

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
Medical Exam # 291534	12/16/2014	\$60.00	McAllen Primary Care Clinic
TOTAL		\$60.00	

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: [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 / S further stated he / s requested payment of the same.

(SEAL)



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

[Signature]
APPROVAL: DEPARTMENT HEAD

APPROVAL: COUNTY AUDITOR