

REQUISITION

Req # 00442205

PO #

Date: 10/14/21

Bill To:

Vendor: 6599
 CITY OF MCALLEN
 P. O. BOX 220
 MCALLEN TX 78505-0220

Ship To: HEALTH DEPARTMENT
 1304 S. 25TH
 EDINBURG TX 78539

Contract No:

Contact: JOSIE GARCES

Special Instructions:

956-383-6221

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
1.00	EACH	DUNS: 083955245 DO NOT DUPLICATE ORDER VENUE, SUPPORT AND MANAGEMENT SERVICES FOR SOUTH TEXAS ALL-HAZARDS CONFERENCE DATE: MARCH 23-24, 2022 LOCATION: MCALLEN PERFORMANCE ARTS AND CONVENTION CENTER 700 CONVENTION BLVD, MCALLEN, TEXAS 78501 Account No 1-1293-441-10-340-013-2-320 REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233	120,000.00	120,000.00
			Encumbrance	
			120,000.00	
			Freight	.00
			Total	120,000.00

Authorized By: _____