

INVOICE TRANSMITTAL

Accounting Unit (9 digit)
100560100
Account (5 digit)
63700
Grants & Projects (if needed)
Activity
Account Category

Vendor #	14384	
Vendor Name	Child Advocates of Fort Bend	
Address	PO BOX 1032	
City	Richmond	
State	Zip Code	Date
TX	77406	03/23/15

Invoice #/Invoice Date/Desc
2022015

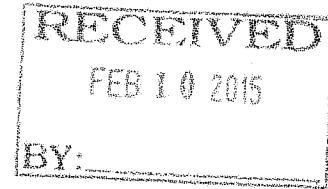
Amount
\$ 1,552.20
Total \$ 1,552.20

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



 Authorized Department Approval

Treasurer's Register Stamp and Number



February 2, 2015

Sheriff Office
County Auditor
301 Jackson
Richmond, TX 77469

INVOICE

Reimbursement of Carpet replacement ½ of invoice from Interiors by Teena - \$3,105.00	<u>\$1,552.50</u>
Total Due	\$1,552.50

Please Remit to: Child Advocates of Fort Bend
P.O. Box 1032
Richmond, TX 77406