956) 213-1179

State License B4881 | Fire License ACR-86318-818

RECEIVED
Hidalgo County Health
& Human Services Department

FEB 21 2013

To: **Hidalgo County Health Dept.**
Attn: Sylvia Pena
1304 S. 25th St.
Edinburg, TX 78539

Remit To: **Superior Alarms**
1304 S. 25th Ave.
Edinburg, Texas 78542

Superior Alarms
PO Box 3097
McAllen, TX 78502

<h1>Invoice</h1>	
Invoice Number 429256	Date 3/1/2013
Customer Number 100813	Due Date 3/1/2013

Amount Enclosed: _____

Net Due: \$360.00

Detach And Return Top Portion With Your Payment

Customer Name	Customer Number	PO Number	Invoice Date	Due Date
Hidalgo County Health Dept.	100813	PO 670688	3/1/2013	3/1/2013

Quantity	Description	Rate	Amount
<i>Edinburg Pulmonary Clinic, Attn: Sylvia Pena Edinburg, TX</i>			
6.00	Central Station Monitoring Fee 3/1/2013 - 8/31/2013 PO# PO 670688	20.00	120.00
6.00	Central Station Monitoring Fee 3/1/2013 - 8/31/2013 PO# PO 670688	20.00	120.00
6.00	Central Station Monitoring Fee 3/1/2013 - 8/31/2013 PO# PO 670688	20.00	120.00
Subtotal:			\$360.00
Tax			0.00
Total Payments / Credits Applied:			0.00
Invoice Balance Due:			\$360.00

INVOICE RECEIVED BY: <i>Jeanette Palacios</i>	DATE <i>2/21/13</i>
GOODS/SERVICES RECEIVED BY: <i>Palacios</i>	DATE <i>3/1-3/31/13</i>
<i>3</i> - 1100-441-00-340- <i>003</i>	-0- <i>413</i>
PYMT AMOUNT \$ <i>360.00</i>	PO# <i>claim</i>
APPROVED BY: _____	

Date	Invoice #	Description	Current Invoice	Balance Due
3/1/2013	429256	Recurring Services	\$360.00	\$360.00

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Hidalgo County Health
& Human Services Department

AUG 30 2013

1304 S. 25th Ave.
Edinburg, Texas 78542

Invoice

Invoice Number 448311	Date 9/1/2013
Customer Number 100813	Due Date 9/1/2013

To: **Hidalgo County Health Dept.**
Attn: Sylvia Pena
1304 S. 25th St.
Edinburg, TX 78539

Remit To: **Superior Alarms**
PO Box 3097
McAllen, TX 78502

Amount Enclosed: _____

Net Due: \$360.00

Detach And Return Top Portion With Your Payment

Customer Name	Customer Number	PO Number	Invoice Date	Due Date
Hidalgo County Health Dept.	100813	PO 670688	9/1/2013	9/1/2013

Quantity	Description	Rate	Amount
<i>Edinburg Pulmonary Clinic, Attn: Sylvia Pena Edinburg, TX</i>			
6.00	Central Station Monitoring Fee 9/1/2013 - 2/28/2014 PO# PO 670688	20.00	120.00
6.00	Central Station Monitoring Fee 9/1/2013 - 2/28/2014 PO# PO 670688	20.00	120.00
6.00	Central Station Monitoring Fee 9/1/2013 - 2/28/2014 PO# PO 670688	20.00	120.00
Subtotal:			\$360.00
Tax			0.00
Total Payments / Credits Applied:			0.00
Invoice Balance Due:			\$360.00

INVOICE RECEIVED BY:
Jeanette Palacios DATE *8/30/13*
GOODS/SERVICES RECEIVED BY:
Palacios DATE *9/1-2/28/14*
3 -1100-441-00-340-*003* -0-*413*
PYMT AMOUNT \$ *360.00* PO# *claim*
APPROVED BY: _____

Date	Invoice #	Description	Current Invoice	Balance Due
9/1/2013	448311	Recurring Services	\$360.00	\$360.00

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RECEIVED
Hidalgo County Health
& Human Services Department

