

# INVOICE TRANSMITTAL

2012

<b>Accounting Unit (9 digit)</b>
100560100
<b>Account (5 digit)</b>
63100
<b>Grants &amp; Projects (If needed)</b>
Activity
<b>Account Category</b>

<b>Vendor #</b>	21950	
<b>Vendor Name</b>	Harris County Children's Assessment Center	
<b>Address</b>		
<b>City</b>		
<b>State</b>	<b>Zip Code</b>	<b>Date</b>
		11/09/12

<b>Invoice #/Invoice Date/Desc</b>
Case #12-19444 Fees for sexual assault exams
(Due to confidential nature, invoice has been
forwarded to Auditor's Office)

<b>Amount</b>
\$ 744.00
\$ 168.00
<b>Total</b> \$ 912.00

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

Low Ann Mullins  
 Authorized Department Approval

Treasurer's Register Stamp and Number
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