

APPLICATION AND CERTIFICATE FOR PAYMENT AIA DOCUMENT G702 (Instructions on reverse side) PAGE ONE OF _____ PAGES

TO OWNER: Hidalgo County
100 E Cano, 2nd Floor
Edinburg, TX 78539

PROJECT: Hidalgo Health Clinic
702 E Ramon Ayala Dr
Hidalgo, TX 78557

APPLICATION NO.: 5
PERIOD TO: 10/1/25-10/31

Distribution to:
 OWNER
 ARCHITECT
 CONTRACTOR

FROM CONTRACTOR: BM Benchmark Construction
119 N 17th St
McAllen, TX 78501

VIA ARCHITECT: B2Z Engineering LLC
900 S Steward Rd Suite 12
Mission, TX 78572

PROJECT NOS.: C-24-0253-04-29
ARPA-22-340-088
CONTRACT DATE:

CONTRACT FOR: Hidalgo Health Clinic

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

- 1. ORIGINAL CONTRACT SUM\$ 1,606,185.00
- 2. Net change by Change Orders\$ _____
- 3. CONTRACT SUM TO DATE (Line 1 ± 2)\$ 1,606,185.00
- 4. TOTAL COMPLETED & STORED TO DATE\$ 486,641.27
(Column G on G703)
- 5. RETAINAGE:
 - a. _____% of Completed Work\$ 24,332.06
(Columns D + E on G703)
 - b. _____% of Stored Material\$ _____
(Column F on G703)
 - Total Retainage (Line 5a + 5b or
Total in Column I of G703)\$ 24,332.06
- 6. TOTAL EARNED LESS RETAINAGE\$ 462,309.21
(Line 4 less Line 5 Total)
- 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT\$ 318,176.94
(Line 6 from prior Certificate)
- 8. CURRENT PAYMENT DUE\$ 144,112.27
- 9. BALANCE TO FINISH, INCLUDING RETAINAGE\$ 1,143,875.79
(Line 3 less Line 6)

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS		
NET CHANGES by Change Order		

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: BM Benchmark Construction LLC

By: [Signature] Date: 11/5/25

State of: TX
County of: Hidalgo
Subscribed and sworn to before
me this 5th day of November 2025



Notary Public: [Signature]
My Commission expires: 1/7/2030

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED\$ 144,112.27

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT:
By: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.



Pay Application Form-Page 2

APPLICATION AND CERTIFICATION FOR PAYMENT, containing signed certification is attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items may apply.

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED	G TOTAL COMPLETED TO DATE	H BALANCE TO FINISH	I RETAINAGE 5.0%
			PREVIOUS	THIS PERIOD				
1	Site Work & Utilities	125,100.00	114,200.00			114,200.00	10,900.00	5,710.00
2	Foundation	70,880.00	62,880.00			62,880.00	8,000.00	3,144.00
3	Sturctural Steel	31,970.00		31,970.00		31,970.00	0.00	1,598.50
4	Frame Materials	5,130.00		5,130.00		5,130.00	0.00	256.50
5	Wood Trusses	14,900.00		14,900.00		14,900.00	0.00	745.00
6	Framing Labor	30,000.00		30,000.00		30,000.00	0.00	1,500.00
7	Roofing	59,000.00				0.00	59,000.00	0.00
8	Sheetrock Labor & Materials	38,400.00				0.00	38,400.00	0.00
9	Suspended Acoustical Ceilings	28,700.00				0.00	28,700.00	0.00
10	Doors Frames and Hardware	45,210.00				0.00	45,210.00	0.00
11	Millwork	32,380.00		32,380.00		32,380.00	0.00	1,619.00
12	Countertops	35,020.00				0.00	35,020.00	0.00
13	Toilet Partitions	4,840.00				0.00	4,840.00	0.00
14	Toilet Accessories	1,500.00				0.00	1,500.00	0.00
15	Painting	25,830.00				0.00	25,830.00	0.00
16	Flooring	37,200.00				0.00	37,200.00	0.00

17	Brick Materials & Labor	61,340.00				0.00	61,340.00	0.00
18	HVAC	148,700.00				0.00	148,700.00	0.00
19	Plumbing	145,500.00	33,000.00			33,000.00	112,500.00	1,650.00
20	Electrical	159,000.00	10,000.00			10,000.00	149,000.00	500.00
21	Fire Alarm	6,800.00				0.00	6,800.00	0.00
22	Fire Sprinkler	77,350.00	8,490.00			8,490.00	68,860.00	424.50
23	Landscape Allowance	16,600.00				0.00	16,600.00	0.00
24	Trash Cleaning	6,000.00	500.00	500.00		1,000.00	5,000.00	50.00
25	Rental Equipment	10,000.00		2,868.63		2,868.63	7,131.37	143.43
26	Contingency Allowance	100,000.00				0.00	100,000.00	0.00
27	Project Manager Fee	25,000.00	15,000.00	1,500.00		16,500.00	8,500.00	825.00
28	Project Superintendent on Site Fee	39,400.00	14,400.00	4,800.00		19,200.00	20,200.00	960.00
29	Document Printing (Large Plans Printouts)	500.00	500.00			500.00	0.00	25.00
30	Power Consumption	7,000.00		500.00		500.00	6,500.00	25.00
31	Temp Sanitary Facilities	2,000.00		500.00		500.00	1,500.00	25.00
32	Temp Fencing	1,500.00	1,500.00			1,500.00	0.00	75.00
33	Erosion Control	3,250.00	3,250.00			3,250.00	0.00	162.50
34	Equipment Rental/Scaffolding	30,000.00	15,120.00			15,120.00	14,880.00	756.00
35	Construction Clean-Up(Daily/Weekly)	7,200.00		1,000.00		1,000.00	6,200.00	50.00
36	Final Cleaning	2,000.00				0.00	2,000.00	0.00
37	Dumpster	6,000.00	455.64			455.64	5,544.36	22.78
38	Permit & Impact Fees	9,000.00	4,500.00			4,500.00	4,500.00	225.00

