	1	****	
P	rint	Form	276

Description /

Purpose (Required)

WEBB COUNTY GENERAL PURPOSE REQUEST FOR PAYMENT

Total \$ _S	900.00 GENERAL
Vendor No.	
Vendor Name:	RZ Communications
Address:	4601 Maher Ave
City, State, Zip	Laredo, TX 78041

Labor

Removal of equipment

Request No. 62

-

Prepared By:

Date Prepared:

Chief R Martinez

Phone No.

956-523-4780

09/17/15

Affidavit to The County Auditor

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. I also certify that this expenditure is proper appropriate, and that it complies with all federal, state and grant regulations and laws concerning the expenditure of these fund.

Department:

Constable Pct. 2

Signature:

Name:

Viiguel Villarreal

Title:

Constable

Invoice Number	Amount	Invo	ice Date	Acce	ount Number	Auditor's Use
2781L	\$375.00	X	08/27/15	+	001-2503-6403	
272L 2782L	\$525.00		08/27/15	+	001-2503-6403	
Total Amount	\$900.00	Y	I			

URGENT! Please distribute check by	No P.O.		
Rec'd 23 Out By 30 /	WEBS COUNTY AUDITOR'S OFFICE	Approved	
1st Review M 2nd Review N 2	30122E6 53 6N 5: 52		
To Acct. To R.P. To C.G. 10 2	RECEIVED	Auditor	