FORT BEND COUNTY AUDITOR ACCOUNTS PAYABLE County Auditor Form 1016 (Rev. 11/07)

INVOICE TRANSMITTAL

Accounting Unit (9 digit) 100512100	Vendor # 13085 Vendor Name		
The state of the s			
Account (5 digit)	Thyssenkrupp Elevator Corp. Address		
Grante & Projecte (If needed)			
Grants & Projects (If needed) Activity	City		2000000
and the same of th	City		
Account Category	State	Zip Code	Date 10/13/2010
Invoice #/Invoice Date/Desc		Amount	
Invoice No. 075732			685.52
		Total	
			685.52
County Auditor's Use Only			
CC Approval Date		1	
Check Type		Low ann Ma	ellinge
Audited By		Authorized Depa	rtment Approval
Descional		Treasurer's Register	Stamp and Number
Received			
Paid			
Paid			
Paid			