39	Builders Risk Insurance	15,000.00		15,000.00		15,000.00	0.00	750.00
40	General Commercial Liability	27,000.00	6,000.00	3,000.00		9,000.00	18,000.00	450.00
41	Payment & Performance Bond	37,500.00	37,500.00			37,500.00	0.00	1,875.00
42	CM Construction Fee	76,485.00	7,648.50	7,648.50		15,297.00	61,188.00	764.85
						0.00	0.00	0.00
SUBTOTAL COSTS:		1,606,185.00	334,944.14	151,697.13	0.00	486,641.27	1,119,543.73	24,332.06

CONTRACTOR TIME STATEMENT

PAY APP NO. 5 CONTRACTOR BM Benchmark Construction, LLC.
 PROJECT NAME Hidalgo Health Clinic - CMAR
 CONTRACT NO. ARPA 22-340-088 OWNER Hidalgo County - Pct. #2 NOTICE-TO-PROCEED 6/4/2025
 TIME COMPUTED FROM 10/1/2025 DATE WORK COMPLETED 10/31/2025

MONTH	DATE OR DAYS	WORKING DAYS CHARGED	CREDITED DAYS	DAYS CREDITED AND REASONS THEREFORE
October	1	1		
October	2	1		
October	3	1		
October	4	1		
October	5	1		
October	6	1		
October	7	1		
October	8		1	WEATHER
October	9		1	WEATHER
October	10		1	WEATHER
October	11	1		
October	12	1		
October	13	1		
October	14	1		
October	15	1		
October	16	1		
October	17	1		
October	18	1		
October	19	1		
October	20	1		
October	21	1		
October	22	1		
October	23	1		
October	24	1		
October	25	1		
October	26	1		
October	27	1		
October	28	1		
October	29	1		
October	30	1		
October	31	1		
TOTALS		28	3	

NO. OF CONTRACT WORKING DAYS 270 NO. WORKING DAYS CHARGED TO DATE 130
 NO. CREDITED DAYS TO DATE 20
 ASSESSED LIQUIDATED DAMAGES: 0 PER DAY \$ 500.00 TOTAL \$ 0
 CERTIFIED AS CORRECT



 ENGINEER/CONSTRUCTION MANAGER

Prevailing Wage Rates
Certification Statement

Date November 21, 2025

Project ARPA 22-340-088
Name CMAR Hidalgo Health Clinic Facility
Ramon Ayala Drive, Hidalgo TX

CSJ# N/A

Contractor BM Benchmark Construction, LLC.

Application# 5

I, David Rivera do hereby state:
(Name of Project Director)

1. That a payroll (form WII-347 or similar form) was submitted for contract work performed for the period covered by the attached application.
2. That a statement of compliance (form WH-347 or similar form) was submitted with the payroll.
3. The certified payroll complies with the classifications and minimum wage rates stipulated in the contract.
4. That a minimum of one interview was conducted with laborers using Form HUD-11 or similar.



Signature

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

See instructions at <https://www.tdhca.texas.gov/sites/default/files/pdf/WH-347-PayrollFormInstructions.pdf>

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> FNS Construction LLC	ADDRESS 5024 Texan Rd Mission, TX 78574	OMB No. 1235-0008 Expires 09/30/2026
PAYROLL NO. 1	FOR WEEK ENDING 10/18/2025	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Hidalgo, TX 78557
		PROJECT OR CONTRACT NO. ARPA-22-340-088M

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK					
			OT. OR ST.										FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS							
			10/12	10/13	10/14	10/15	10/16	10/17	10/18								S		M	T	W	T	F
Calos Rodriguez 3014		Welder	O									40	38.00	\$1,520.00						\$1,520.00			
			S	8.00	8.00	8.00	8.00	8.00	8.00														
Mario Marron 4125		Welder	O											40.00	38.00	\$1,520.00						\$1,520.00	
			S	8.00	8.00	8.00	8.00	8.00	8.00														
Miguel Garcia 4783		Iron Worker	O											40	34.00	\$1,360.00						\$1,360.00	
			S	8.00	8.00	8.00	8.00	8.00	8.00														
Julio Garza 6365		Iron Worker	O											40	34.00	\$1,360.00						\$1,360.00	
			S	8.00	8.00	8.00	8.00	8.00	8.00														
Jose Marron 2163		Iron Worker	O											40.00	32.00	\$1,280.00						\$1,280.00	
			S	8.00	8.00	8.00	8.00	8.00	8.00														
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

