

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
		02/12/14

Invoice #/Invoice Date/Desc
13-21190
Personal information included on the invoice.
Original invoice sent to Auditor's Office

Amount
\$ 316.00
Total \$ 316.00

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

_____ Authorized Department Approval
Treasurer's Register Stamp and Number