

**SIDE BILLS TO BE APPROVED AT  
COMMISSIONER'S COURT MEETING  
January 11, 2016**

<u>VENDOR NAME</u>	<u>AMOUNT</u>	<u>DEPARTMENT</u>	<u>DESCRIPTION</u>	<u>FUND</u>
La Familia Consulting	\$ 6,000.00	406th District Court	Evaluation	353
La Familia Consulting	<u>6,252.00</u>	406th District Court	Evaluation	351
Total	\$ 12,252.00			

Print Form

WEBB COUNTY  
GENERAL PURPOSE REQUEST FOR PAYMENT



Total \$ \$6,000.00

Vendor No. \_\_\_\_\_

Vendor Name: La Familia Consulting  
& Counseling Services

Address: 1319 Corpus Christi

City, State, Zip: Laredo, Texas 78040

Description / Services - Veterans

Purpose (Required) Nov. & Dec. 2015

Request No. 2015-16-001

Date Prepared: 01/08/16

Prepared By: Arminda Piña

Phone No. (956) 523-4956

**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: 406th Drug Court Progra

Signature: *Arminda Piña*

Name: Oscar J. Hale, Jr.

Title: Judge

Invoice Number	Amount	Invoice Date	Account Number	Auditor's Use
28	\$3,000.00	11/30/15	353-1004-6022	
29	\$3,000.00	12/31/15	353-1004-6022	
<b>Total Amount</b>	<b>\$6,000.00</b>			

URGENT! Please distribute check by Jan 11, 2016

Please CALL Margarita Herrera, ext. 4963

WEBB COUNTY AUDITOR'S OFFICE

2016 JAN 11 AM 8:23

Rec'd	Out By
1st Review	2nd Review
To Acct.	To R.P.
To C.G.	

RECEIVED

Approved  
\_\_\_\_\_  
Auditor

Print Form

WEBB COUNTY  
GENERAL PURPOSE REQUEST FOR PAYMENT

Total \$ \$6,252.00

Vendor No. \_\_\_\_\_



Request No. 2015-16-001

Date Prepared: 01/08/16

Prepared By: Arminda Piña

Phone No. (956) 523-4956

Vendor Name: La Familia Consulting  
& Counseling Services

Address: 1319 Corpus Christi

City, State, Zip: Laredo, Texas 78040

Description / Services - DCP

Purpose (Required) October 2015

**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: 406th Drug Court Progra

Signature: *Arminda Piña*  
Name: Oscar J. Hale, Jr.

Title: Judge

Invoice Number	Amount	Invoice Date	Account Number	Auditor's Use
48	\$2,084.00	10/30/15	351-1004-6022	
49	\$2,084.00	11/30/15	351-1004-6022	
50	\$2,084.00	12/31/15	351-1004-6022	
<b>Total Amount</b>	<b>\$6,252.00</b>			

URGENT! Please distribute check by Jan 11, 2016

Please **CALL** Margarita Herrera, ext. 4963

Rec'd		Out By	
1st Review		2nd Review	
To Acct.		To R.P.	
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**Approved**  
\_\_\_\_\_  
**Auditor**