FORT BEND COUNTY AUDITOR
ACCOUNTS PAYABLE
County Auditor Form 1016
( Rev. 11/07 )

# INVOICE TRANSMITTAL

| Accounting Unit (9 digit) |
|---|
| 100650100 |
| **Account (5 digit)** |
| 63000 |
| **Grants & Projects (If needed)** |
| **Activity** |
| |
| **Account Category** |
| |

| | |
|---|---|
| **Vendor #** | 22429 |
| **Vendor Name** | American Elevator Inspections |
| **Address** | 15201 East Frwy., Ste. 110 |
| **City** | Channelview TX 77530 |
| **State** / **Zip Code** | |
| **Date** | 10/19/12 |

| Invoice #/Invoice Date/Desc | Amount |
|---|---|
| Invoice # 20805 | 150.00 |
| Dated 9/21/2012 | |
| | |
| Annual Elevator Inspection | |
| Completed by vendor - NO P.O. issued | |
| | |
| **Total** | 150.00 |

**County Auditor's Use Only**

CC Approval Date _____

Check Type _____

Audited By _____

Received

Paid

P. Gonzales
Authorized Department Approval

Treasurer's Register Stamp and Number

# Invoice

American Elevator Inspections
15201 East Frwy., Ste. 110
Channelview, TX 77530
(281) 457-1700 Fax (281) 457-1703

| Date | Invoice # |
|---|---|
| 9/21/2012 | 20805 |

Bill To ATTN: Lisa Castillo

Fort Bend County Library
1001 Golfview
Richmond, TX 77469

| P.O. No. | Terms | Project |
|---|---|---|
| | Due on receipt | 14010 University Blvd. |

| Quantity | Description | Rate | Amount |
|---|---|---|---|
| 1 | Annual Hydraulic Elevator Inspection fee | 150.00 | 150.00 |

Please remit to above address.

**Total** $150.00