

INVOICE TRANSMITTAL

Accounting Unit (9 digit)
100560999
Account (5 digit)
63100
Grants & Projects (If needed)
Activity
Account Category

Vendor #	23243	
Vendor Name	Driscoll Childrens Hospital	
Address	PO BOX 6530	
City	Corpus Christi	
State	Zip Code	Date
TX	78466	05/05/15

Invoice #/Invoice Date/Desc
INV# H1076101800

Amount
\$ 700.00
Total \$ 700.00

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



 Authorized Department Approval

Treasurer's Register Stamp and Number