DOL WH-348 | Statement of Compliance

Date October 18, 2025

I, Mario Marron Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

FNS Construction LLC

(Contractor or Subcontractor) on the

Hidalgo Health Clinic

; that during the payroll period commencing on the

(Building or Work)

11th day of October, 2025, and ending the 18th day of October, 2025,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

FNS Construction LLC

from the full

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

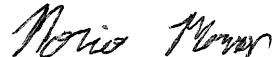
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Mario Marron-Owner	SIGNATURE 
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THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

See instructions at <https://www.tdhca.texas.gov/sites/default/files/pdf/WH-347-PayrollFormInstructions.pdf>



WAGE AND HOUR DIVISION
Revised December 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>	ADDRESS 119 N 17th St McAllen, TX 78501	OMB No. 1235-0008 Expires 09/30/2026
BM Benchmark Construction		

PAYROLL NO. 13	FOR WEEK ENDING 10/11/2025	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala	PROJECT OR CONTRACT NO. ARPA-22-340-088M
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				10/05	10/06	10/07	10/08	10/09	10/10	10/11				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				HOURS WORKED EACH DAY															
Liborio Garza 1004		Project Supervisor	O									30.00	\$1,200.00						\$1,200.00
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00									
Martin Salinas 8915		Laborer	O									12.00	\$480.00						\$480.00
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00									
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

DOL WH-348 | Statement of Compliance

Date October 11, 2025

I, George Boghs Owner

 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
BM Benchmark Construction on the

 (Contractor or Subcontractor)

Hidalgo Health Clinic; that during the payroll period commencing on the

 (Building or Work)
5th day of October, 2025, and ending the 11th day of October, 2025,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

BM Benchmark Construction from the full

 (Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

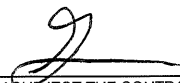
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE George Boghs-Owner	SIGNATURE 
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THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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WAGE AND HOUR DIVISION
Revised December 2008

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NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> BM Benchmark Construction	ADDRESS 119 N 17th St Mcallen, TX 78501	OMB No. 1235-0008 Expires 09/30/2026
PAYROLL NO. 14	FOR WEEK ENDING 10/18/2025	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala
		PROJECT OR CONTRACT NO. ARPA-22-340-088M

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT: OR ST:	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				10/12	10/13	10/14	10/15	10/16	10/17	10/18				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				HOURS WORKED EACH DAY															
Liborio Garza 1004		Project Supervisor	o								40.00	30.00	\$1,200.00						
			s	8.00	8.00	8.00	8.00	8.00	8.00										
Martin Salinas 8915		Laborer	o								40.00	12.00	\$480.00						
			s	8.00	8.00	8.00	8.00	8.00											
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DOL WH-348 | Statement of Compliance

Date October 18, 2025

I, George Boghs Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
BM Benchmark Construction on the
 (Contractor or Subcontractor)

Hidalgo Health Clinic; that during the payroll period commencing on the
 (Building or Work)
11th day of October, 2025, and ending the 18th day of October, 2025,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

BM Benchmark Construction from the full
 (Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

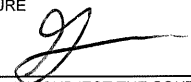
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE George Boghs-Owner	SIGNATURE 
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.	

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

See instructions at <https://www.tdhca.texas.gov/sites/default/files/pdf/WH-347-PayrollFormInstructions.pdf>



WAGE AND HOUR DIVISION
Revised December 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> BM Benchmark Construction	ADDRESS 119 N 17th St Mcallen, TX 78501	OMB No. 1235-0008 Expires 09/30/2026
PAYROLL NO. 15	FOR WEEK ENDING 10/25/2025	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala
		PROJECT OR CONTRACT NO. ARPA-22-340-088M

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				10/19	10/20	10/21	10/22	10/23	10/24	10/25				FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				HOURS WORKED EACH DAY															
Liborio Garza 1004		Project Supervisor	o								40.00	30.00	\$1,200.00						
			s	8.00	8.00	8.00	8.00	8.00											
Javier Gonzalez 6313		Project Manager	o								40.00	37.50	\$1,500.00						
			s	8.00	8.00	8.00	8.00	8.00											
			o										/						
			s																
			o										/						
			s																
			o										/						
			s																
			o										/						
			s																
			o										/						
			s																

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

DOL WH-348 | Statement of Compliance

Date October 25, 2025

I, George Boghs Owner

 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
BM Benchmark Construction on the

 (Contractor or Subcontractor)
Hidalgo Health Clinic; that during the payroll period commencing on the

 (Building or Work)
19th day of October, 2025, and ending the 25th day of October, 2025,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

BM Benchmark Construction from the full

 (Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:
 (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE George Boghs-Owner	SIGNATURE 
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THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>	ADDRESS 119 N 17th St McAllen, TX 78501	OMB No. 1235-0008 Expires 09/30/2026
BM Benchmark Construction		

PAYROLL NO. 16	FOR WEEK ENDING 11/01/2025	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala	PROJECT OR CONTRACT NO. ARPA-22-340-088M
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. ORST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				10/26	10/27	10/28	10/29	10/30	10/31	11/01				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				HOURS WORKED EACH DAY															
Liborio Garza 1004		Project Supervisor	o								40.00	30.00	/						\$1,200.00
				s	8.00	8.00	8.00	8.00	8.00										
			o										/						
				s															
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			o										/						
				s															
			o										/						
				s															

