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

INVOICE TRANSMITTAL

100560100 Account (5 digit) 63100 Grants & Projects (If needed) Activity Account Category Invoice #/invoice Date/Desc Personal Information included on the invoice. Original invoice sent to Auditor's Office	Accounting Unit (9 digit)	Vendor # 13364		
Grants & Projects (If needed) Activity Account Category State Zip Code Date 03/05/14 Invoice #/Invoice Date/Desc Amount 13-25012 \$ 297.00 Personal Information included on the invoice.	100560100	Vendor Name		
Grants & Projects (If needed) Activity Account Category State Zip Code Date 03/05/14 Invoice #/Invoice Date/Desc Amount 13-25012 \$ 297.00 Personal Information included on the invoice.	Account (5 digit)	Harris County Hospital District		
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Account Category State Zip Code Date 03/05/14 Invoice #/Invoice Date/Desc Amount \$ 297.00 Personal Information included on the invoice.	The state of the s			
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