

INVOICE TRANSMITTAL

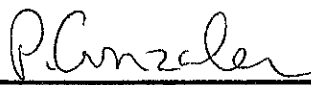
Accounting Unit (9 digit)
100650100
Account (5 digit)
63000
Grants & Projects (If needed)
Activity
Account Category

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
Invoice # 20805
Dated 9/21/2012
Annual Elevator Inspection
Completed by vendor - NO P.O. issued

Amount
150. ⁰⁰
Total
150. ⁰⁰

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

 Authorized Department Approval
Treasurer's Register Stamp and Number

Invoice

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