

INVOICE TRANSMITTAL

Accounting Unit (9 digit)
100630100
Account (5 digit)
63100
Grants & Projects (If needed)
Activity
Account Category

Vendor #	10763
Vendor Name	DSHS Central Lab MC2004
Address	P.O. Box 149347
City	Austin
State	TX
Zip Code	78714-9347
Date	5-2-11

Invoice #/Invoice Date/Desc
Act. # CEN 2058-32011
CEN CN0720-32011
Lab slips were verified as to billing responsible.
5-2-09 TO current.

Amount	
Total	982.45

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

Kenny D. ... 5/3/11
 Authorized Department Approval

Treasurer's Register Stamp and Number

DSHS CENTRAL LAB MC2004
P O BOX 149347
AUSTIN, TX 78714-9347
512-458-7317

FORT BEND CO HD/G
4520 READING RD, STE A
ROSENBERG, TX 77471

Account # CEN.CM2058_032011

Date: 04/05/2011

Description	Amount
Amount Due From Prior Periods:	
052009	102.00
082009	18.15
122009	213.00
032010	8.50
052010	13.65
072010	54.00
082010	244.15
092010	162.00
012011	108.00
Charges this period ----->	0.00
Total Balance Due ----->	923.45

RECEIVED
APR 11 2011
FBC CLINICAL HEALTH

DSHS CENTRAL LAB MC2004
P O BOX 149347
AUSTIN, TX 78714-9347
512-458-7317

FORT BEND COUNTY CLINICAL HEALTH SERVICES
4520 READING RD STE A
ROSENBERG, TX 77471-7999

Account # CEN.CN0720_032011

Date: 04/05/2011

Description	Amount
Amount Due From Prior Periods: 032009	59.00
Charges this period ----->	0.00
Total Balance Due ----->	59.00

RECEIVED
APR 11 2011
FBC CLINICAL HEALTH