

INVOICE TRANSMITTAL

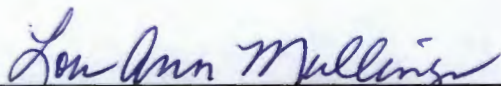
Accounting Unit (9 digit)
100560100
Account (5 digit)
63200
Grants & Projects (If needed)
Activity
Account Category

Vendor #	22264	
Vendor Name	The Jordan Team	
Address		
City		
State	Zip Code	Date
		01/15/13

Invoice #/Invoice Date/Desc
FBC102212

Amount
\$ 250.00
Total \$ 250.00

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



 Authorized Department Approval

Treasurer's Register Stamp and Number



INVOICE

The Jordan Team
EIN: 90-0734998
P.O. Box 1048
Katy, Texas 77492

DATE: OCTOBER 22, 2012
STATEMENT #FBC102212

Success is the Only Option

BILL

TO Attn: Capt. Scott Soland
Fort Bend County Sheriff's Dept.
1410 Williams Way Blvd.
Richmond, TX 77469

DATE	DESCRIPTION		TOTAL
08/28/2012	CPR Instruction/Training for Jennifer Williams		\$250.00
		Total:	\$250.00

Make all checks payable to **The Jordan Team**

Thank you for your business!

