

HIDALGO COUNTY AUDITOR'S OFFICE
HIDALGO COUNTY, TEXAS

PURCHASE AFFIDAVIT

THE STATE OF TEXAS


COUNTY OF HIDALGO

I, JESUS A. GOMEZ, do hereby state that the item(s) listed on the invoices named below were purchased for the exclusive use of Hidalgo County:

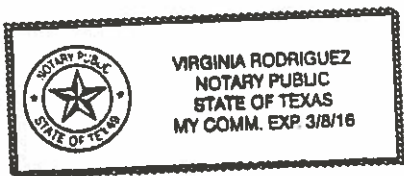
<u>INVOICE NO.</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>NAME OF COMPANY</u>
<u>503PRD506022278</u>	<u>June 26, 2015</u>	<u>\$133.69</u>	<u>TEXAS MEDICAL BOARD</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____


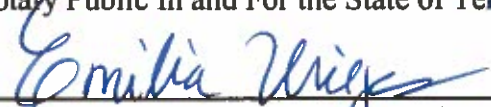
I further state that I was authorized to make such a purchase(s).

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

SIGNATURE: 
TITLE: LVN
PERSON MAKING REQUEST

Before me VIRGINIA RODRIGUEZ, a Notary Public, appeared JESUS A. GOMEZ and on his/her 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/She further stated that he requested payment of the same.




Notary Public In and For the State of Texas

Approval of Department Head

Approval of County Auditor



Steps

- [Login](#)
- [Identification](#)
- [Address](#)
- [Questions](#)
- [Review](#)

Receipt:

Please allow 2 business days for processing of your application and fee.

Send written changes to:

Texas Medical Board
 P.O. Box 2029
 MC-906
 Austin, TX 78768-2029
 Fax: 888-790-0621

P.O. # nlo

Invoice Received By: V. Rodriguez on: 7-20-15

Good/Services Received By: J. Gomez on: 6-26-15
S-1100-423-21-280-002-0 - 811

Trace Number 503PRD506022278
 Transaction Date 6/26/2015
 Pay Type CC
 Name: Jesus A. Gomez
 Billing Name: Jesus A. Gomez
 Billing Address: 421 E. LOVETT ST.
 Billing State: TX
 Billing Zip Code: 78541
 Application Fee: \$130.50
~~Accountability Policy~~ \$133.69

A handwritten signature in blue ink, appearing to be "J. Gomez", written over a horizontal line.

HIDALGO COUNTY AUDITOR'S OFFICE
HIDALGO COUNTY, TEXAS

PURCHASE AFFIDAVIT

THE STATE OF TEXAS

COUNTY OF HIDALGO

I, ALMA D. FLORES, do hereby state that the item(s) listed on the invoices named below were purchased for the exclusive use of Hidalgo County:

<u>INVOICE NO.</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>NAME OF COMPANY</u>
<u>503PRD506022274</u>	<u>June 26, 2015</u>	<u>\$133.69</u>	<u>TEXAS MEDICAL BOARD</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

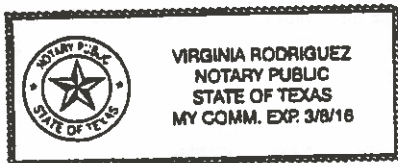
SIGNATURE:

Alma D. Flores

TITLE:

CERTIFIED MEDICAL ASSISTANT
PERSON MAKING REQUEST

Before me VIRGINIA RODRIGUEZ, a Notary Public, appeared ALMA D. FLORES and on his/her 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/She further stated that he requested payment of the same.



Virginia Rodriguez
Notary Public In and For the State of Texas

Emilia Nigra
Approval of Department Head

Approval of County Auditor



Steps

- [Login](#)
- [Identification](#)
- [Address](#)
- [Questions](#)
- [Review](#)

Receipt:

Please allow 2 business days for processing of your application and fee.

Send written changes to:
 Texas Medical Board
 P.O. Box 2029
 MC-906
 Austin, TX 78768-2029
 Fax: 888-790-0621

P.O. #: 76

Invoice Received By: VRodriguez on: 7-20-15

Good/Services Received By: A. Flores on: 6-26-15

S-1100-423-21-280-002-0-811

Trace Number 503PRD506022274
 Transaction Date 6/26/2015
 Pay Type CC
 Name: Alma D. Flores
 Billing Name: Alma D. Flores
 Billing Address: 10601. N. 10TH ST LOT 203
 Billing State: TX
 Billing Zip Code: 78504
 Application Fee: \$130.50
~~Application Fee~~ Policy 133.69

A handwritten signature in blue ink, appearing to be "A. Flores", written over a dark, scribbled-out signature.