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

DOL WH-348 | Statement of Compliance

Date November 1, 2025

I, George Boghs Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
BM Benchmark Construction on the
 (Contractor or Subcontractor)
Hidalgo Health Clinic; that during the payroll period commencing on the
 (Building or Work)

26th day of October, 2025, and ending the 1st day of November, 2025,
 all persons employed on said project have been paid the full weekly wages earned, that no rebates have
 been or will be made either directly or indirectly to or on behalf of said

BM Benchmark Construction from the full
 (Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
 from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part
 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,
 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
 correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
 applicable wage rates contained in any wage determination incorporated into the contract; that the classifications
 set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
 program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and
 Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered
 with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:
 (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- in addition to the basic hourly wage rates paid to each laborer or mechanic listed in
 the above referenced payroll, payments of fringe benefits as listed in the contract
 have been or will be made to appropriate programs for the benefit of such employees,
 except as noted in section 4(c) below.


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- Each laborer or mechanic listed in the above referenced payroll has been paid,
 as indicated on the payroll, an amount not less than the sum of the applicable
 basic hourly wage rate plus the amount of the required fringe benefits as listed
 in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE George Boghs-Owner	SIGNATURE 
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THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
 SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF
 TITLE 31 OF THE UNITED STATES CODE.



GOSMAR LLC
INDUSTRIAL SUPPLY
 1724 Beech Ave, - McAllen, TX 78501
 +1(956)994-8334
 gosmarllc@hotmail.com

Line Item #4

Invoice
No. 103006

BILL TO	BM BENCHMARK CONSTRUCTION LLC	DATE	10/22/2025
ADDRESS		DUE DATE	10/22/2025
CITY			
PHONE	956-4583814	IDENTIFICATION	BMBENCHMARKCONSTRUCTIONLLC

Item	Price	Quantity	Amount
PHD9	USD 68	38	USD 2,584.00
PAID			
BY: _____			

Sub Total	USD 2,584.00
Tax (8.25%)	USD 213.18
Total	USD 2,797.18

SHIPPING:
 HIDALGO HEALTH CLINIC



GOSMAR LLC
INDUSTRIAL SUPPLY
 1724 Beech Ave, - McAllen, TX 78501
 +1(956)994-8334
 gosmarllc@hotmail.com

Line Item #4

Invoice
No. 103061

BILL TO	BM BENCHMARK CONSTRUCTION LLC	DATE	10/24/2025
ADDRESS		DUE DATE	10/24/2025
CITY			
PHONE	956-4583814	IDENTIFICATION	BMBENCHMARKCONSTRUCTIONLLC

Item	Price	Quantity	Amount
HURRICANE TIE GALV 1-3/8 X 6IN (Silver, 6 in L, 1-3/8 in W, Steel, Galvanized)	USD 0.5	600	USD 300.00
20GA250FT COILED STRAP (CS20)	USD 160	2	USD 320.00
HANGER 2X6 DOBLES USP (JUS26-2)	USD 5	12	USD 60.00
Face-Mount Hanger 2X6 (LU26)	USD 0.95	6	USD 5.70
TENSION TIE (6 in L, 2-1/2 in W, Steel, Galvanized)	USD 24	20	USD 480.00
FRAMING ANGLE USP (MP34)	USD 0.85	200	USD 170.00
STUD PLATE (RSP4)	USD 0.55	400	USD 220.00
EPOXY ADHESIVE HGHSTR 22 OZ. (SET3G22-N)	USD 66	9	USD 594.00
SQUARE WASHER 5/8X2X2 (LBP 5/8)	USD 0.8	100	USD 80.00

Sub Total	USD 2,229.70
Tax (8.25%)	USD 183.96
Total	USD 2,413.66

SHIPPING:
 CLINIC HIDALGO
 LEO

Made with Alegra www.alegra.com/usa



Please Remit To:
 P.O. BOX 844193
 DALLAS TX 75284-4193

DATE	INVOICE NO.
10-28-25	91292783

956-755-0301 **INVOICE**

INVOICE PG 1

S 463245
 O L BENCHMARK CONSTRUCTION
 D PO BOX 720083
 T O MCALLEN, TX 78504

S 466339
 H I BENCHMARK CONSTRUCTION -TRUSS
 P 700 E RAMON AYALA ST
 T HIDALGO HEALTH CLINIC
 O HIDALGO, TX 78557

App #:4388906

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO.	CUST. ORDER NO.	COST CODE	DATE SHIPPED	SALES ORDER #	TERMS
700ERAMONAYALAST	TRUSS		10-28-25	84349499	N10THPRX

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
1	1		84349499.10	Manufactured Roof Truss	EA	16593.14	16,593.14 T
TEXAS SALES TAX							

TXMER	MERC TXMF	16,593.14	1368.93	.00	BR301INV	17,962.07
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	TOTAL

TERMS & CONDITIONS can be found at www.bldr.com/customer-terms-conditions

P000784 ERNESTO SANTANA
 BUYER:
 ENT BY: Belma Ramirez

DUE DATE 11-10-25

Leo's Framing LLC
2500 Trey Leal Ave
Mission, TX 78574 US
LeosFraming@gmail.com

Invoice



BILL TO
Benchmark Construction
Benchmark Construction

INVOICE#	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
1377	10/26/2025	\$34,440.00	10/31/2025	Custom	

