

Req#00523504

HIDALGO COUNTY AUDITOR'S OFFICE

HIDALGO COUNTY, TEXAS
PURCHASE AFFIDAVIT

THE STATE OF TEXAS


COUNTY OF HIDALGO

I, GRACIANO GAMINO hereby state that the item(s) listed on the invoice 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>
0531305	8/6/2025	\$115.00	THE CENTER OF INDUSTRIAL REHABILITATION SERVICES

I further state that I was authorized to make such a purchase(s).

I therefore request reimbursement of this invoice (these invoices) from Hidalgo County and that payment be made payable to me.

SIGNATURE: 

TITLE: TASK FORCE AGENT

Before me SONYA I. LOPEZ, a Notary Public, appeared GRACIANO GAMINO his oath deposed and stated that the foregoing 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.


NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS


APPROVAL: JUAN SIFUENTES, COMMANDER



APPROVAL: COUNTY AUDITOR

RECEIPT DATE 6-8-2025 No. **0531305**

RECEIVED FROM Graciano - Gramino \$ 115

one hundred DOLLARS

FOR RENT
 FOR DOT PX + Paper work

ACCOUNT	<u>cc</u>	<input type="radio"/> CASH	FROM _____ TO _____
PAYMENT	<u>115</u>	<input type="radio"/> CHECK	BY <u>C</u>
BAL. DUE		<input type="radio"/> MONEY ORDER	
		<input type="radio"/> CREDIT CARD	

THE CENTER OF INDUSTRIAL
 2120 E HWY BUS 83 STE A
 MISSION, TX 75872
 9565662859

Cashier: Employee
 Transaction 000635

Total \$115.00
 DEBIT CARD SALE \$115.00
 MASTERCARD 4915

Retain this copy for statement validation

06-Aug-2025 10:23:52A
 \$115.00 | Method: CONTACTLESS
 US Debit XXXXXXXXXXXX4915
 Reference ID: 521800501164
 Auth ID: 002351
 MID: *****7880
 AID: A0000000042203
 AthNtwkNm: MASTERCARD
 RtnCd CREDIT
 PIN VERIFIED

Online: <https://clover.com/p/BQW71A7C1YVPE>

Payment BQW71A7C1YVPE

Clover Privacy Policy
<https://clover.com/privacy>

TRAINING CENTER

(1) _____ DATE: _____
 (2) _____ DATE: _____
 (3) _____ DATE: 8/22/2025
 _____ FCH _____
 _____ FCH _____
 _____ FCH _____