

# INVOICE TRANSMITTAL

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

Vendor #	13364	
Vendor Name	Harris County Hospital District	
Address		
City		
State	Zip Code	Date
		07/15/13

Invoice #/Invoice Date/Desc
12-16452
Personal information included on the invoice.
Original invoice sent to Auditor's Office.

Amount
\$ 732.00
Total \$ 732.00

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

*Len Ann Mullins*  
 \_\_\_\_\_  
 Authorized Department Approval

Treasurer's Register Stamp and Number
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