DATE		DESCRIPTION	QTY	RATE	AMOUNT
	Framing Labor	Hidalgo Health Clinic 700 E Ramon Ayala Street Hidalgo, TX Rough Framing labor: -Framing walls -One layer of exterior sheathing -Installation of Trusses -Roof decking -Installation of Windstorm sq ft-----5,740	1	34,440.00	34,440.00

BALANCE DUE

\$34,440.00

Pay invoice

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

See instructions at <https://www.tdhca.texas.gov/sites/default/files/pdf/WH-347-PayrollFormInstructions.pdf>

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WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS	OMB No. 1235-0008 Expires 09/30/2026
Leo's Framing LLC		

PAYROLL NO. 1	FOR WEEK ENDING 10/26/2025	PROJECT AND LOCATION Hidalgo Health Clinic 700 E Ramon Ayala St Hidalgo Tx 78557	PROJECT OR CONTRACT NO.
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK		
			OT	M	T	W	TH	F	S				SUN	FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS			
																			20	21
Leonel Esquivel 6565		Framing laborer	O									40.00	20.00	/	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$800.00
			S	8.00	8.00	8.00	8.00	8.00												
Mark A. De La Fuente Jr 5001		Framing laborer	O									40.00	15.00	/	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$600.00
			S	8.00	8.00	8.00	8.00	8.00												
Victor H. Guinea Mora Jr 5722		Framing laborer	O									40.00	15.00	/	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$600.00
			S	8.00	8.00	8.00	8.00	8.00												
Sergio V. Perez 2862		Framing laborer	O									40.00	20.00	/	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$800.00
			S	8.00	8.00	8.00	8.00	8.00												
			O											/						
			S																	
			O											/						
			S																	
			O											/						
			S																	
			O											/						
			S																	

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3146) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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DOL WH-348 | Statement of Compliance

Date 10/26/2025

I, Leo Esquivel Vice President
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Leo's Framing LLC

(Contractor or Subcontractor)

on the

700 E Ramon Ayala St. Hidalgo Tx 78557

(Building or Work)

that during the payroll period commencing on the

20 day of October, 2025, and ending the 26 day of October, 2025

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Leo's Framing LLC

(Contractor or Subcontractor)

from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 106, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE <u>Leo Esquivel</u> <u>Vice President</u>	SIGNATURE <u>Leo Esquivel</u>
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.	

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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WAGE AND HOUR DIVISION
Revised December 2008

OMB No. 1235-0008
Expires 09/30/2026

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS	
Leo's Framing LLC			
PAYROLL NO. 2	FOR WEEK ENDING 11/02/2025	PROJECT AND LOCATION Hidalgo Health Clinic 700 E Ramon Ayala St Hidalgo Tx 78557	PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF EMPLOYING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK		
			OT OR ST.	M	T	W	TH	F	S				SUN	FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS			
				27	28	29	30	31	01				02							
Leonel Esquivel 6565		Framing laborer	O								24.00	20.00	\$480.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$480.00
			S	1.00	0.00	0.00	1.00	1.00												
Mark A. De La Fuente Jr 5001		Framing laborer	O								24.00	15.00	\$360.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$360.00
			S	1.00	0.00	0.00	1.00	1.00												
Victor H. Guinea Mora Jr 5722		Framing laborer	O								24.00	15.00	\$360.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$360.00
			S	1.00	0.00	0.00	1.00	1.00												
Sergio V. Perez 2862		Framing laborer	O								24.00	20.00	\$480.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$480.00
			S	1.00	0.00	0.00	1.00	1.00												
			O										/							
			S																	
			O										/							
			S																	
			O										/							
			S																	
			O										/							
			S																	

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

DOL WH-348 I Statement of Compliance

Date 11/02/2025

I, [Signature] Vice President
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

-----: (♦ Leo's Framing LLC ----- Of the
Contractor or Subcontractor
700 E Ramon Ayala St. Hidalgo Tx 78557; that during the payroll period commencing on the
 (Building or Work)

!! day of October, 2025 and ending the ♦ day of N_o_v_e_m_b_e_r 2025,
 all persons employed on said project have been paid the full weekly wages earned, that no rebates have
 been or will be made either directly or indirectly to or on behalf of said

-----♦-----: ♦-----♦----- from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
 from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part
 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat 948,
 63 Stat 108, 72 Stat. 967; 76 Stat 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
 correct and complete: that the wage rates for laborers or mechanics contained therein are not less than the
 applicable wage rates contained in any wage determination incorporated into the contract: that the classifications
 set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
 program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and
 Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered
 with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

D - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in
 the above referenced payroll, payments of fringe benefits as listed in the contract
 have been or will be made to appropriate programs for the benefit of such employees,
 except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

D - Each laborer or mechanic listed in the above referenced payroll has been paid,
 as indicated on the payroll, an amount not less than the sum of the applicable
 basic hourly wage rate plus the amount of the required fringe benefits as listed
 in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE <u>Leonel Esquivel</u> <u>Vice President</u>	SIGNATURE <u>[Signature]</u>
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.	

