

Order 3/24/15
CK# 111659

WEBB COUNTY
GENERAL PURPOSE REQUEST FOR PAYMENT

Fund Code _____

Request No. _____

Total \$ **6,929.42**

Date Prepared 3/24/2015

Prepared By NESTORA S CANALES

Name D & J ALEXANDER RESIDENTIAL DEVELOPMENT
Address 1302 CALLE DEL NORTE STE 1 LAREDO, TX 78041

TO THE COUNTY
I am hereby presenting for payment expenses approved for my department for this fiscal year, which are absolutely necessary in the discharge of my official duties, and for which there is an available balance in my approved budget to this I certify.

Description CHECK#111659 WAS OVER DUE TO ACCOUNTS WHERE ALREADY PAID FOR YEAR 2014.

Department Webb County Tax Assessor-Collector

Signature *Patricia A. Barrera*

Name Patricia A. Barrera

Title Tax Assessor-Collector

INVOICE NUMBER	AMOUNT	INVOICE DATE	ACCOUNT NUMBER
90090261295 & 90090261297	6,929.42		001-2139

TOTAL AMOUNT \$ 6,929.42

CORRECT

APPROVED

**Over Payment Refund Request
on Ad Valorem Taxes**

**Webb County Tax Office
P.O. Box 420128, Laredo, TX 78042-8128
(956) 523-4200**

To	D & J ALEXANDER RESIDENTIAL DEVELOPMENT 1302 CALLE DEL NORTE SUTIE 1 LAREDO TX 78041	Date	01/30/2015
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Account No.	90090261295 & 90090261297	Over Payment Amount	\$ 6,929.42
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Deputy Collector	<i>J CORINAS</i>
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Notes	TAXES FOR 2014 WERE PAID OFF
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Please sign and date this form, and return to us as soon as possible.

Signature of Taxpayer or Authorized Agent	Date
By <i>[Signature]</i>	<i>2/11/15</i>

If person signing is NOT Taxpayer, Agent MUST provide Position Title.	
Title	<i>Dev. Mgr.</i>

Tax Refund Overage Report

J CORTINAS
Name

1/30/2014
Date

Account Number	Check Number	Amount	Other
90090261253	3670	474.38	
90090261295-	11159	6929.42	
90090261297			
33300467011	8164	15.24	

Total 7419.04

_____ Teller's Signature

_____ Supervisor's Signature

_____ Bookkeeping Dept.'s Signature