

Hidalgo County
Pct #4

1/26/2016

BUDGET ACCOUNT NUMBER
6-1100-452-00-124-009-0-622

VENDOR	OBJ#	P.O.#	REQ#	PCT#	INV DATE	INV#	INV.\$	AUDITOR'S REMARKS
Magic Valley Electric Co OP	622	737352	290627	42			\$865.00	



Purchase Order COUNTY OF HIDALGO

PO# 737352

DATE: 01/25/16

PAGE NO: 1 OF 1

PO TYPE:

VENDOR: 22438

REQ: 00290627

PHONE: (866) 225-5683

EMAIL:

SHIP TO: HIDALGO CO. PCT 4

1051 N. DOOLITTLE
EDINBURG TX 78542

MAGIC VALLEY ELECTRIC CO-OP, INC.
P.O. BOX 267
MERCEDAS TX 78570-0267

CONTACT: VLopez

(956) 383-3112

SITE: COMMISSIONER, PRECINCT 4

CONTRACT NO:

SPECIAL INSTRUCTIONS: Pct. # 42

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
		DO NOT DUPLICATE ORDER		
		For: Linn San Manuel Emergency Service Facility		
1.00	EACH	OM Deposit	840.00	840.00
1.00	EACH	OM Set Up	25.00	25.00
		TOTAL:		865.00
		***** For Hidalgo County use only 6-1100-452-00-124-009-0-622		865.00

Authorized by:

Martha L Salazar

HIDALGO COUNTY texas

JOSEPH PALACIOS

1051 N. Doolittle Rd.
Edinburg, Texas 78542
Office: (956) 383-3112
Fax: (956) 381-5905

COUNTY COMMISSIONER, PCT. NO. 4

Memorandum

To: Hidalgo County Treasurer's Office
From: Hidalgo County Pct. # 4
Date: Tuesday, January 26, 2016
Subject: Hold Check- Magic Valley Electric Co Op

Hidalgo County Pct. # 4 is requesting that the checks for Magic Valley Electric Co Op for the amount of \$865.00 be placed on hold (PO# 737352). We are in the process of changing the account to Pct. 4 since the building has now been completed. A Precinct 4 representative will pick up the check at Treasurer's Office once available.

Thank you for continued cooperation. If you have any questions, feel free to contact me at anytime (956) 383-3112 ext. 4019.

0.*

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Deposit → 840.00+

Setup → 25.00+

002

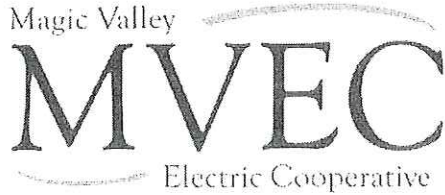
865.00*

0.*

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25/405-

0.*



Account Number: _____

MEMBERSHIP APPLICATION

Date: 1/26/16	Name: Pct 4 Emergency Service Facility
Billing Address: 1051 N. Doolittle Rd. Edinburg, TX 78541	Service Address: 21661 Hwy 186
Form of Identification:	City, State, Zip Code: Linn San Manuel
Contact Number: Veronica L. Davis (956) 383-3112 Ext 4019	Alternate Number:
Statement Preference: <input checked="" type="checkbox"/> Paper <input type="checkbox"/> E-Statement	Email Address: Veronica.lopez@co.hidalgo.tx.us

Terms & Conditions:

- The Applicant will pay to the Cooperative the sum of \$5.00 which, upon acceptance, will constitute the Applicant's membership fee. Upon termination of service, the sum of \$5.00 will be refunded to the member or applied to any unpaid balance.
- Applicant agrees to pay the Cooperative any required fees and/or deposits.
- The Applicant agrees to comply with, and be bound by, the provisions of the Articles of Incorporation and Bylaws of the Cooperative and such rules and regulations as may, from time to time, be adopted by the Board of Directors of the Cooperative.
- The Applicant agrees to pay for all electric energy used in accordance with and subject to the limitations set out in the Cooperative's applicable rate schedule.
- It is agreed that the membership in the Cooperative shall begin when service is connected. It is also agreed that the membership shall terminate when the member's service is disconnected and no longer receives electric service.
- In the event this membership is terminated, and the subsequent thereto member desires to become a member again, this application for membership will be applicable for any and all future requests for membership. However, each request for membership must be subject to approval of the Board of Directors of the Cooperative.

Witness: Veronica L. Davis

Applicant's Signature: [Signature]

