HIDALGO COUNTY AUDITOR'S OFFICE
HIDALGO COUNTY, TEXAS

PURCHASE AFFIDAVIT

THE STATE OF TEXAS

COUNTY OF HIDALGO

I, **KYLE PULLEY**, 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
	11/07/2014	$200.00	Gregorio Pina,III, Ph.D.
TOTAL		$200.00	

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

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

SIGNATURE: _____

TITLE: **KYLE PULLEY**
PERSON MAKING PURCHASE

Before me, **ELIZABETH SWEET CASTRO** a Notary Public, appeared **KYLE PULLEY** and on his 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. He further stated he requested payment of the same.

(SEAL)

ELIZABETH SWEET CASTRO
MY COMMISSION EXPIRES
September 28, 2016

Elizabeth Sweet Castro
NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

APPROVAL: **DEPARTMENT HEAD**

APPROVAL: **COUNTY AUDITOR**

COUNTY AUDITOR'S FORM: MCJR-CA-004
REVISED: 01/01/2001

TEXAS COMMISSION ON LAW ENFORCEMENT

6330 E. Highway 290, STE 200, Austin, Texas 78723-1035
Phone: (512) 936-7700
http://www.tcole.texas.gov

LICENSEE PSYCHOLOGICAL AND EMOTIONAL HEALTH DECLARATION (L-3)

Commission Rule 217.01, 217.1, 217.7, 221.35

INDIVIDUAL INFORMATION

1. TCOLE PID	2. Last Name	3. First Name	4. M.I.	5. Suffix (Jr., etc.)
20049202	PULLEY	KYLE		

6. Home Mailing Address	7. City	8. State	9. Zip Code
3200 N. 28TH ST.	McALLEN	TEXAS	78505

Is this exam for a student enrolling in an academy? ☒ Yes ☐ No.

If yes, check one ☒ Peace Officer ☐ County Corrections ☐ Telecommunicators ☐ School Marshal

Attention Requesting Agency: State Law and Commission Rule require that this psychological examination be performed by a **licensed psychologist** or a **psychiatrist** except in an exceptional circumstance when, upon prior approval by the Commission, it may be performed by a qualified licensed physician. The Chief Administrator of the requesting agency must request prior approval in writing and must receive specific written approval before an examination under exceptional circumstances is acceptable.

APPOINTMENT (Do not check if student)

10. ☐ Peace Officer ☐ Reserve Officer ☐ County Jailer ☐ Telecommunicator ☐ School Marshal
☐ Juvenile Probation Officer ☐ Public Security Off.

ACADEMY / DEPARTMENT INFORMATION

11. TCOLE Number	12. Agency/Academy Name	13. Mailing Address
511481	LRGVDC REGIONAL POLICE ACADEMY	301 WEST RAILROAD

14. City	15. County	16. Zip Code	17. Phone Number
WESLACO	HIDALGO	78596	(956) 682-3481

Attention Examining Professional: State Law and Commission Rule require that this psychological examination be performed by a **licensed psychologist** or a **psychiatrist** except in an exceptional circumstance when, upon prior approval by the Commission, it may be performed by a qualified licensed physician. The agency must request prior approval in writing and must receive specific written approval before an examination under exceptional circumstances is acceptable.

STATEMENT OF EXAMINER: (Please check the appropriate box and provide the requested information)
I am a [✓] **Licensed Psychologist**, [ ] **Psychiatrist**, and I certify that I have completed a psychological examination of the above named individual pursuant to professionally recognized standards and methods. I have concluded that, on this date, the individual IS in satisfactory psychological and emotional health to perform the duties, accept the responsibilities and meet the qualifications established by the appointing agency.

Examiner GREGORIO PINA, III, Ph.D. — 2-2180
Name (type or print) — State License Number

Mailing Address: 1200 SOUTH COL. ROWE, SUITE B-9 — McALLEN — TEXAS — 78501
Street — City — State — Zip

Phone Number: (956) 687-7004 Date of Examination(s) NOVEMBER 7, 2014

Signature — NOVEMBER 7, 2014
Date

THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED, AND IS VALID ONLY IF SIGNED BY A LICENSED PSYCHOLOGIST OR PHYSICIAN.

RECEIPT

date 11 / 07 / 14 No. 77146

received from Kyle Pulley

amount Two Hundred Dollars

for payment of Psych. Eval

(✓) cash ( ) money order ( ) credit card ( ) check #

amount due	200	00
amount paid	200	00
balance	0	

from to

signature Lucy Pierce

© SC1152WS