

INVOICE TRANSMITTAL

Accounting Unit (9 digit)
100650100
Account (5 digit)
63600
Grants & Projects (If needed)
Activity
Account Category

Vendor #	13879-31	
Vendor Name	Fort Bend County Librarian	
Address		
City		
State	Zip Code	Date
		2/4/14

Invoice #/Invoice Date/Desc
Replacement of Counterfeit funds
on 1/23/14

Amount
100.00
Total
100.00

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

<u>P. Cruzal</u>
Authorized Department Approval
Treasurer's Register Stamp and Number