

HIDALGO COUNTY AUDITOR'S OFFICE
HIDALGO COUNTY, TEXAS

PURCHASE AFFIDAVIT

THE STATE OF TEXAS

COUNTY OF HIDALGO

I, NORMA ELIZABETH ALCOCER, 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>503NW1709339052</u>	<u>September 15, 2017</u>	<u>\$50.61</u>	<u>TEXAS MEDICAL BOARD</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

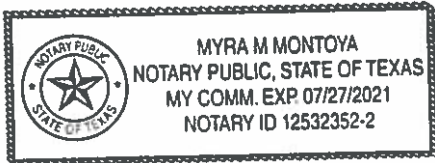
I further state that I was authorized to make such purchase(s).

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

SIGNATURE: *Norma Alcocer*

TITLE: LICENSED VOCATIONAL NURSE
PERSON MAKING REQUEST

Before me MYRA M. MONTOYA, a Notary Public, appeared NORMA ELIZABETH ALCOCER and on his/her oath deposed and stated that the foregoing facts as set forth reimbursement are true and correct in every respect. He/She further stated that he requested payment of the same.



Myra M. Montoya
Notary Public In and For the State of Texas

Emilia Higes
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 503NW1709339052
Transaction Date 9/15/2017
Pay Type CC
Name: NORMA ELIZABETH ALCOCER
Billing Name: NORMA E ALCOCER
Billing Address: 2701 GRAMBLING AVE
Billing State: TX
Billing Zip Code: 78504
Total paid: \$50.61

P.O. #: U/A
Invoice Received By: slozano on: 9/15/17
Good/Services Received By: NE Alcocer on: 9/15/17
7-1100-423-21-280-002-0-811