

INVOICE TRANSMITTAL

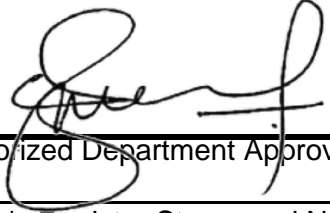
Accounting Unit (9 digit)
100635100
Account (5 digit)
63000
Grants & Projects (If needed)
Activity
Account Category

Vendor #		
Vendor Name		
Letosha Gale-Lowe		
Address		
4520 Reading Rd.		
City		
Rosenberg		
State	Zip Code	Date
TX	77471	02/01/24

Invoice #/Invoice Date/Desc
Texas Medical Board license renewal

Amount
492.82
Total
492.82

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

 _____ Authorized Department Approval
Treasurer's Register Stamp and Number