



Hidalgo County Health & Human Services Department

Dairen Sarmiento Rangel, M.B.A. | Director

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Request for Indemnification

Date: 03/10/2026

To: Division Manager, Financial Accounting

From: Environmental Health

The below listed establishment was undercharged on an applicable self-pay fee. Please approve the following indemnification amount to HCHHSD.

Date of Service : 02/27/2026
 Expected Total Charge: \$225
 Amount Charged: \$225
 Amount Undercharged: \$100
 Official County Fee Receipt #: 5208
 Receipt Amount: \$225

Reason for Indemnification (Explain what transpired):

Short \$100 due to failure to collect the correct amount.

Chris Cortez Administrative Assistant III
Environmental Health Staff Member (Name/Title)

[Signature] Supervisor II
Supervisor(Name/Title)

For Billing Office Use Only (First Initial/Last Name _____)
 Treasurer's Receipt #: No treasurer's receipt due to pending auditors updating the close out form.
 Date of Deposit: 03/02/26
 Account #: _____

**Please send a copy of the Request to the Billing Division.
DO NOT EMAIL. USE INTER-OFFICE MAIL.**