



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

Invoice Date: 04/15/2025  
 Invoice: 10140078  
 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: April 6, 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	85.00	6,999.75	6,423.30	576.45
<b>Total Lump Sum Services:</b>	<b>40,670.00</b>	<b>96.96</b>	<b>39,434.75</b>	<b>38,858.30</b>	<b>576.45</b>

Remaining Fee: 1,235.25

Total Earned to Date: 39,434.75  
 Less Previous Billed: 38,858.30

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

**Amount Due this Invoice: 576.45**

Outstanding Invoices:

Number	Date	Balance
10138387	03/17/2025	247.05
<b>Total</b>		<b>247.05</b>

Approved  
 Gilbert Gallegos, AIA  
 04/21/2025

Remit payment to P.O. Box 4897, Dept 331, Houston, TX 77210  
 Reference Project 052183.001 and Invoice 10140078  
 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

April 15, 2025  
Project No: 052183.001  
Invoice No: 10140078  
Invoice Total: \$576.45

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 April 06, 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	85.00	6,999.75	6,423.30	576.45
Total Fee	40,670.00		39,434.75	38,858.30	576.45
<b>Total Fee</b>					<b>576.45</b>
<b>Total this Invoice</b>					<b>\$576.45</b>

**Outstanding Invoices**

Number	Date	Balance
10138387	3/17/2025	247.05
<b>Total</b>		<b>247.05</b>