

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	PO BOX 4835	
City	Houston	
State	Zip Code	Date
TX	77210-4835	01/05/14

Invoice #/Invoice Date/Desc
14-26106
Date of Service 09/24/2014
Personal Information on the invoice
Original invoice sent to the Auditor's Office

Amount
\$ 566.00
Total \$ 566.00

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


 Authorized Department Approval

Treasurer's Register Stamp and Number
