

INVOICE TRANSMITTAL

Accounting Unit (9 digit)
100512100
Account (5 digit)
63600
Grants & Projects (If needed)
Activity
Account Category

Vendor #	18969	
Vendor Name	Midwest Dental Equipment	
Address		
City		
State	Zip Code	Date
		1/18/2011

Invoice #/Invoice Date/Desc
Invoice 896917

Amount
317.50
Total
317.50

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

Loe Ann Walling

 Authorized Department Approval

Treasurer's Register Stamp and Number

MIDWEST DENTAL

Equipment & Supply

SOLD TO

FORT BEND COUNTY SHERIFF
1410 WILLIAMS WAY
RICHMOND TX

77469

P.O. BOX 4802
WICHITA FALLS, TEXAS 76308-0802
(940) 322-5392 • (800) 766-2025
FAX (940) 763-0218

SHIP TO
FORT BEND COUNTY SHERIFF
1410 WILLIAMS WAY
RICHMOND TX

77469

Customer Nbr: 6234-0000

INVOICE NO.	INVOICE DATE	ORDER NO.
6234	12-29-10	Direct

ORDER NO.	ORDER DATE	SHIP DATE	SHIP VIA	TERMS
6234	12-28-10	12-29-10	ON-SITE CALL	999-0000 STMT 10TH PROX
NOTICE* *Backordered items will generally ship in 7-10 working days. Please notify us if you wish to cancel. *Special order items are not returnable. *Returns must be made within 30 days of invoice date. *Shipping discrepancies must be reported within 5 days of invoice date.				

ITEM NO.	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
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554-0820	1	HOUR	LABOR (SERGIO)	150.00	150.00
554-0290	1	EACH	FUEL SURCHARGE	12.50	12.50
999-012997	1	EACH	REPLACEMENT VALVE & TUBING SERVICE TO INSTALL VALVE & TUBING ON VAC SYSTEM.	155.00	155.00

SALES TAX 0.25%				317.50	26.19
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PLEASE REPORT ANY DAMAGED OR MISSING PRODUCT TO OUR CUSTOMER SERVICE DEPARTMENT IMMEDIATELY UPON RECEIPT OF SHIPMENT. THANK YOU!

INVOICES NOT PAID BY 10TH OF MONTH FOLLOWING STATEMENT ARE SUBJECT TO 1 1/2% FINANCE CHARGE.
THIS INVOICE PAYABLE IN WICHITA FALLS, WICHITA COUNTY, TEXAS

NO CREDIT ISSUED WITHOUT INVOICE NUMBER AND DATE

343.69