

INVOICE TRANSMITTAL

Accounting Unit (9 digit) 100560100
Account (5 digit) 63000
Grants & Projects (If needed)
Activity
Account Category

Vendor #	21815	
Vendor Name	Minnehaha County Treasurers Office	
Address		
City		
State	Zip Code	Date 12/30/11

Invoice #/Invoice Date/Desc
2011-00016893

Amount
\$ 78.73
Total \$ 78.73

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

Loe Ann Mulling

 Authorized Department Approval

Treasurer's Register Stamp and Number

REQUEST FOR PAYMENT
Fort Bend County, Texas

Total Due: \$78.73

Make Checks Payable To:
Minnehaha County Treasurers Office
Attn: Norma Erickson
415 N. Minnesota Avenue
Sioux Falls, SD 57104
Inquiries contact Kim @ (605)367-4321 Ext 3438

Month	Day	Item	# OF Days	Unit Cost	Total
November	30	Boarding Fees for Housing Prisoners	1	78.73	\$78.73
Total Due					.00
Total Due					\$78.73

VERIFICATION OF CLAIM
SDCL 7-22-1

I declare and affirm under the penalties of perjury that this claim has been examined by me and to the best of my knowledge and belief, is in all things, true and Correct.

DATE 12-6-2011

SIGNATURE Kim Schoenbaer

I HEREBY certify under penalty of perjury that the above listed goods or services were ordered and received by me.

OFFICIAL OR DEPARTMENT
RECEIVING SUPPLIES OR SERVICES