MAR 27 2013

1304 S. 25th Ave.
Edinburg, Texas 78542

Invoice

Invoice Number 433986	Date 4/1/2013
Customer Number 622601	Due Date 4/1/2013

To: Hidalgo County Health Dept.
1304 South 25th
Edinburg, TX 78539

Remit To: Superior Alarms
PO Box 3097
McAllen, TX 78502

Amount Enclosed: _____

Net Due: \$120.00

Detach And Return Top Portion With Your Payment

Customer Name	Customer Number	PO Number	Invoice Date	Due Date
Hidalgo County Health Dept.	622601	PO 670688	4/1/2013	4/1/2013

Quantity	Description	Rate	Amount
6.00	Central Station Monitoring Fee 4/1/2013 - 9/30/2013 PO# PO 670688 changing billing again - should have started in April 2010	20.00	120.00
Subtotal:			\$120.00
Tax			0.00
Total Payments / Credits Applied:			0.00
Invoice Balance Due:			\$120.00

INVOICE RECEIVED BY: <u>Jeanette Palacios</u> DATE <u>3/27/13</u>
GOODS/SERVICES RECEIVED BY: <u>J Palacios</u> DATE <u>4/1-9/30/13</u>
<u>3</u> -1100-441-00-340- <u>003</u> -0- <u>413</u>
PYMT AMOUNT \$ <u>120.00</u> PO# <u>claim</u>
APPROVED BY: _____

Date	Invoice #	Description	Current Invoice	Balance Due
4/1/2013	433986	Recurring Services	\$120.00	\$120.00

All payments made at our office will be taken thru the drive up window only. For auto draft using bank account or credit/debit card, call our collections dept at 956-682-6005. For online secure payments, visit www.superioralarms.com



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McAllen, Texas 78501

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Fax (956) 213-1179

State License B4881 | Fire License ACR-86318-816

Invoice

Invoice Number 452834	Date 10/1/2013
Customer Number 622601	Due Date 10/1/2013

To: **Hidalgo County Health Dept.**
1304 South 25th
Edinburg, TX 78539

Remit To: **Superior Alarms**
PO Box 3097
McAllen, TX 78502

RECEIVED
Hidalgo County Health
& Human Services Department
SEP 25 2013
1304 S. 25th Ave.
Edinburg, Texas 78542

Amount Enclosed: _____

Net Due: \$120.00

Detach And Return Top Portion With Your Payment

Customer Name	Customer Number	PO Number	Invoice Date	Due Date
Hidalgo County Health Dept.	622601	PO 670688	10/1/2013	10/1/2013

Quantity	Description	Rate	Amount
6.00	Hidalgo County Health Dept., 300 Hackberry Mcallen, TX Central Station Monitoring Fee 10/1/2013 - 3/31/2014 PO# PO 670688 changing billing again - should have started in April 2010	20.00	120.00
	Tax		0.00
	Subtotal:		\$120.00
	Total Payments / Credits Applied:		0.00
	Invoice Balance Due:		\$120.00

INVOICE RECEIVED BY:
Seanette Palacios DATE 9/25/13
GOODS/SERVICES RECEIVED BY:
Palacios DATE 10/1-3/31/14
3 - 1100-441-00-340-003 -0- 413
PYMT AMOUNTS 120.00 PO# claim
APPROVED BY: _____

Date	Invoice #	Description	Current Invoice	Balance Due
10/1/2013	452834	Recurring Services	\$120.00	\$120.00

All payments made at our office will be taken thru the drive up window only. For auto draft using bank account or credit/debit card, call our collections dept at 956-682-6005. For online secure payments, visit www.superioralarms.com



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McAllen, Texas 78501

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Fax (956) 213-1179

State License B4881 | Fire License ACR-86318-816

Hidalgo County Health
& Human Services Department

APR 26 2013

To: **Hidalgo County Health Dept.**
Attn: Sylvia Pena
1304 S. 25th St.
Edinburg, TX 78539

1304 S. 25th Ave.
Edinburg, Texas 78542

Remit To: **Superior Alarms**
PO Box 3097
McAllen, TX 78502

Invoice

Invoice Number 435689	Date 5/1/2013
Customer Number 100813	Due Date 5/1/2013

Amount Enclosed: _____

Net Due: \$120.00

Detach And Return Top Portion With Your Payment

Customer Name	Customer Number	PO Number	Invoice Date	Due Date
Hidalgo County Health Dept.	100813	PO 670688	5/1/2013	5/1/2013

Quantity	Description	Rate	Amount
6.00	Hidalgo County Health Department, 1901 N. Bridge Weslaco, TX Fire Monitoring 5/1/2013 - 10/31/2013 PO# PO 670688	20.00	120.00
	Tax		0.00
Subtotal:			\$120.00
Total Payments / Credits Applied:			0.00
Invoice Balance Due:			\$120.00

