FEDERAL ID:59-2663954

ATTN: ACCTS PAYABLE

1517 EUGENE HEIMANN CIR

ROSENBERG TX 77469-3620

FORT BEND COUNTY

BILL TO:

STE 500

12993 ORIGINAL INVOICE

THANKS FOR YOUR ORDER

IF YOU HAVE ANY QUESTIONS OR PROBLEMS. JUST CALL US E ORDER: (888) 263-3423 (800) 721-6592

FOR CUSTOMER SERVICE ORDER: FOR ACCOUNT:

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
549157466001	934.92	Page 1 of 1
INVOICE DATE	TERMS	PAYMENT DUE
20-JAN-11	Net 30	24-FEB-11

SHIP TO:



FORT BEND COUNTY **STE 500** 1517 EUGENE HEIMANN CIR

ROSENBERG TX 77469-3620 JH190-01, 19CTI BONK

المالية المساوية المساوية المساوية المارية المارية المساوية المساوية 136062

SHIPPED DATE 20-JAN-11 FACILITIES AND PLANN BILLING ID ACCOUNT MANAGER RELEASE ORDERED BY SUITE COST CENTER 500 263421 ANGELA RINCON DESCRIPTION/ QTY UNIT EXTENDED CATALOG ITEM #/ U/M QTY QTY MANUF CODE CUSTOMER ITEM # ORD SHP B/0 PRICE PRICE Instructions: FACILITIES & PLANNING 458185 FILE, LATERL, 4DRAWER, 36"W, EA 3 3 0 303.310 909.93 17088-09 458185



SUB-TOTAL

909.93

DELIVERY

24.99

SALES TAX

0.00

005061-000833

All amounts are based on USD currency

934.92

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

DETACH HERE

CUSTOMER NAME

BILLING ID

INVOICE NUMBER

INVOICE

INVOICE AMOUNT

AMOUNT ENCLOSED

FORT BEND COUNTY

263421

549157466001

20-JAN-11

934.92

934.92

FLO

002634210 5491574660011 00000093492 1

Please Send Your Check to:

OFFICE DEPOT PO Box 88040 Chicago IL 60680-1040

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.