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

INVOICE TRANSMITTAL

Accounting Unit (9 digit)	Vendor#	133	54
100560100	Vendor Name Harris County Hospital District		
Account (5 digit)			iet
63100	Address		
Grants & Projects (If needed)			
Activity	City		
Account Category	State	Zip Code	Date 07/15/13
Invoice #/Invoice Date/Desc		Amount	
12-16452			732.00
Personal information included on the inv	oice.		
Original invoice sent to Auditor's Office.		Total	
		S	732.00
Calculation of the Calculation			
County Auditor's Use Only CC Approval Date		1	
Check Type		der an M	Mis
Audited By		Authorized Depa	rtment'Approval
		Treasurer's Register	Stamp and Number
Received			
		ally a	
	The control of the co		
Paid		New Property Control of the Control	
w	The second secon	And the second s	
	**************************************	ne de la companya de	
	And the state of t	J	