

INVOICE TRANSMITTAL

Accounting Unit (9 digit)
100426300
Account (5 digit)
63000
Grants & Projects (If needed)
Activity
INDEFENSE
Account Category
AT Court Appointed Attorney <input type="button" value="v"/>

Vendor Number		
11086		
Vendor Name		
WEST GROUP PAYMENT CENTER		
Address		
P.O. BOX 6292		
City		
CAROL STREAM		
State	Zip Code	Date
TX	60197	2/9/2012

Description / Invoice Numbers
INVOICE #823310662

Amount	
	153.75
Total	\$ 153.75

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



 Authorized Department Approval

Treasurer's Register Stamp and Number