

PURCHASE AFFIDAVIT

THE STATE OF TEXAS §
 §
COUNTY OF HIDALGO §

I, **ROMEO PEÑA, JR.**, do hereby state that the items listed on the invoices named below were purchased for the exclusive use of Hidalgo County:

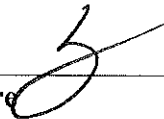
<u>Invoice No.</u>	<u>Date</u>	<u>Amount</u>	<u>Name of Company</u>
169899	10/13/2023	\$100.00	Center of IND Services

TOTAL \$100.00

I, further state that I was authorized to make said purchase.

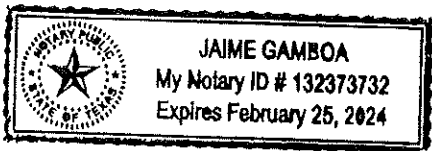
I, therefore request reimbursement of this invoice from Hidalgo County and that payment be made payable to me.

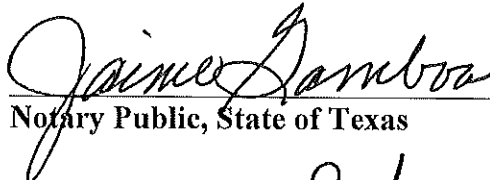
Deputy Constable
Title

Signature 

BEFORE ME, the undersigned Notary Public appeared **ROMEO PEÑA, JR.** on his oath deposed and stated that the forgoing facts as set forth in the above request for expense reimbursement are true and correct in every respect. He further stated that he requested payment of the same.

Signed on this 19th day of **October**, 2023.




Notary Public, State of Texas


APPROVAL: Department Head

APPROVAL: County Auditor

RECEIPT		DATE <u>10/13/23</u>	No. <u>169899</u>
RECEIVED FROM <u>Romeo Pena Jr</u>		<u>\$ 100</u>	
<u>One hundred & no/100</u>		DOLLARS	
<input type="radio"/> FOR RENT <input type="radio"/> FOR <u>DOT Physical</u>			
ACCOUNT		<input type="radio"/> CASH	
PAYMENT	<u>100</u>	<input type="radio"/> CHECK	FROM _____ TO _____
BAL. DUE		<input type="radio"/> MONEY ORDER	BY <u>Nicole</u>
		<input type="radio"/> CREDIT CARD	

The Center of Industria
 2120 E Business Hwy 83 A
 MISSION, TX 78572
 956-618-2400

SALE

Store: 0001

REF#: 00000001

Batch #: 010
 10/13/23

RRN: 328616339904
 11:08:49

Trans ID: 383286581293870

APPR CODE: 013138

VISA

Contactless

*****2987

AMOUNT

\$100.00

APPROVED

VISA CREDIT

AID. A0000000031010

TVR: 00 00 00 00 00

THANK YOU!

CUSTOMER COPY