



Remit to:
P.O. Box 890635
Charlotte, NC 28289-0635

00000529604700-709HIDALCOU12709000007230437000209780009

----- INVOICE -----

Hidalgo County
Executive Office
505 S. McColl Rd. Ste. J
Edinburg, TX 78539

Invoice Date 06/18/24
Invoice No. 5296047
Bill-To Code 709HIDALCOU1
Client Code 709HIDALCOU1
Inv Order No. 709*7230437

Named Insured: Hidalgo County

Amount Remitted: \$

Please return this portion with your payment.

Make checks payable to: McGriff Insurance Services LLC

Effective Date	Policy Period	Coverage Description	Transaction Amount
06/12/24	12/31/23 to 12/31/24	Insurance Company: Various Policy No. Various Endorsement - Increases Loss Limit	262,111.32
<p>Invoice Number: 5296047 Amount Due: 262,111.32</p> <p>Please pay from copy of invoice/credit memo</p> <p>PO # _____</p> <p>Acct # <u>4-1100-419-00-125-009-0-520</u></p> <p>Invoice Received By: <u>Edgardo Garcia</u> on <u>6/18/24</u></p> <p>Goods/Services Received By: <u>Onaule</u> on <u>6/12-12/31/24</u></p>			

Due upon Receipt or Effective Date, whichever is later | *NEW* Pay with Credit Card/ACH: <https://mcgriff.epaypolicy.com>