

INVOICE TRANSMITTAL

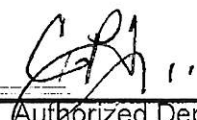
Accounting Unit (9 digit) 100499100
Account (5 digit) 63600
Grants & Projects (If needed)
Activity
Account Category

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 Missouri City office for a property
transaction on 2/16/23

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