

# INVOICE TRANSMITTAL

<b>Accounting Unit (9 digit)</b>
100560100
<b>Account (5 digit)</b>
63100
<b>Grants &amp; Projects (if needed)</b>
Activity
<b>Account Category</b>

<b>Vendor #</b>	13364	
<b>Vendor Name</b>	Harris County Hospital District	
<b>Address</b>	PO BOX 4835	
<b>City</b>	Houston	
<b>State</b>	<b>Zip Code</b>	<b>Date</b>
TX	77210-4835	12/17/14

<b>Invoice #/Invoice Date/Desc</b>
14-12296
<b>Date of Service 05/27/2014</b>
<b>Personal Information on the invoice</b>
Original invoice sent to the Auditor's Office

<b>Amount</b>
\$ 380.00
<b>Total</b>
\$ 380.00

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

  
 Authorized Department Approval

<b>Treasurer's Register Stamp and Number</b>