

**Requisition  
W.I.C. PROGRAM**

**Req # 00391365**

**PO #**

**Date: 04/02/19**

**Bill To:**

**Vendor :** 301957  
CITY OF PHARR  
C/O ALARMS DIVISION  
**ATTN: EDUARDO**  
**1900 S CAGE BLVD.**  
PHARR TX 78577

**Ship To:** W.I.C. PROGRAM  
3105 W. UNIVERSITY DR  
EDINBURG TX 78539

**Contact:** MGONZALEZ  
**956-381-4646**

**Contract No:**

**Special Instructions:**

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
1.00		RENEWAL APPLICATION FOR FY 19 DO NOT DUPLICATE ORDER		
1.00	EACH	RENEWAL FOR THE PHARR WIC CLINIC 300 W. HALL ACRES STE.A PHARR TEXAS	.00	.00
1.00	EACH	EX RENEWAL FOR APRIL 2019 APPLICATION SUBMISSION REQUIRED FOR THE PHARR WIC II 1224	15.00	15.00
		Account No _____	<u>Encumbrance</u>	
		9-1292-441-00-350-001-9-811	15.00	
			Freight	.00
			Total	15.00
		DUNS: 013406996		

**Authorized By: \_\_\_\_\_**