

**TO THE COUNTY AUDITOR
AFFIDAVIT FOR PAYMENT OF MEMBERSHIP DUES
TO ASSOCIATIONS OTHER THAN THE TEXAS ASSOCIATION OF COUNTIES**

**THE STATE OF TEXAS
COUNTY OF HIDALGO**

I, Eduardo Olivarez, do hereby state that membership in the Texas Association of City & County Health Officials, and dues to be paid to the association, serve to accomplish one or more of the following County purposes:

- To obtain statutorily required continuing professional education.
- To obtain continuing education necessary to maintain a license or certification.
- To access the association or organization's programs, services, and activities in order to strengthen professional skills and keep up-to-date on developments related to the Department's primary business activities:
 - Publications
 - Periodicals
 - Training
 - Annual Conference
 - Award Programs
 - Representation
 - Technical Inquiry Services

FOR STATEWIDE ASSOCIATIONS ONLY
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I further state that TACCHO is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: _____

DATE: 9/18/2015

TITLE: Chief Administrative Officer

Before me _____, a Notary Public, appeared _____, and on his/her oath deposed and stated that the facts as set forth in the above affidavit to be true and correct in every respect.

(S E A L)

NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

AUTHORITY TO OBTAIN AFFIDAVIT: LGC § 113.064(b) AUTHORITY TO PAY MEMBERSHIP DUES: GC § 305.026

COUNTY AUDITOR'S FORM: RE-CA-041B
REVISED: 12-2012



Texas Association of City and County Health Officials

INVOICE

BILL TO
 Eduardo Olivarez
 Hidalgo County Health & Human
 Services
 1304 South 25th Ave
 Edinburg, Texas 78542

INVOICE # 1034
 DATE 08/16/2015
 DUE DATE 10/01/2015
 TERMS Net 60

ACTIVITY	AMOUNT
Membership Due	4,000.00
2015-2016 Membership Dues	
Payments are to be made out to TACCHO Send payment to:	
TACCHO	
P.O. Box 142343	
Austin, Texas 78714	
For dues year October 1, 2015 - September 30, 2016 Please make payment to TACCHO:	

BALANCE DUE

\$4,000.00

Requisition

Req # 00284470

PO #

Date: 09/18/15

Bill To: x
x

Vendor : 433047
TEXAS ASSOCIATION OF CITY AND COUNTY
HEALTH OFFICIALS
1700 THIRD STREET
WICHITA FALLS TX 76301

Ship To: HEALTH DEPARTMENT
1304 S. 25TH
EDINBURG TX 78539

Contact: Josie Escalant
956-383-6221

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
1.00	YEAR	Membership fees for Eduardo Olivarez, Hidago County Health & Human Services	4,000.00	4,000.00
		<u>Account No</u>	<u>Encumbrance</u>	
		5-1293-441-00-340-005-0-810	4,000.00	
			Freight	.00
			Total	4,000.00

Authorized By: _____