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

INVOICE TRANSMITTAL

Accounting Unit (9 digit)	Vendor F		13.	W
100560100	Vendor Name			
Account (5 digit)	Memorial Hospital			
63100	Address			
Grants & Projects (If needed)	H. Colored			
Activity	City	We William	4	
Account Category	State		Zip Code	Date 08/29/13
Invoice #/Invoice Date/Desc			Amount	
				· 문
11-24664				745.25
Personal information included on the inv	oice.			
Original invoice sent to Auditor's Office.			Total	
		70.00	<u> </u>	745.25
Carries A. Missier Han Carr				
County Auditor's Use Only CC Approval Date	And the second s			
		V		
Check Type	****		Authorized Defe	Action (Approval
Audited By				
		Tre	easurer's Register	Stamp and Number
Received			ga.	
	ne Constitution Selection (Selection (Select			
Paid				
	Control of the Contro			
the second secon				
	and the second			