INVOICE RECEIVED BY:
Jeanette Palacios DATE 4/26/13
GOODS/SERVICES RECEIVED BY:
Palacios DATE 5/1-10/31/13
3 -1100-441-00-340-003 -0- 413
PYMT AMOUNTS \$ 120.00 PO# claim
APPROVED BY: _____

Date	Invoice #	Description	Current Invoice	Balance Due
5/1/2013	435689	Recurring Services	\$120.00	\$120.00

All payments made at our office will be taken thru the drive up window only. For auto draft using bank account or credit/debit card, call our collections dept at 956-682-6005. For online secure payments, visit www.superioralarms.com



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P.O. Drawer 3097
McAllen, Texas 78501

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Fax (956) 213-1179


State License B4881 | Fire License ACR-86318-216

RECEIVED
Hidalgo County Health
& Human Services Department

OCT 28 2013

Invoice

Invoice Number 454668	Date 11/1/2013
Customer Number 100813	Due Date 11/1/2013

To:  Hidalgo County Health Dept.
Attn: Sylvia Pena
1304 S. 25th St.
Edinburg, TX 78539

1304 S. 25th St.
Edinburg, Texas 78542

Remit To: Superior Alarms
PO Box 3097
McAllen, TX 78502

Amount Enclosed: _____

Net Due: \$120.00

Detach And Return Top Portion With Your Payment

Customer Name	Customer Number	PO Number	Invoice Date	Due Date
Hidalgo County Health Dept.	100813	PO 670688	11/1/2013	11/1/2013

Quantity	Description	Rate	Amount
6.00	Fire Monitoring 11/1/2013 - 4/30/2014 PO# PO 670688	20.00	120.00
	Tax		0.00
Subtotal:			\$120.00
Total Payments / Credits Applied:			0.00
Invoice Balance Due:			\$120.00

INVOICE RECEIVED BY:
Jeanette Palacios DATE 10/28/13
GOODS/SERVICES RECEIVED BY:
J Palacios DATE 11-4/30/14
3 -1100-441-00-340- 003 -0- 413
PYMT AMOUNT \$ 120.00 PO# Claim
APPROVED BY: _____

Date	Invoice #	Description	Current Invoice	Balance Due
11/1/2013	454668	Recurring Services	\$120.00	\$120.00

All payments made at our office will be taken thru the drive up window only. For auto draft using bank account or credit/debit card, call our collections dept at 956-682-6005. For online secure payments, visit www.superioralarms.com



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McAllen, Texas 78501

Tel. (956) 682-6005
Fax (956) 213-1179

State License B4881 | Fire License ACR-86318-816 VED

Hidalgo County Health
& Human Services Department

APR 26 2013

Invoice

Invoice Number 435688	Date 5/1/2013
Customer Number 100813	Due Date 5/1/2013

To: Hidalgo County Health Dept.
Attn: Sylvia Pena
1304 S. 25th St.
Edinburg, TX 78539

1304 S. 25th Ave.
Edinburg, Texas 78542

Remit To: Superior Alarms
PO Box 3097
McAllen, TX 78502

Amount Enclosed: _____

Net Due: \$240.00

Detach And Return Top Portion With Your Payment

Customer Name	Customer Number	PO Number	Invoice Date	Due Date
Hidalgo County Health Dept.	100813	PO 670688	5/1/2013	5/1/2013

Quantity	Description	Rate	Amount
<i>Hidalgo County Health Department, 3105 E. Richardson St. Edinburg, TX</i>			
6.00	Fire Monitoring 5/1/2013 - 10/31/2013 PO# PO 670688	20.00	120.00
6.00	Central Station Monitoring Fee 5/1/2013 - 10/31/2013 PO# PO 670688	20.00	120.00
	Tax		0.00
		Subtotal:	\$240.00
		Total Payments / Credits Applied:	0.00
		Invoice Balance Due:	\$240.00

INVOICE RECEIVED BY:	
<u>Jeanette Palacios</u>	DATE <u>4/26/13</u>
GOODS/SERVICES RECEIVED BY:	
<u>Palacios</u>	DATE <u>5/1-10/31/13</u>
<u>3</u>	<u>-1100-441-00-340-003-0-413</u>
PYMT AMOUNTS <u>\$240.00</u>	PO# <u>claim</u>
APPROVED BY: _____	

