

COUNTY OF HIDALGO



EDINBURG, TEXAS 78539



HIDALGO COUNTY AUDITOR'S OFFICE
County Administration Building 3rd Floor
2808 S. Business Highway 281
Edinburg, Texas 78539-6243
PHONE: (956) 318-2511
FAX: (956) 318-2577
WEBSITE: www.co.hidalgo.tx.us/auditor

MAILING ADDRESS:
HIDALGO COUNTY AUDITOR'S OFFICE
P. O. BOX 689
EDINBURG, TEXAS 78540-0689

OFFICE OF THE COUNTY AUDITOR

NOTICE OF DISCREPANCY AND/OR ADVISORY

DATE: 05/06/2014

TO: Martha Salazar

DEPARTMENT: (2802) HIDALGO COUNTY JAIL

FROM: Reynaldo Cantu III

PHONE: (956)-318-2511 ext 4623

REFERENCE: SOLIS, JESUS A. Invoice #485

THE FOLLOWING DOCUMENT (S), i.e. **Invoice #485** IS/ARE BEING RETURNED, BECAUSE OF THE REASON (S) INDICATED BELOW AND REQUIRES YOUR IMMEDIATE ATTENTION. CORRECTIVE ACTION IS NECESSARY IN ORDER FOR MY OFFICE TO PERFORM ITS DUTIES ACCORDING TO STATUTES, POLICIES, FEDERAL REGULATIONS, AND ACCOUNTING STANDARDS.

PAYMENT (S) OF CLAIMS RELATED TO THIS DOCUMENT (S) WILL BE MADE AS SOON AS POSSIBLE AFTER CORRECTIVE ACTIONS HAS BEEN TAKEN AND THE CORRECTED AND PROPER DOCUMENTATION HAS BEEN SUBMITTED/RESUBMITTED TO THE AUDITOR'S OFFICE WITH SUFFICIENT TIME FOR THE AUDITOR TO EXAMINE AND APPROVE BEFORE THE NEXT SCHEDULED MEETING OF THE HIDALGO COUNTY COMMISSIONERS COURT, AS PER LOCAL GOVERNMENT CODE 113.064.

- EXPENDITURE INCURRED BEFORE PURCHASE ORDER ISSUED - PLEASE FOLLOW PROPER CLAIMS PROCEDURES
- PURCHASE ORDER NUMBER IS INCONSISTENT WITH INVOICE
- AMOUNT BILLED DOES NOT MATCH THE PURCHASE ORDER AMOUNT
- VENDOR ON PURCHASE ORDER DOES NOT MATCH INVOICE
- INSUFFICIENT DOCUMENTATION TO PROCESS PAYMENT
- SIGNATURE OR DATE NOT PRESENT
- SYSTEM SHOWS INVOICE PAID
- INSUFFICIENT FUNDING IN ACCOUNT # AVAILABLE \$
- NEEDS APPROVAL OF:
- NEEDS COMPLIANCE WITH PURCHASING POLICY/STATUTES/CONTRACTS (SEE COMMENTS)
- NEEDS CORRECTION(S):
- NEEDS ADDITIONAL DOCUMENTATION i.e.: As per the Specifications on the RFSQ submitted, vendor is not in compliance with Exhibit "C" Insurance requirements, and Exhibit A (2) "Vendor shall have been in business(in this field) for a minimum of three(3) years." As per the vendor's Texas Sales and Use Tax Permit its' first business date was 11/28/11 which means they have been in operation for approximately 2 years and 4 months. Please advise.
- OTHER:
- COMMENTS / RECOMMENDATION: If you have any questions please call me at 4623.

COUNTY AUDITOR'S FORM: RE-CA-020
REVISED. 08/2010



HIDALGO COUNTY DISTRICT JUDGES

JAIME E TIJERINA JUDGE 92ND D C	RODOLFO DELGADO JUDGE 93RD D C	J R "BOBBY" FLORES JUDGE 139TH D C	ROSE GUERRA REYNA JUDGE 206TH D C	JUAN R PARTIDA MARIO E RAMIREZ, JR JUDGE 275TH D C	NOE GONZALEZ JUDGE 332ND D C	LETICIA LOPEZ JUDGE 370TH D C OVERSEER	AIDA SALINAS FLORES JUDGE 389TH D C	JUDGE 398TH D C
------------------------------------	-----------------------------------	---------------------------------------	--------------------------------------	---	---------------------------------	--	--	-----------------



Purchase Order COUNTY OF HIDALGO

PO# 705561

DATE: 03/04/14

PAGE NO: 1 Of 1

PO TYPE:

