

INVOICE TRANSMITTAL

Accounting Unit (9 digit)
100660100
Account (5 digit)
-54270
Grants & Projects (If needed)
Activity
Account Category

Vendor #		
Vendor Name		
Belen Medina		
Address		
3111 Oyster Cove		
City		
Missouri City		
State	Zip Code	Date
TX	77459	09/29/14

Invoice #/Invoice Date/Desc
Due to unexpected family emergency, Mrs Medina
had to cancel her event on 9/28/14 at the Four
Corners Community Center. Refund requested 75.00
Admin fee non refundable 25.00

Amount
75.00
Total
75.00

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

_____ Authorized Department Approval
Treasurer's Register Stamp and Number