

INVOICE TRANSMITTAL


Accounting Unit (9 digit)
100409100
Account (5 digit)
10090
Grants & Projects (If needed)
Activity
Account Category

Vendor # 13879		
Vendor Name		
Fort Bend County Library		
Address		
City		
State	Zip Code	Date
		02/28/24

Invoice #/Invoice Date/Desc
Increase Change Fund for the Mission Bend Branch
\$100 - Change Machine

Amount
100.00
Total
100.00

County Auditor's Use Only
CC Approval Date _____
Check Type _____
Audited By ME 3/4/24
Received
Paid

 Authorized Department Approval 2-28-24
Treasurer's Register Stamp and Number