Date	Invoice #	Description	Current Invoice	Balance Due
5/1/2013	435688	Recurring Services	\$240.00	\$240.00

All payments made at our office will be taken thru the drive up window only. For auto draft using bank account or credit/debit card, call our collections dept at 956-682-6005. For online secure payments, visit www.superioralarms.com



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State License B4881 | Fire License ACR-86318-816

Invoice

Invoice Number 454667	Date 11/1/2013
Customer Number 100813	Due Date 11/1/2013

RECEIVED
Hidalgo County Health
& Human Services Department

OCT 28 2013

Edinburg, Texas 78542

To: **Hidalgo County Health Dept.**
Attn: Sylvia Pena
1304 S. 25th St.
Edinburg, TX 78539

Remit To: **Superior Alarms**
PO Box 3097
McAllen, TX 78502

Amount Enclosed: _____

Net Due: \$240.00

Detach And Return Top Portion With Your Payment

Customer Name	Customer Number	PO Number	Invoice Date	Due Date
Hidalgo County Health Dept.	100813	PO 670688	11/1/2013	11/1/2013

Quantity	Description	Rate	Amount
<i>Hidalgo County Health Department, 3105 E. Richardson St. Edinburg, TX</i>			
6.00	Fire Monitoring 11/1/2013 - 4/30/2014 PO# PO 670688	20.00	120.00
6.00	Central Station Monitoring Fee 11/1/2013 - 4/30/2014 PO# PO 670688	20.00	120.00
	Tax		0.00
	Subtotal:		\$240.00
	Total Payments / Credits Applied:		0.00
	Invoice Balance Due:		\$240.00

INVOICE RECEIVED BY:
Jeanette Palacios DATE 10/28/13
GOODS/SERVICES RECEIVED BY:
Palacios DATE 11/1-4/30/14
3 -1100-441-00-340-003 -0- 413
PYMT AMOUNT \$ 240.00 PO# Claim
APPROVED BY: _____

Date	Invoice #	Description	Current Invoice	Balance Due
11/1/2013	454667	Recurring Services	\$240.00	\$240.00

All payments made at our office will be taken thru the drive up window only. For auto draft using bank account or credit/debit card, call our collections dept at 956-682-6005. For online secure payments, visit www.superioralarms.com

Superior Alarms

600 Ash Avenue
 PO Box 3097
 McAllen, TX 78501-8502
 (956) 682-6005
 Fax: (800) 580-6001



<i>Invoice</i>	
Invoice Number 451201	Date 9/19/2013
Customer Number 100813	Due Date 9/19/2013

To: **Hidalgo County Health Dept.**
 Attn: Sylvia Pena
 1304 S. 25th St.
 Edinburg, TX 78539

Remit To: **Superior Alarms**
 PO Box 3097
 McAllen, TX 78502

Amount Enclosed: _____ **Net Due: \$120.00**

Detach And Return Top Portion With Your Payment

Customer Name	Customer Number	PO Number	Invoice Date	Due Date
Hidalgo County Health Dept.	100813		9/19/2013	9/19/2013

Quantity	Description	Rate	Amount
<i>Hidalgo County Health Department, 211 S. Schuerback Dr Mission, TX</i>			
6.00	Burg/Fire Monitoring Burglar Alarm, 9/1/2013 - 2/28/2014	20.00	120.00
	Tax		0.00
		Subtotal:	\$120.00
		Total Payments / Credits Applied:	0.00
		Invoice Balance Due:	\$120.00

INVOICE RECEIVED BY:	
<i>Jeanette Palacios</i>	DATE <i>9/23/13</i>
GOODS/SERVICES RECEIVED BY:	
<i>Palacios</i>	DATE <i>9/1-2/28/14</i>
<i>3 -1100-441-00-340-003 -0-413</i>	
PYMT AMOUNT \$ <i>120.00</i>	PO# <i>claim</i>
APPROVED BY: _____	

Date	Invoice #	Description	Current Invoice	Balance Due
9/19/2013	451201	Recurring Services	\$120.00	\$120.00

Superior Alarms

9/1/13 thru 2/28/14

600 Ash Avenue
 PO Box 3097
 McAllen, TX 78501-8502
 (956) 682-6005
 Fax: (800) 580-6001