

INVOICE TRANSMITTAL

Accounting Unit (9 digit) 100540100
Account (5 digit) 63000
Grants & Projects (If needed)
Activity
Account Category

Vendor #		
Vendor Name Michael McDill		
Address		
City		
State	Zip Code	Date

Invoice #/Invoice Date/Desc
100034

Amount
60.00
Total
60.00

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



 Authorized Department Approval

Treasurer's Register Stamp and Number



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
COMMISSIONER

P.O. Box 149347
Austin, Texas 78714-9347
1-888-963-7111
TTY: 1-800-735-2989
www.dshs.state.tx.us

September 28, 2010

Fort Bend County EMS
Attn: Michael McDill
4336 Highway 36 S
Rosenberg, TX 77471-9108

RE: CE Program Renewal Application

Dear Mr. McDill:

I have recently received and reviewed your CE Program Renewal Application for **Fort Bend County EMS**. As of this letter, renewal of this program has been approved. Please note the following information assigned to this program:

CE Approval #:	100034 <i>(unchanged)</i>
Expiration Date:	08/31/2012
Open to others:	Yes

If you have any questions or concerns, or if I can be of any further assistance, please don't hesitate to contact me directly.

Best Regards,

A handwritten signature in black ink, appearing to read "J. Kizer".

Jeremy T. Kizer
EMS Program Specialist

EMS Compliance – East Group
5424 Polk St, MC - 1906
Houston, TX 77023-1497

(713) 767-3335
(713) 767-3330 fax

jeremy.kizer@dshs.state.tx.us

SEE ATTACHED: Fee Receipt

An Equal Employment Opportunity Employer