

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 12/19/25

Invoice #/Invoice Date/Desc
Increase Change Fund for the Missouri City Branch
\$25.00 - Change Bag
\$50.00 - Change Drawer

Amount
75.00
Total
75.00

County Auditor's Use Only	
CC Approval Date	_____
Check Type	_____
Audited By	ME 1/6/26
Received	
Paid	



 Authorized Department Approval
 12.31.25
 Treasurer's Register Stamp and Number