

HIDALGO COUNTY AUDITOR'S OFFICE  
HIDALGO COUNTY, TEXAS

PURCHASE AFFIDAVIT

THE STATE OF TEXAS

COUNTY OF HIDALGO

I, Debra Lee Gonzalez, do hereby state that the item(s) listed on the invoice(s) named below  
PURCHASER'S NAME  
were purchased for the exclusive use of Hidalgo County:

INVOICE NO.	DATE	AMOUNT	NAME OF COMPANY
UZTX3BX8QR	12/02/2020	\$39.05	IdentoGO
TOTAL		\$39.05	

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

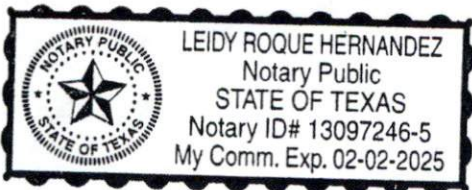
I therefore request reimbursement of this invoice (these invoices) from Hidalgo County and that payment be made payable to me.

SIGNATURE: Debra Lee Gonzalez

TITLE: Court Coordinator  
PERSON MAKING PURCHASE

Before me Leidy Roque Hernandez, a Notary Public, appeared Debra Lee Gonzalez and on 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. H / She further stated h / she requested payment of the same.

(SEAL)



[Signature]

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

[Signature]

Justice of the Peace Pct. 3 Pl. 1

APPROVAL: DEPARTMENT HEAD

APPROVAL: COUNTY AUDITOR

IdentoGO Center (5300303)  
1532 W Dove Ave  
McAllen, Texas 78504-3577

IdentoGO - IDEMIA  
**IdentoGO**

Date: 12/02/2020@03:42 PM  
Customer: DEBRA L. GONZALEZ  
UE ID: UZTX3BX8QR

**Services**

TX - HHSC-DSHS-Vital Records \$38.25

SubTotal: \$38.25

IdentoGO® Convenience Fee: \$0.80

**Total: \$39.05**

**Payment**

Credit Card ending in (1428) \$39.05

**Amount Paid: \$39.05**

**Credit Card Authorization**

By signing, I authorize IDEMIA and/or their agents to charge my credit card for service (s) performed and/or products purchased. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.



Signature

Service status is available at:  
<http://uenroll.identogo.com>  
-- OR --  
855.845.7434

# Requisition

Req # 00432818

PO #

Date: 04/21/21

Bill To:

Vendor: 398780  
 GONZALEZ, DEBRA LEE  
 C/O JP PCT 3, PL 1

Ship To: JP PCT 3, PL 1  
 730 BREEYFOGLE, SUITE C  
 MISSION TX 78572

Contract No:  
 Special Instructions:

Contact: DEGONZALEZ  
 956-519-8422

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
1.00	EACH	REQUESTING A PURCHASE ORDER FOR REIMBURSEMENT FOR DEBRA LEE GONZALEZ, PAID FOR BACKGROUND CHECK TO BE IN COMPLIANCE WITH HEALTH AND SAFETY CODE 191.071. DO NOT DUPLICATE ORDER  CO REQUESTING A PURCHASE ORDER FOR INVOICE PAID TO IDENTGO DIGITAL FINGERPRINTING ON 12/02/2020 TO BE IN COMPLIANCE WITH HEALTH AND SAFETY CODE 191.071.  <u>Account No</u>  1-1100-412-00-065-001-0-890	39.05           Encumbrance  39.05   Freight  Total	39.05           .00  39.05
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

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