FORT BEND COUNTY AUDITOR ACCOUNTS PAYABLE County Auditor Form 1016 (Rev. 11/07)

INVOICE TRANSMITTAL

| Accounting Unit (9 digit) | Vendor # | | |
|--|------------------------------|---|------------------|
| 100512100 | Vendor Na | Vendor Name Sheriff Inmate Property Address | |
| Account (5 digit) | Sheriff In | | |
| 63000 | Address | | |
| Grants & Projects (If needed) Activity | | | |
| | City | | |
| Account Category | State | Zip Code | Date |
| | | | 12/20/23 |
| Invoice #/Invoice Date/Desc | | Amount | |
| Counterfeit \$100 bill in deposit bag labled | | 100.00 | |
| DF5729980 submitted 12/4/23 | | | |
| | | | |
| | | | |
| | | | |
| | | Total | 100.00 |
| | | | |
| County Auditor's Use Only | | | 4 |
| CC Approval Date Check Type | DESCRIPTION OF A VICE ARROWS | 5/1/1. | Ph |
| Audited By ME 12/20/23 | COLOR PROPERTY | Authorized Departmen | |
| Received | | Treasurer's Register | Stamp and Number |
| | | | |
| | | | |
| | | | |
| Paid | | | |
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