



Hidalgo County Health Department
 1304 S. 25th Avenue
 Edinburg TX 78542

Invoice Date: 03/17/2025
 Invoice: 10138387
 Project: 052183.001

Attention: Maritza Guerra, maritza.guerra@hchd.org
 Project Name: Hidalgo County Pct.3/El Paraiso Health Clinic

For Professional Services Rendered through: March 9, 2025
 El Paraiso Health Clinic Project
 Agreement No. C-22-0212-7-12
 Work Authorization No. 1
 Req. 458113 & 458088

Lump Sum	Fee	Pct. Comp	Earned To Date	Previous Amount	Current Amount
000400 - Health Clinic Design Phase	28,825.00	100.00	28,825.00	28,825.00	0.00
000500 - Health Clinic Bid Phase	3,610.00	100.00	3,610.00	3,610.00	0.00
000600 - Health Clinic Construction Phase	8,235.00	78.00	6,423.30	6,176.25	247.05
Total Lump Sum Services:	40,670.00	95.55	38,858.30	38,611.25	247.05

Remaining Fee: 1,811.70

Total Earned to Date: 38,858.30
 Less Previous Billed: 38,611.25

El Paraiso Health Clinic | ARPA-21-340-019
 P.O. 853723
 Acct. # 5-1290-441-12-115-215-6-452

Amount Due this Invoice: 247.05

Outstanding Invoices:

Number	Date	Balance
10136220	02/14/2025	1,235.25
Total		1,235.25

Approved
 Gilbert Gallegos, AIA
 03/20/2025

Remit payment to P.O. Box 4897, Dept 331, Houston, TX 77210
 Reference Project 052183.001 and Invoice 10138387
 Contact Karen Highlander at khighlander@halff.com with any billing questions.

Half Associates, Inc.
P.O. Box 4897, Dept 331
Houston, TX 77210

Maritza Guerra
Hidalgo County Health Department
1304 S. 25th Avenue
Edinburg, TX 78542

March 17, 2025
Project No: 052183.001
Invoice No: 10138387
Invoice Total: \$247.05

052183.001 Hidalgo County Pct.3/EI Paraiso Health Clinic
El Paraiso Health Clinic Project
Agreement No. C-22-0212-7-12
Work Authorization No. 1
Req. 458113 & 458088

Professional Services thru March 09, 2025

Phase 000000 Lump Sum Phases
Fee

Billing Phase	Fee	Percent Comp	Earned To-Date	Previous Amount	Current Amount
000400 - Health Clinic Design Phase	28,825.00	100.00	28,825.00	28,825.00	0.00
000500 - Health Clinic Bid Phase	3,610.00	100.00	3,610.00	3,610.00	0.00
000600 - Health Clinic Construction Phas	8,235.00	78.00	6,423.30	6,176.25	247.05
Total Fee	40,670.00		38,858.30	38,611.25	247.05
Total Fee					247.05
Total this Invoice					\$247.05

Outstanding Invoices

Number	Date	Balance
10136220	2/14/2025	1,235.25
Total		1,235.25