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

INVOICE TRANSMITTAL

Accounting Unit (9 digit)
100635999
Account (5 digit)
64000
Grants & Projects (If needed)
Activity
G635-11BIOTERR
Account Category
22500

13400)	
Vendor N	ame	
Nextel C	ommunication	
Address	Sprint	
	P.O. Box 4181	
City		
	Carol Stream	
State	Zip Code	Date
IL	60197-4181	03/21/11

Invoice #/Invoice Date/Desc	Amount	
602868322-089 / March 21, 2011		
Replacement for damaged phone holster. Charge	\$15.	99
on bill is double as the first part received was		
incorrect. Credit will be received for \$15.99 also		
	Total	45.00
		15.99

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

Authorized Department Approval

Treasurer's Register Stamp and Number

YOUR SPRINT INVOICE

> ACCOUNT INFORMATION

Account Name FT BEND CTY HEALTH & HUMAN SERVICES

MONTHLY INVOICE SUMMARY

0006-Equipment and Retail Purchases

*Total Current Charges for 602868322 - 089 Due 04/10/11

February 18 - March 17, 2011

Total Amount Due

Invoice Date March 21, 2011

Account Number 602868322 Invoice Number

TIN Number 47-0882463 **ABA Number** 111-000-012

Total Amount Due \$31.98

31.98

\$31.98

\$31.98

602868322-089 Current P.O.

Current P.O. Date October 19, 2004

> CUSTOMER CARE

Register and Logon

Call Sprint

> SPRINT NEWS AND NOTICES

This section contains important updates about your Sprint Services, including Service or Rate Changes. Promotions and Offers.

Correspondence

Please send all correspondence including billing inquiries to: Sprint Customer Service PO Box 8077 London, KY 40742

with the correspondence.

You may also contact Sprint Customer Care at the number listed on your invoice or by going to sprint.com.

www.sprint.com

1-877-639-8351

Do not enclose your payment





To Pay Your Bill Online Go To www.sprint.com/mysprint

Sign up for Recurring Direct Debit!



To Pay Your Bill By Phone Call 1-800-784-2608 or *3 from your Sprint phone



To Pay Your Bill By Mail See reverse side for details. >

SERVICES

HUMAN

BEND 5 4B

ROSENBERG,

0311 93 C

FBWNKCTX F0000 0602868322 019569 CTY *Any unpaid balance after the due date may be subject to a late payment charge per your contract.



YOUR SPRINT INVOICE

Account Number 602868322

Account Name Invoice Date FT BEND CTY HEALTH & HUMAN March 21, 2011

Page 02/18/11-03/17/11 3 of 4

Billing Period

Invoice Number



> ACCOUNT SUMMARY

		l Så					\boxtimes		\$			
Total Equipment Charges & Services	Monthly Recurring Access Charges	Service Discount/ Adjustments	Cellular Minutes/ Charges	LD and Other Minutes/ Charges	Directory Assistance Charges	Nextel Direct Connect Svcs. Minutes/ Charges	Messaging Number of Messages/ Charges	Data and Third Party Services KB/ Charges	Equipment and Retail Purchases	Sprint Surcharges	Government Fees and Taxes	Total
Account Charges and Adjustme	nts											
602868322 FT BEND CTY HEALTH & HUM	Quantity	223	6N5 1991	Actual Charge	Total				\$31.98			\$31.9

If you prefer to receive a Summary Invoice, please visit sprint.com, log into My Sprint, and select the "Change how detailed your bill is" option or contact Customer Care. The Summary Invoice is designed for your convenience, and will not display full billing details.

ACCOUNT CHAPTERS AND ADJUSTMENTS

YOUR SPRINT INVOICE









