

INVOICE TRANSMITTAL

Accounting Unit (9 digit)
275480103
Account (5 digit)
63000
Grants & Projects (If needed)
Activity
Account Category

Vendor #		
Vendor Name		
Fort Bend Crime Victim's Response Team		
Address		
1200 HWY 6		
City		
Sugar Land		
State	Zip Code	Date
TX	77478	02/05/20

Invoice #/Invoice Date/Desc
Issuing check in the amount of \$10,000 to CVRT to
assist non-profit organizations that provide help
to crime victims.

Amount
\$10,000.00
Total
10,000.00

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



 Authorized Department Approval

Treasurer's Register Stamp and Number