

HIDALGO COUNTY AUDITOR'S OFFICE  
HIDALGO COUNTY, TEXAS

PURCHASE AFFIDAVIT

THE STATE OF TEXAS

COUNTY OF HIDALGO

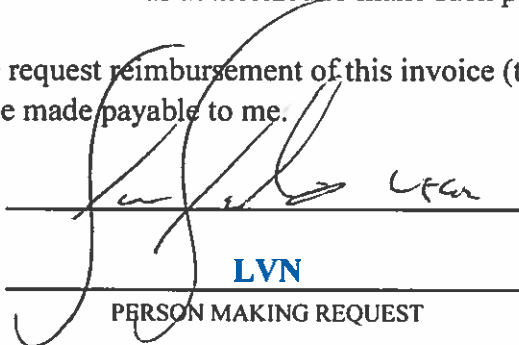
I,   **SERGIO SALINAS**  , do hereby state that the item(s) listed on the invoices named below were purchased for the exclusive use of Hidalgo County:

<u>INVOICE NO.</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>NAME OF COMPANY</u>
<u>503NW1611277548</u>	<u>November 23, 2016</u>	<u>\$71.32</u>	<u>TEXAS MEDICAL BOARD</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

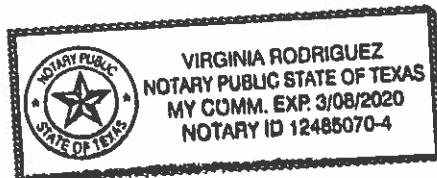
SIGNATURE:


  
\_\_\_\_\_


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

Zimbra

anakaren.moncivais@hidalgo.org

**Fw: Texas Medical Board NCT Registry Renewal Payment**

**From :** txhorns1983@yahoo.com  
**Subject :** Fw: Texas Medical Board NCT Registry Renewal Payment  
**To :** Anakaren Moncivais <anakaren.moncivais@hidalgo.org>

Wed, Nov 23, 2016 03:29 PM

Sent from my Verizon 4G LTE Smartphone

P.O. #: nle  
Invoice Received By: VRodriguez on: 2-14-17  
Good/Services Received By: S. Salinas on: 11-23-16  
7-1100-423-21-280-002-0-011

----- Original message-----

**From:** NOREPLY@TMB.STATE.TX.US  
**Date:** Wed, Nov 23, 2016 3:11 PM  
**To:** Undisclosed recipients;;  
**Cc:**  
**Subject:** Texas Medical Board NCT Registry Renewal Payment

**Payment Receipt Confirmation**



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

**Transaction Summary**

Description	Amount
TMB NCT Registry Renewal Texas.gov Price	\$71.32

Customer Information		Payment Information	
Customer Name	SERGIO SALINAS	Payment Type	Credit Card
Local Reference ID	503NW1611277548	Credit Card Type	VISA
Receipt Date	11/23/2016	Credit Card Number	*****3978
Receipt Time	03:11:34 PM CST	Order ID	231649288
		Billing Name	Sergio Salinas
		Billing Information	
Billing Address	805 N 31st St	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



**Steps**

- [Login](#)
- [Addresses](#)
- [Questions](#)
- [Review](#)

**Confirm Login**

Congratulations **SERGIO ALEJANDRO SALINAS**, you are eligible to register your license online.

Name: **SERGIO ALEJANDRO SALINAS**  
License Number: **NCR00164805**  
Fee Amount: **\$69.50**  
License Type: **NCT registry**

If you are not **SERGIO ALEJANDRO SALINAS** please return to the Login Page using the "Return to Login" button below.

Click here for more information about [NCT Registry and fees](#).

[Accessibility Policy](#)

HIDALGO COUNTY AUDITOR'S OFFICE  
HIDALGO COUNTY, TEXAS

PURCHASE AFFIDAVIT

THE STATE OF TEXAS

COUNTY OF HIDALGO

I, CRUZ, MAXIMINA H., 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>503NW162283090</u>	<u>December 29, 2016</u>	<u>\$71.32</u>	<u>TEXAS MEDICAL BOARD</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

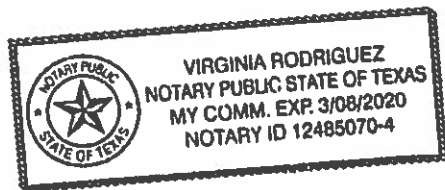
SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

LVN

PERSON MAKING REQUEST

Before me VIRGINIA RODRIGUEZ, a Notary Public, appeared CRUZ, MAXIMINA H. 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 Mejia  
Approval of Department Head

\_\_\_\_\_  
Approval of County Auditor



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

Trace Number 503NW1612283090  
Transaction Date 12/29/2016  
Pay Type CC  
Name: MAXIMINA HAYDEE CRUZ  
Billing Name: Maximina H Cruz  
Billing Address: 2120 EARTH LANE  
Billing State: TX  
Billing Zip Code: 78573  
Total paid: \$71.32

P.O. #: DLG  
Invoice Received By: V Rodriguez on: 2-14-17  
Good/Services Received By: M. Cruz on: 12-29-16  
7-1100-423-21-280-002-0-811

A handwritten signature in blue ink, appearing to be "M. Cruz".

HIDALGO COUNTY AUDITOR'S OFFICE  
HIDALGO COUNTY, TEXAS

PURCHASE AFFIDAVIT

THE STATE OF TEXAS

COUNTY OF HIDALGO

I, FLORES, ALMA DELIA, 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>503NW1610270604</u>	<u>October 19, 2016</u>	<u>\$50.61</u>	<u>TEXAS MEDICAL BOARD</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

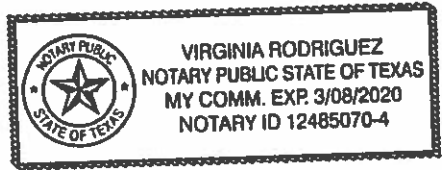
I further state that I was authorized to make such purchase(s).



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

SIGNATURE: 

TITLE: MEDICAL ASSISTANT  
PERSON MAKING REQUEST

Before me VIRGINIA RODRIGUEZ, a Notary Public, appeared FLORES, ALMA DELIA 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



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

Trace Number 503NW1610270604  
Transaction Date 10/19/2016  
Pay Type CC  
Name: ALMA DELIA FLORES  
Billing Name: Alma D. Flores  
Billing Address: 10601 N. 10TH ST. LOT 203  
Billing State: TX  
Billing Zip Code: 78504  
Total paid: \$50.61

P.O. #: 753741  
Invoice Received By: J. Rodriguez on: 2-14-17  
Good/Services Received By: A. Flores on: 10-19-16  
7-1100-423-21-280-002-0-  
81

A handwritten signature in black ink, appearing to be "A. Flores", written over the signature line of the receipt.