

INVOICE TRANSMITTAL

Accounting Unit (9 digit)
100640100
Account (5 digit)
63300
Grants & Projects (If needed)
Activity
Account Category
RENTAL

Vendor #	10089	
Vendor Name	OAK BEND MEDICAL OFFICE, LTD.	
Address	1601 MAIN ST, STE 212	
City	RICHMOND	
State	Zip Code	Date
TX	77469	4.13.2011

Invoice #/Invoice Date/Desc
May-11

Amount
4,936.41
Total
4,936.41

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

 Authorized Department Approval

Treasurer's Register Stamp and Number

INVOICE

OAKBEND DOCTORS' CENTER

c/o OAK BEND MEDICAL OFFICE, LTD.

1601 Main Street

Richmond, Texas 77469

(281) 341-1800

Fort Bend County Indigent Health Care

Attn: Karl Lavine

4520 Reading Rd., STE A

Rosenberg, TX 77471

Suite 104

Base rent for the month of May 2011	\$ 4,400.00
<u>2011 Additional Rental Payment</u>	<u>\$ 536.41</u>
May 2011 Total Rental Payment Due	\$ 4,936.41

MAKE CHECK PAYABLE TO:

Oak Bend Medical Office, Ltd.

MAIL TO:

OAKBEND MEDICAL OFFICE, LTD

ATTN: JENNIFER SANFORD

1601 Main Street, Suite 212

Richmond, TX 77469

TERMS: Rent is due by the first of each month.