

INVOICE TRANSMITTAL

Accounting Unit (9 digit)
100560100
Account (5 digit)
63100
Grants & Projects (If needed)
Activity
Account Category

Vendor #	21950	
Vendor Name	Harris County Children's Assessment Center	
Address		
City		
State	Zip Code	Date
		01/02/13

Invoice #/Invoice Date/Desc
Case #12-10820 Fees for sexual assault exams
(Due to confidential nature, invoice has been forwarded to Auditor's Office)

Amount	
\$	236.00
Total	\$ 236.00

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

Low Ann Mallory

 Authorized Department Approval

Treasurer's Register Stamp and Number