

INVOICE TRANSMITTAL


Accounting Unit (9 digit) 100499100
Account (5 digit) 63600
Grants & Projects (If needed) Activity
Account Category

Vendor #	13879 13	
Vendor Name	FORT BEND COUNTY TAX OFFICE	
Address		
City		
State	Zip Code	Date 03/01/23

Invoice #/Invoice Date/Desc
Replacement of \$100 counterfeit bill
taken in the Richmond office for an auto
transaction on 2/20/23

Amount
100.00
Total
100.00

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

 _____ Authorized Department Approval
Treasurer's Register Stamp and Number