VENDOR: 407046

REQ: 00252793

PHONE: (956) 457-3863

Fax: (956) 380-0913

EMAIL: jesususf@aol.com

SHIP TO: HIDALGO COUNTY JAIL

701 EL CIBOLO RD
EDINBURG Tx 78539

SOLIS, JESUS A.
D/B/A J'S HYDRAULICS /
120 E LOEB
EDINBURG TX 78541

CONTACT: Virginia Rodriguez (956) 393-6023

SITE: HIDALGO COUNTY JAIL

SPECIAL INSTRUCTIONS:

VENDOR NOTES

1. Do not add to, or alter this Purchase Order. This Order is not renewable.
2. TAX EXEMPTION: This Purchase Order may be accepted in lieu of Exemption Certificate.
3. This Order is also placed F.O.B. Destination. Vendor must repay all shipping costs.
4. Invoice each Purchase Order singly. Original invoices are required customer copy may be accepted. Out number must appear on all invoices, bills of lading, and packages.
5. Payment will be made only for bona fide and full completed orders, unless otherwise attached.

QTY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
1.00	LOT	DO NOT DUPLICATE ORDER TO REPAIR DETENTION CENTER KITCHEN SOLID WASTE COMPACTOR. EX BLANKET P.O. FOR LABOR AND MATERIALS TO REPAIR DETENTION CENTER KITCHEN WASTE COMPACTOR (TRASH COMPACTOR) MECHANICAL & HYDRAULIC SYSTEMS: A. MATERIAL AND SUPPLIES B. INCLUDES ACE/OXY C. WELDING ROD METAL BEAMS, METAL CHANNELS D. SQUARE TUBING, METAL STRAP AND METAL SHEETS SUB TOTAL: \$2,738.78 RATE: TECHNICIAN HOURLY RATE \$65.00 ESTIMATE QTY: 70 SUB TOTAL: 4,550.00 GRAND TOTAL: 7,288.78 TOTAL:	7,288.78	7,288.78
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233 ***** For Hidalgo County use only 4-1100-423-21-280-002-0-432		7,288.78

RECEIVED BY
 COUNTY AUDITOR
 2014 APR 4 PM 2 15

Authorized by:

Martha Salazar mlw

J's Hydraulics

120 E Loeb St
 Edinburg, Tx 78541
 956-457-3863; 956-683-5091

Invoice

Date	Invoice #
3/20/2014	485

Bill To
HIDALGO COUNTY SHERIFF'S OFFICE ① P.O. BOX 1228 EDINBURG TX 78542

P.O. No.	Terms	Project
705561		

Quantity	Description	Rate	Amount
	REPAIR DETENTION CENTER KITCHEN SOLID WASTE COMPACTOR EX BLANKET P.O. FOR LABOR AND MATERIALS TO REPAIR DETENTION CENTER KITCHEN WASTE COMPACTOR (TRASH COMPACTOR) MECHANICAL & HYDRAULIC SYSTEMS: A. MATERIAL AND SUPPLIES B. INCLUDES ACE/OXY C. WELDING ROD METAL BEAMS, METAL CHANNELS D. SQUARE TUBING, METAL STRAP AND METAL SHEETS ESTIMATE TO REBUILD WALLS, FRAME, AND REMOVE AND REPLACE WORN AND RUSTED GUIDES ON TRASH COMPACTOR. REMOVE PACKER BLADE AND INSPECT FOR DAMAGE REMOVE PACKER GUIDES REMOVE SLIDING DOORS OR TOP COVERS REMOVE METAL SHEETS FROM WALLS REMOVE METAL FRAME FROM COMPACTOR AND REBUILD NEW FRAME. WITH NEW METAL CHANNEL, SQUARE TUBES, ANGLES, METAL STRAPS AND BEAMS REMANUFACTURE NEW SLIDING TOP DOOR OR COVER SEND METAL SHEETS TO BE BENT AND SHAPE IN ORDER TO FIT PROPERLY ON WALLS WELD BEND METAL SHEETS ON WALL REPLACE PACKER BLADE GUIDES, AND PADS REPLACE TOP SLIDING DOOR REINSTALL PACKER BLADE MATERIAL AND SHOP SUPPLIES: INCLUDES ACE/OXY, WELDING ROD METAL BEAMS, METAL CHANNELS, SQUARE TUBING, METAL STRAP AND METAL SHEETS	2,738.78	2,738.78
70	RATE PER HOUR	65.00	4,550.00
NOTE: PRICE SUBJECT TO CHANGE IF PACKER BLADE REQUIRES FURTHER REPAIR			
		Total	