HIDALGO COUNTY AUDITOR'S OFFICE
HIDALGO COUNTY, TEXAS

PURCHASE AFFIDAVIT

THE STATE OF TEXAS

COUNTY OF HIDALGO

I, MAXIMINA CRUZ, do hereby state that the item(s) listed on the invoices named below were purchased for the exclusive use of Hidalgo County:

<u>INVOICE NO.</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>NAME OF COMPANY</u>
<u>503PRD506022280</u>	<u>June 26, 2015</u>	<u>\$133.69</u>	<u>TEXAS MEDICAL BOARD</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

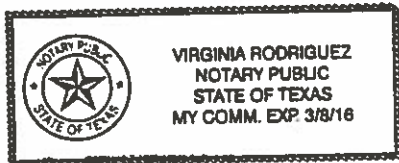
SIGNATURE:

Maximina Cruz

TITLE:

LVN
PERSON MAKING REQUEST

Before me VIRGINIA RODRIGUEZ, a Notary Public, appeared MAXIMINA CRUZ and on his/her 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/She further stated that he requested payment of the same.



Virginia Rodriguez
Notary Public In and For the State of Texas

Emilia Uribe
Approval of Department Head

Approval of County Auditor



Steps

- [Login](#)
- [Identification](#)
- [Address](#)
- [Questions](#)
- [Review](#)

Receipt:

Please allow 2 business days for processing of your application and fee.

Send written changes to:
 Texas Medical Board
 P.O. Box 2029
 MC-906
 Austin, TX 78768-2029
 Fax: 888-790-0621

P.O. #: nlc
 Invoice Received By: V. RODRIGUEZ on: 7-20-15
 Good/Services Received By: M. CRUZ on: 6-26-15
 S-1100-423-21-280-002-0-811

Trace Number 503PRD506022280
 Transaction Date 6/26/2015
 Pay Type CC
 Name: Maximina (Missy) Cruz
 Billing Name: Maximina H. Cruz
 Billing Address: 2120 EARTH LANE
 Billing State: TX
 Billing Zip Code: 78573
 Application Fee: \$130.50
~~Accessibility Policy~~ \$133.69

HIDALGO COUNTY AUDITOR'S OFFICE
HIDALGO COUNTY, TEXAS

PURCHASE AFFIDAVIT

THE STATE OF TEXAS

COUNTY OF HIDALGO

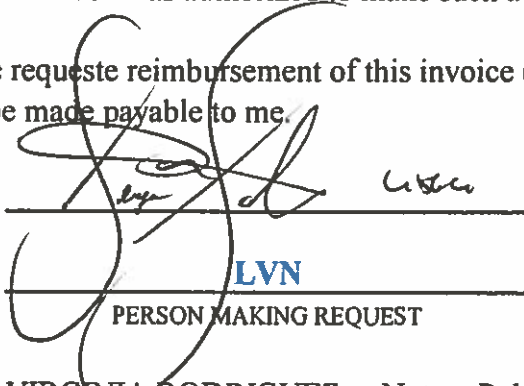
I, **SERGIO SALINAS** , do hereby state that the item(s) listed on the invoices named below were purchased for the exclusive use of Hidalgo County:

<u>INVOICE NO.</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>NAME OF COMPANY</u>
<u>503PRD506022310</u>	<u>June 29, 2015</u>	<u>\$133.69</u>	<u>TEXAS MEDICAL BOARD</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

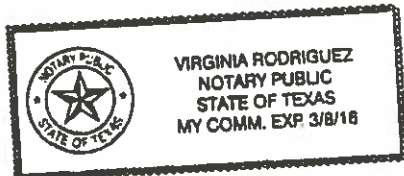
SIGNATURE:




TITLE:

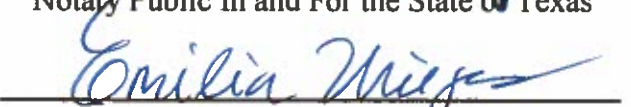
 LVN
PERSON MAKING REQUEST

Before me VIRGINIA RODRIGUEZ, a Notary Public, appeared **SERGIO SALINAS** and on his/her 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/She further stated that he requested payment of the same.





Notary Public In and For the State of Texas



Approval of Department Head

Approval of County Auditor

Payment Receipt Confirmation

Your payment was successfully processed. You may print this receipt page for your records by selecting Print.

Transaction Summary

TMS NCT Application		Total amt Paid	8133.69
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Customer Name	Sergio salinas	Payment Type	Credit Card
Local Reference ID	503PRD506022310	Credit Card Type	MAST
Receipt Date	6/29/2015	Credit Card Number	*****6380
Receipt Time	01:10:07 AM CDT	Order ID	156267596
		Billing Name	Sergio A Salinas

Billing Address	805 n 31st	Phone Number	9566075898
Billing City, State	McAllen, TX	This receipt has been emailed to the address below.	
ZIP/Postal Code	78501	Email Address	txhorns1983@yahoo.com
Country	US		txhorns1983@yahoo.com

P.O. #: nk
Invoice Received By: V Rodriguez on: 7-20-15
Good/Services Received By: S. Salinas on: 6-29-15
S-1100-423-21-280-002-0-811

