

INVOICE TRANSMITTAL

Accounting Unit (9 digit) 305560114
Account (5 digit) 63000
Grants & Projects (If needed)
Activity
Account Category

Vendor #	16176	
Vendor Name	Scott Newton	
Address		
City		
State	Zip Code	Date 08/31/10

Invoice #/Invoice Date/Desc
Reimbursement of membership dues and
certification fees paid for at the NNDDA training
held on 6/28/10 by Detective Newton

Amount
\$ 55.00
Total \$ 55.00

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

Lou Ann Mullins
 Authorized Department Approval

Treasurer's Register Stamp and Number
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