RECEIVED BY
 COUNTY AUDITOR
 2014 MAR 4 PM 2 15

J's Hydraulics


120 E Loeb St
Edinburg, Tx 78541
956-457-3863; 956-683-5091

Invoice

Date	Invoice #
3/20/2014	485

Bill To
HIDALGO COUNTY SHERIFF'S OFFICE P.O. BOX 1228 EDINBURG TX 78542

P.O. No.	Terms	Project
705561		

Quantity	Description	Rate	Amount
	Sales Tax	8.25%	0.00
P.O. #: <u>705561</u> Invoice Received By: <u>J. Tapia</u> on: <u>4-1-14</u> Good/Services Received By: <u>J. Tapia</u> on: <u>3-25-14</u> <u>4-1100-423-21-280-002-0-432</u>			
		Total	<u>FE</u> \$7.288 78



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/18/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER JOSE M. DAVILA INSURANCE AGENCY 3000 N MCCOLL RD STE. 1A MCALLEN, TX 78501	CONTACT NAME: FELIPE FARIAS PHONE (A/C No. Ext): 956-638-8698 E-MAIL ADDRESS: FFI.IPF.DAVILA@FARMERSAGENCY.COM	FAX (A/C No.): 866-686-5391	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED J HYDRAULICS JESUS SOLIS DBA 120 E. OEB EDINBURG, TX 78539	INSURER A : MAXUM INDEMNITY COMPANY		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		BDG-0062768-03	03/19/2014	03/19/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION S	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER HIDALGO COUNTY	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/18/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER JOSE M. DAVILA INSURANCE AGENCY 3000 N MCCOLL RD STE. 1A MCALLEN, TX 78501	CONTACT NAME: FELIPE FARIAS PHONE (A/C, No, Ext): 956-638-8698 E-MAIL ADDRESS: FELIPE.JDAVILA@FARMERSAGENCY.COM	FAX (A/C, No): 856-586-5391
	INSURER(S) AFFORDING COVERAGE	
INSURED J HYDRAULICS JESUS SOLIS DBA 120 E. OEB EDINBURG, TX 78539	INSURER A: MAXUM INDEMNITY COMPANY	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDL ISGR INSR WORD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		BDG-0062768-02	03/19/2013	03/19/2014	MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GENTL AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC			PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
		<input type="checkbox"/> DED				\$
		<input type="checkbox"/> RETENTION S				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			E L EACH ACCIDENT \$
						E L DISEASE - EA EMPLOYEE \$
						E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

HIDALGO COUNTY

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2010 ACORD CORPORATION. All rights reserved.

Zimbra

martha.salazar@co.hidalgo.tx.us

**FW: J's Hydraulics PO 705561 Invoice 485 Sheriff's Office Detention Center
Kitchen 35 cy Roll Off Compactor Repairs**

From : Juan Tapia <juan.tapia@hidalgo.org> Wed, Jun 18, 2014 04:22 PM
Subject : FW: J's Hydraulics PO 705561 Invoice 485 Sheriff's Office Detention Center Kitchen 35 cy Roll Off Compactor Repairs 6 attachments
To : 'Martha Salazar' <martha.salazar@co.hidalgo.tx.us>
Cc : virginia rodriguez <virginia.rodriguez@hidalgo.org>, emilia uriegas <emilia.uriegas@hidalgo.org>, 'Darlene H. Betancourt' <darlene.betancourt@co.hidalgo.tx.us>

Mrs. Salazar,

Pursuant to our telephone conversation for the compactor repair process as follows:

- 1- Compactor that needs to be repair belongs to the Sheriff's Office.
- 2- Compactor was placed at the City of Edinburg Solid Waste Field in order for vendors be able to inspected and submit their bids (RFSQ).
- 3- Vicky send the response received with the complete RFSQ packet in order to obtain a PO, apparently the insurance submitted with the packet was expired. Attached please find vendor's current Certificate of Liability Insurance
- 4- Compactor was moved at no cost by the City of Edinburg Truck to the awarded Vendor's shop (J's Hydraulics PO 705561) to initiate repairs.
- 5- Compactor was moved by the City of Edinburg truck at no cost back to the Sheriff's Office kitchen waste disposal area that was satisfactory received in a timely manner.

Hope this will clarified any concerns that might arise in order to process payment. Should you have any questions or required additional information, please contact us.

Respectfully,

Juan Tapia
Procurement Specialist
Hidalgo Co. Sheriff's Office