

INVOICE TRANSMITTAL

Accounting Unit (9 digit)
315560116
Account (5 digit)
63200
Grants & Projects (if needed)
Activity
Account Category

Vendor #	23629	
Vendor Name	United States K-9 Unlimited	
Address		
City		
State	Zip Code	Date
		10/29/14

Invoice #/Invoice Date/Desc
Invoice # 2866

Amount
\$ 4,300.00
Total
\$ 4,300.00

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


 Authorized Department Approval

Treasurer's Register Stamp and Number
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Invoice

United States K-9 Unlimited, Inc.
10919 Odilon Road
Kaplan La 70548
(855)USK9DOG
usk9@cox.net
www.usk9.com

Fort Bend County Sheriff's Office
ATTN: Lt. W.S. Stark
(281) 341-4704
1410 Williams Way Blvd.
Richmond TX 77469

Invoice No.: 2866
Start Date: 10/10/14

Fixed Services/Products

Date	Charge	Cost	Description	Quantity	Amount
10/10/14	Handler Course	\$3,900.00	5 week Handler Course and Team Certification in Narcotics Detection and Patrol Functions.	1	\$3,900.00
10/10/14	Handler Lodging	\$20.00	4 nights/wk for 5 wks beginning October 20, 2014.	20	\$400.00
Fixed Services/Products:					\$4,300.00

Subtotal: \$4,300.00

Total Due: \$4,300.00

Signature: _____