

req# 00523508

**HIDALGO COUNTY AUDITOR'S OFFICE**

**HIDALGO COUNTY, TEXAS  
PURCHASE AFFIDAVIT**

**THE STATE OF TEXAS**

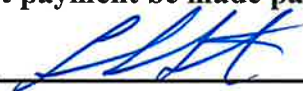
**COUNTY OF HIDALGO**

**I, CARLOS MIRELES 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>
0531285	8/11/2025	\$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 CARLOS MIRELES 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 8-11-2025 No. 0531285

RECEIVED FROM Carlos Mireles \$ 115<sup>00</sup>

one hundred DOLLARS

FOR RENT  
 FOR DOT PX + Paper

ACCOUNT		<input type="radio"/> CASH
PAYMENT	<u>115<sup>00</sup></u>	<input type="radio"/> CHECK
BAL. DUE		<input type="radio"/> MONEY ORDER
		<input type="radio"/> CREDIT CARD

FROM \_\_\_\_\_ TO \_\_\_\_\_

BY [Signature]

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

Cashier: Employee

Transaction 000647

**Total** \$115.00  
 DEBIT CARD SALE \$115.00  
 VISA 0434

Retain this copy for statement validation

11-Aug-2025 10:37:13A  
 \$115.00 | Method: CONTACTLESS  
 US DEBIT XXXXXXXXXXXX0434  
 Reference ID: 522300501368  
 Auth ID: 793610  
 MID: \*\*\*\*\*7880  
 AID: A0000000980840  
 AuthNtwkNm: VISA  
 Rnd: CREDIT

Online: <https://clover.com/p/JKNZZECEP7NT>

Payment JKNZZECEP7NT

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

COUNTY  
INDIA TASK FORCE

(1) \_\_\_\_\_ DATE: \_\_\_\_\_  
 GOODS/SERVICES RECEIVED BY:

(2) \_\_\_\_\_ DATE: \_\_\_\_\_  
 INVOICE RECEIVED BY:

(3) [Signature] DATE: 8/12/2025  
 APPROVED BY:

ACCOUNT NO. PO# \_\_\_\_\_  
 ACCOUNT NO. PO# \_\_\_\_\_  
 ACCOUNT NO. PO# \_\_\_\_\_