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

Accounting Unit (9 digit)

INVOICE TRANSMITTAL

Vendor #

100635100	Vendor Name		
Account (5 digit)	Letosha Gale-Lowe		
63000	Address		
Grants & Projects (If needed)	4520 Reading Rd.		
Activity	City		
	Rosenberg		
Account Category	State	Zip Code	Date
	TX	77471	02/01/24
Invoice #/Invoice Date/Desc		Amount	
Tarres Madical Decad Garage revenuel			400.00
Texas Medical Board license renewal			492.82
		Total	492.82
			+0L:0L
County Auditor's Use Only			\wedge
CC Approval Date			()
-	7	The	
Check Type		Authorized Departm	nent Approval
Audited By			7
Received		Treasurer's Register Sta	amp and Number
Neceived			
Paid			
Paid			