Line Item #11



Please Remit To:
 P.O. BOX 844193
 DALLAS TX 75284-4193

DATE	INVOICE NO.
10-20-25	91408474

956-755-0301 **INVOICE**

INVOICE PG 1

S 463245
 O BENCHMARK CONSTRUCTION
 D PO BOX 720083
 T
 O MCALLEN, TX 78504

S 466337
 H BENCHMARK CONSTRUCTION -LMBR
 I 702 E. RAMON AYALA DRIVE
 P HIDALGO HEALTH CLINIC
 T
 O HIDALGO, TX 78557

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO.	CUST. ORDER NO.	COST CODE	DATE SHIPPED	SALES ORDER #	TERMS
702ERAMONAYALA	439190		10-20-25	84413763	N10THPRX

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
			FRAME				
8	8		SS550	SILL SEALER 5.5" X 50'	EA	6.59	52.72 N
450	450		2612S2	2X6-12' #2 SPF	EA	8.18	3,681.00 N
30	30		2616T25	2X6-16' #2 TRTD AG	EA	11.67	350.10 N
90	90		2616S2	2X6-16' #2 SPF	EA	11.24	1,011.60 N
25	25		21214SYP2	2X12-14' #2&BTR SYP	EA	14.47	361.75 N
10	10		12CDXP	15/32"4X8 CDX PINE 3PLY RTD	EA	19.48	194.80 N
30	0		21014SYP2	2X10-14' #2&BTR SYP	EA	11.25	.00 N
900	900		2412S2	2X4-12' #2 SPF	EA	5.14	4,626.00 N
250	250		2416S2	2X4-16' #2 SPF	EA	8.95	2,237.50 N
70	70		2416T-B	2X4-16' #2 TRTD BORATE	EA	8.03	562.10 N
				PLACED BY UNDEFINED ON			
				OCT 16 25 11:25:53			
	30		21016SYP2	2X10-16' #2&BTR SYP	EA	15.71	471.30 N

TEXAS SALES TAX

TXMCAL	MCALTXYD	13,548.87	.00	.00	PLS293YY	13,548.87
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	TOTAL

TERMS & CONDITIONS can be found at www.bldr.com/customer-terms-conditions

P000784 ERNESTO SANTANA
 BUYER:
 ENT BY: Sandra Garcia

DUE DATE 11-10-25



Line Item #11

Please Remit To:
 P.O. BOX 844193
 DALLAS TX 75284-4193

DATE	INVOICE NO.
10-21-25	91446743

956-755-0301 **INVOICE**

INVOICE PG 1

S 463245
 O BENCHMARK CONSTRUCTION
 D PO BOX 720083
 T
 O MCALLEN, TX 78504

S 466337
 H BENCHMARK CONSTRUCTION -LMBR
 I 702 E. RAMON AYALA DRIVE
 P HIDALGO HEALTH CLINIC
 T
 O HIDALGO, TX 78557

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO.	CUST. ORDER NO.	COST CODE	DATE SHIPPED	SALES ORDER #	TERMS
702ERAMONAYALA	439191		10-20-25	84511714	N10THPRX

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
567	567		FRAME 2612S2	2X6-12' #2 SPF	EA	8.18	4,638.06 N

TEXAS SALES TAX

TXMCAL	MCALTXYD	4,638.06	.00	.00	LGS294YY	4,638.06
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	TOTAL

TERMS & CONDITIONS can be found at www.bldr.com/customer-terms-conditions

P000784 ERNESTO SANTANA
 BUYER:
 ENT BY: Lucia Salazar

DUE DATE 11-10-25



Line Item #11

Please Remit To:

P.O. BOX 844193
DALLAS TX 75284-4193

DATE	INVOICE NO.
10-22-25	91473511

956-755-0301 **INVOICE**

INVOICE PG 1

S 463245
O BENCHMARK CONSTRUCTION
D PO BOX 720083

T
O MCALLEN, TX 78504

S 466337
H BENCHMARK CONSTRUCTION -LMBR
I 702 E. RAMON AYALA DRIVE
P HIDALGO HEALTH CLINIC
T
O HIDALGO, TX 78557

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO.	CUST. ORDER NO.	COST CODE	DATE SHIPPED	SALES ORDER #	TERMS
702ERAMONAYALA	439192		10-21-25	84537945	N10THPRX

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
2	0		16BC20LVL14	1-3/4X16 BC LVL 2.1E 14'	BOM	155.99	.00 N
	2		16BC20LVL16	1-3/4X16 BC LVL 2.1E 16'	BOM	177.99	355.98 N
				2.1E VERSA-LAM			
				2.1E VERSA-LAM			
TEXAS SALES TAX							
TXMCAL	MCALTXYD		355.98	.00	.00	PLS295YY	355.98
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	TOTAL	

TERMS & CONDITIONS can be found at www.bldr.com/customer-terms-conditions

P000784 ERNESTO SANTANA
BUYER:
ENT BY: Raquel Mata

DUE DATE 11-10-25



Line Item #11

Please Remit To:

P.O. BOX 844193
DALLAS TX 75284-4193

DATE	INVOICE NO.
10-24-25	91510870

956-755-0301 **INVOICE** ***REPRINT*** **INVOICE** PG 1

S 463245
O BENCHMARK CONSTRUCTION
L PO BOX 720083
D
T
O MCALLEN, TX 78504

S 466337
H BENCHMARK CONSTRUCTION -LMBR
I 702 E. RAMON AYALA DRIVE
P HIDALGO HEALTH CLINIC
T
O HIDALGO, TX 78557

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO.	CUST. ORDER NO.	COST CODE	DATE SHIPPED	SALES ORDER #	TERMS
702ERAMONAYALA	439193		10-23-25	84577822	N10THPRX

