

INVOICE TRANSMITTAL

Accounting Unit (9 digit) 1006660100
Account (5 digit) -54270
Grants & Projects (if needed) Activity
Account Category

Vendor #		
Vendor Name Anthony Santizo & Lorena Vela		
Address 14906 West park Dr. #724		
City Houston		
State TX	Zip Code 77082	Date 03/27/12

Invoice #/Invoice Date/Desc
Customers have requested a full refund of \$125.00.
This request was approved by Michel Davis and Mike Reyes.
Customers were not satisfied with the service provided at the Four Corners Community Center. The administration fee of \$25.00 will not be included in the refund amount.

Amount	
	125.00
Total	125.00

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



 Authorized Department Approval

Treasurer's Register Stamp and Number
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