

# INVOICE TRANSMITTAL

<b>Accounting Unit (9 digit)</b> 100560100
<b>Account (5 digit)</b> 63100
<b>Grants &amp; Projects (If needed)</b>
<b>Activity</b>
<b>Account Category</b>

<b>Vendor #</b>	13302	
<b>Vendor Name</b>	Memorial Hospital	
<b>Address</b>		
<b>City</b>		
<b>State</b>	<b>Zip Code</b>	<b>Date</b> 05/25/10

<b>Invoice #/Invoice Date/Desc</b>
09-24447
09-26205
<b>Personal information included on the invoice.</b>
<b>Original invoice sent to Auditor's Office.</b>

<b>Amount</b>
\$ 687.00
\$ 581.25
<b>Total</b> \$ 1,268.25

<b>County Auditor's Use Only</b>
CC Approval Date _____
Check Type _____
Audited By _____
Received
Paid

*Lo Ann Mullins*  
 \_\_\_\_\_  
 Authorized Department Approval

Treasurer's Register Stamp and Number
---------------------------------------