

HIDALGO COUNTY AUDITOR'S OFFICE
HIDALGO COUNTY, TEXAS

PURCHASE AFFIDAVIT

THE STATE OF TEXAS

COUNTY OF HIDALGO

I, Dr. Sonia M. Trevino, 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
65332013	01/01/2021	\$177.50	Sandra Zamora Ins. Agency, LLC
TOTAL		\$177.50	

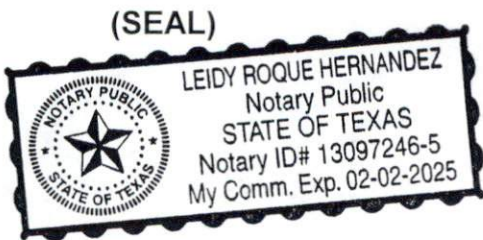
I further state that I was authorized to make such a purchase(s).

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

SIGNATURE: *[Signature]*

TITLE: Justice of the Peace Pct.3 Pl.1
PERSON MAKING PURCHASE

Before me Leidy Roque Hernandez, a Notary Public, appeared Dr. Sonia M. Trevino 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.



[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



Please process this invoice/credit memo copy. This request is due to original invoice is an ebill or was not received.

Justice of the Peace Pct. 3 Pl. 1

PAID RECEIPT

SANDRA ZAMORA INS. AGENCY
2013 N. CONWAY AVE.
MISSION, TX 78572
P (956) 585-1984
F (956) 585-8984
szinsurance@yahoo.com

DATE: 01/01/2021

RE: SONIA TREVINO

LOCATION: 730 BREYFOGLE RD STE C
MISSION, TX 78572

POLICY # 65332013
EFF. 01/01/2021 - 01/01/2022

To Whom It May Concern:

TOTAL PREMIUM PAID IN FULL OF \$177.50

Policy is in force from

SINCERELY,

Sandra Zamora

MORTGAGE:

.
. .
. . .

INVOICE RECEIVED BY:

_____ on _____
GOODS/SERVICES RECEIVED BY:

_____ on _____

Accounts: _____

PO# _____

Approved By: _____

Requisition

Req # 00432815

PO #

Date: 04/21/21

Bill To:

Vendor: 497550
 TREVINO, SONIA M. JUDGE
 C/O JP PCT3, PL1

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 JUDGE SONIA M. TREVINO FOR REQUIRED BOND FOR ELECTED OFFICIAL DO NOT DUPLICATE ORDER		
		CO BOND POLICY NO.65332013 EFFECTIVE 01/01/2021-12/31/2024 FOR ELECTED OFFICIAL PAID TO SANDRA ZAMORA INS. AGENCY, LLC ON 01/01/2021	177.50	177.50
		Account No _____	<u>Encumbrance</u>	
		1-1100-412-00-065-001-0-520	177.50	
			Freight	.00
			Total	177.50
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____