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
882	882		2412S2	2X4-12' #2 SPF *** 3 BDLS ***	EA	5.14	4,533.48 N
TEXAS SALES TAX							
TXMCAL	MCALTXYD		4,533.48	.00	.00	PLS297YY	4,533.48
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	TOTAL	

TERMS & CONDITIONS can be found at www.bldr.com/customer-terms-conditions

P000784 ERNESTO SANTANA
BUYER:
ENT BY: Raquel Mata

DUE DATE 11-10-25



Line Item #11

Please Remit To:

P.O. BOX 844193
DALLAS TX 75284-4193

DATE	INVOICE NO.
10-28-25	91559445

956-755-0301 **INVOICE** ***REPRINT*** **INVOICE** PG 1

S 463245
O BENCHMARK CONSTRUCTION
D PO BOX 720083
T
O MCALLEN, TX 78504

S 466337
H BENCHMARK CONSTRUCTION -LMBR
P 702 E. RAMON AYALA DRIVE
T HIDALGO HEALTH CLINIC
O HIDALGO, TX 78557

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO.	CUST. ORDER NO.	COST CODE	DATE SHIPPED	SALES ORDER #	TERMS
702ERAMONAYALA	439194		10-27-25	84631204	N10THPRX

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
84	84		12CDXP	15/32"4X8 CDX PINE 3PLY RTD	EA	19.48	1,636.32 N
5	5		30FELT18	30# FELT 18"	EA	21.99	109.95 N
TEXAS SALES TAX							
TXMCAL	MCALTXYD		1,746.27	.00	.00	PLS301YY	1,746.27
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	TOTAL	

TERMS & CONDITIONS can be found at www.bidr.com/customer-terms-conditions

P000784 ERNESTO SANTANA
BUYER:
ENT BY: Lucia Salazar

DUE DATE 11-10-25



Line Item #11

Please Remit To:
 P.O. BOX 844193
 DALLAS TX 75284-4193

DATE	INVOICE NO.
10-30-25	91634840

956-755-0301 **INVOICE**

INVOICE PG 1

S 463245
 O BENCHMARK CONSTRUCTION
 D PO BOX 720083
 T
 O MCALLEN, TX 78504

S 466337
 H BENCHMARK CONSTRUCTION -LMBR
 I 702 E. RAMON AYALA DRIVE
 P HIDALGO HEALTH CLINIC
 T
 O HIDALGO, TX 78557

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO.	CUST. ORDER NO.	COST CODE	DATE SHIPPED	SALES ORDER #	TERMS
702ERAMONAYALA	439195		10-30-25	84711983	N10THPRX

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
125	125		58CDXP	DECKING COPY OF MYBLDR.COM QUOTE 19/32"4X8 CDX PINE RTD PLACED BY UNDEFINED ON OCT 30 25 11:01:40	EA	26.69	3,336.25 N
TEXAS SALES TAX							
TXMER TAX CODE		MERCTXYD	3,336.25	.00	.00	BR303Y	3,336.25
		SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	TOTAL

TERMS & CONDITIONS can be found at www.blldr.com/customer-terms-conditions

P000784 ERNESTO SANTANA
 BUYER:
 ENT BY: Lucia Salazar

DUE DATE 11-10-25



Line Item #11

Please Remit To:
 P.O. BOX 844193
 DALLAS TX 75284-4193

DATE	INVOICE NO.
10-31-25	91634805

956-755-0301 **INVOICE**

INVOICE PG 1

S 463245
 O BENCHMARK CONSTRUCTION
 D PO BOX 720083
 T
 O MCALLEN, TX 78504

S 466337
 H BENCHMARK CONSTRUCTION -LMBR
 I 702 E. RAMON AYALA DRIVE
 P HIDALGO HEALTH CLINIC
 T
 O HIDALGO, TX 78557

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO.	CUST. ORDER NO.	COST CODE	DATE SHIPPED	SALES ORDER #	TERMS
702ERAMONAYALA	439195		10-30-25	84711383	N10THPRX

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
			DECKING				
84	84		12CDXP	COPY OF MYBLDR.COM QUOTE	EA	19.48	1,636.32 N
125	125		58CDXP	15/32"4X8 CDX PINE 3PLY RTD	EA	26.69	3,336.25 N
2	2		16BC20LVL16	19/32"4X8 CDX PINE RTD	BOM	177.99	355.98 N
				1-3/4X16 BC LVL 2.1E 16'			
				2.1E VERSA-LAM			
80	80		2616S2	2X6-16' #2 SPF	EA	11.24	899.20 N
				PLACED BY UNDEFINED ON			
				OCT 30 25 11:01:40			
TEXAS SALES TAX							

TXMCAL	MCALTXD	6,227.75	.00	.00	PLS304YY	6,227.75
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	TOTAL

TERMS & CONDITIONS can be found at www.bldr.com/customer-terms-conditions

P000784 ERNESTO SANTANA
 BUYER:
 ENT BY: Lucia Salazar

DUE DATE 11-10-25



GOSMAR LLC
INDUSTRIAL SUPPLY
 1724 Beech Ave, - McAllen, TX 78501
 +1(956)994-8334
 gosmarllc@hotmail.com

