

Fort Bend County Procurement Card

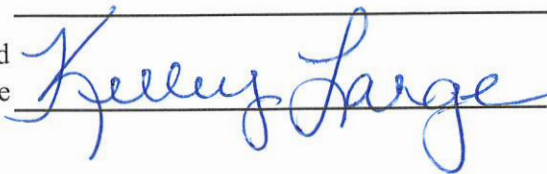
Documentation Submission Form

Amount \$ 309

Department Medical Examiner Cardholder Kelley Large

Accounting Distribution 100565200 63000
(for multiple accounts) _____
Accounting Unit Account # Activity Acct Cat.

Transaction Description Biofire testing on Case# 24-02402L Eric Artman from RapidCare ER
(please give details) _____

Coordinator/Dept. Head
Signature  Date 9/23/24

Affix **Original** Receipt here (please no tape)

INVOICE



DATE
09/17/2024

INVOICE NO
00014

RAPIDCARE EMERGENCY ROOM
24003 SW FREEWAY
ROSENBERG, TX 77471
281-698-7284

PATIENT NAME	DROP OFF DATE	CASE NO	PAYMENT	CREDIT CARD
ARTMAN, ERIC	09/17/2024	24-02402L	309.00	9119

Subtotal	309.00
Sales Tax	0
Total	309.00

Rosenberg Rapidcare ER L
24003 SOUTHWEST FREEWAY
ROSENBERG, TX 77471
2816987284
WWW.RAPIDCAREEMERGENCY.CO
M

Cashier: Jessica
Transaction 000122
Total \$300.00
Credit card 3% \$9.00 surcharge
CREDIT CARD SALE \$309.00
MASTERCARD 9119

Retain this copy for statement validation

To cover the cost of accepting credit cards, we collected a 3% credit card surcharge.

17-Sep-2024 10:58:40A
\$309.00 | Method: EMV
MASTERCARD
XXXXXXXXXXXX9119
Reference ID: 426100503554
Auth ID: 075371
MID: *****9882
AID: A000000041010
Attn/tn/kNm: MASTERCARD
SIGNATURE