

THE STATE OF TEXAS
THE COUNTY OF COLLIN

AFFIDAVIT



Date 11/9/2020

Fund Dept. CARES Fund - GTCOVID19A-2127-040010057-626401

Payable To City House Inc

Address 830 Central Pkwy E #350
Plano TX 75074

EXPLANATION	
Reimbursement for COVID-19 Testing provided to Collin County residents due to the impact of COVID-19 for the period of _____ to _____, 2020. Supporting documentation attached.	\$ 416.00

I, Donne Melton do hereby certify that the amount requested above is directly related to COVID-19 expenses and the expenses have not been included in any other jurisdiction or agency funding request. The supporting documentation is attached and has been reviewed for accuracy and allowability. I understand that in the event of an audit if the expenses are deemed unallowable, I am responsible to reimburse the County for the unallowable amount within 30 days.

Signature Donne Melton

Printed Name/Title Donne Melton

Telephone Number 214-299-8521 d.melton@cityhouse.org

Date 11/18/2020

COVID Test
Goodman
Sebastian

LEGACY ER

1310 W EXCHANGE PKWY
ALLEN, TX 75013
9726784545

Transaction 003540



Total **\$208.00**

CREDIT CARD SALE \$208.00
VISA 2271

Retain this copy for statement
validation

09-Nov-2020 4:47:48P
\$208.00 | Method: EMV
VISA CREDIT XXXXXXXXXXXX2271
DEB SMITH-ALEXANDER
Reference ID: 031400531226
Auth ID: 02443G
MID: *****0993
AID: A0000000031010
AthNtwkNm: VISA
SIGNATURE VERIFIED

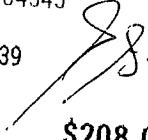
Payment FTQPTAXE5QTY
Clover Privacy Policy
<https://clover.com/privacy>

COVID Test
Goodman
Matt

LEGACY ER

1310 W EXCHANGE PKWY
ALLEN, TX 75013
9726784545

Transaction 003539



Total **\$208.00**

CREDIT CARD SALE \$208.00
VISA 2271

Retain this copy for statement
validation

09-Nov-2020 4:47:28P
\$208.00 | Method: EMV
VISA CREDIT XXXXXXXXXXXX2271
DEB SMITH-ALEXANDER
Reference ID: 031400531216
Auth ID: 01866G
MID: *****0993
AID: A0000000031010
AthNtwkNm: VISA
SIGNATURE VERIFIED

Payment FXTG6BVCJT8E4
Clover Privacy Policy
<https://clover.com/privacy>