

INVOICE TRANSMITTAL

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

Vendor #	13302	
Vendor Name	Memorial Hospital	
Address		
City		
State	Zip Code	Date
		08/29/13

Invoice #/Invoice Date/Desc
11-24664
Personal information included on the invoice.
Original invoice sent to Auditor's Office.

Amount
\$ 745.25
Total \$ 745.25

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

Lee Ann Mullins
 Authorized Department Approval

Treasurer's Register Stamp and Number