Invoice
No. 103259

BILL TO	BM BENCHMARK CONSTRUCTION LLC	DATE	10/30/2025
ADDRESS		DUE DATE	10/30/2025
CITY		IDENTIFICATION	BMBENCHMARKCONSTRUCTIONLLC
PHONE	956-4583814		10/30/2025

Item	Price	Quantity	Amount
HURRICANE TIES BOX/100 (RT7A REF H2.5) ((RT7A REF H2.5))	USD 0.4	200	USD 80.00
FRAMINGANGLEUSP(MP34)	USD 0.75	100	USD 75.00

Sub Total	USD 155.00
Tax (8.25%)	USD 12.79
Total	USD 167.79

SHIPPING:CLINICAHIDALGOLEOSFRAMING

Made with Alegra www.alegra.com/usa

Line Item #25

DBI Rentals

2701 Corporate Dr
Weslaco, TX 78599 USA
+19563342282
marcelaramirez@dbirentals.com

INVOICE

BILL TO
Benchmark Construction
119 N 17th St
McAllen, Texas 78501

INVOICE 1013
DATE 10/28/2025
TERMS Due on receipt
DUE DATE 10/28/2025

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	Rental	Skytrak	1	2,650.00	2,650.00T

Start date: 10/28/25
End: 11/28/25
Jobsite: 604 Ramon Ayala Dr, Hidalgo Tx 78557
To pay by credit card please call 956-334-2282

SUBTOTAL	2,650.00
TAX	218.63
TOTAL	2,868.63
<hr/>	
BALANCE DUE	\$2,868.63

JJ's Environmental
 2104 S Shary Rd
 Mission, TX 78572
 (956) 585-2941
 billing@jjsrentals.com
 Tax ID: 81-2214289



Invoice To:

Benchmark Construction
 P O Box 720083
 McAllen, TX 78504

Invoice # I58247
 Invoice Date Aug 11, 2025
 Billing Period --
 Due Date Aug 11, 2025

Invoice Amount \$250.00

Customer ID C31	PO # PT#121 & 126	Rental # R13263	Pay Online ID ---	Clerk Jessica	Terms Due on receipt
--------------------	----------------------	--------------------	----------------------	------------------	-------------------------

Site: Hidalgo Co Health Dept, 700 E Ramon Ayala Dr Hidalgo, TX 78557

Line #	Service	Tax Code	Rate	Qty.	Amount
1	Construction Toilet Rental Portable Toilet Rental for 30 days & Service once a week	01	\$125.00	1	\$125.00
2	Two-Way Portable Sink (Regular) Two-Way Portable Sink (Regular) Rental for 30 days & Service once a week	01	\$125.00	1	\$125.00
Invoice Subtotal					\$250.00
Invoice Total					\$250.00

Thank You! Paid

Thank you, we appreciate your business!
 We advise you to please take the time to read the terms on your service contract to avoid any misunderstandings.
 All services and rentals are for 24 hours and payable upon receipt unless otherwise stated on this invoice.

 Detach and return (#9 envelope)

\$0.00

JJ's Environmental
 2104 S Shary Rd
 Mission, TX 78572
 (956) 585-2941
 billing@jjsrentals.com
 Tax ID: 81-2214289



Invoice To:

Benchmark Construction
 P O Box 720083
 McAllen, TX 78504

Invoice # I59214
 Invoice Date Sept 8, 2025
 Billing Period --
 Due Date Sept 8, 2025

Invoice Amount **\$250.00**

Customer ID c31	PO # PT#121 & 126	Rental # R13263	Pay Online ID ---	Clerk Jessica	Terms Due on receipt
--------------------	----------------------	--------------------	----------------------	------------------	-------------------------

Site: Hidalgo Co Health Dept, 700 E Ramon Ayala Dr Hidalgo, TX 78557

Line #	Service	Tax Code	Rate	Qty.	Amount
1	Construction Toilet Rental Portable Toilet Rental for 30 days & Service once a week	01	\$125.00	1	\$125.00
2	Two-Way Portable Sink (Regular) Two-Way Portable Sink (Regular) Rental for 30 days & Service once a week	01	\$125.00	1	\$125.00
Invoice Subtotal					\$250.00
Invoice Total					\$250.00

Thank You! Paid

Thank you, we appreciate your business!
 We advise you to please take the time to read the terms on your service contract to avoid any misunderstandings.
 All services and rentals are for 24 hours and payable upon receipt unless otherwise stated on this invoice.

 Detach and return (#9 envelope)

\$0.00

DBI Rentals

2701 Corporate Dr
Weslaco, TX 78599 USA
+19563342282
marcelaramirez@dbirentals.com

INVOICE

BILL TO
Benchmark Construction
119 N 17th St
McAllen, Texas 78501

INVOICE 1033
DATE 10/28/2025
TERMS Due on receipt
DUE DATE 10/28/2025

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	Rental	Generac 4500 Generator	1	500.00	500.00

Start date: 9/28/25				SUBTOTAL	500.00
End: 10/28/25					
Jobsite: 604 Ramon Ayala Dr, Hidalgo Tx 78557				TOTAL	500.00
To pay by credit card please call 956-334-2282				-----	
				BALANCE DUE	\$500.00