

INVOICE TRANSMITTAL

AGENDA ITEM

24

Accounting Unit (9 digit) 100630999
Account (5 digit) 63100
Grants & Projects (If needed)
Activity G630-12 TBFED
Account Category 22200

Vendor # 14419		
Vendor Name West Houston Radiology		
Address Dept. # 125, P.O. Box 4346		
City Houston		
State TX	Zip Code 77210	Date 10/2/2012

Invoice #/Invoice Date/Desc
Reading of MRI Spine
Thoracic w/wd Contrast

Amount
543.00
Total 543.00

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

Diane Guest

 Authorized Department Approval

Treasurer's Register Stamp and Number

INVOICE TRANSMITTAL

AGL
24

LW

FY2012

Accounting Unit (9 digit) 100630999
Account (5 digit) 63100
Grants & Projects (If needed)
Activity 6630-12 TUBERCUL
Account Category 22200

Vendor #	14386	
Vendor Name	Oak Bend Medical	
Address	P.O. Box 1409	
City	Richmond, TX	
State	Zip Code	Date
	77469	10/2/2012

Invoice #/Invoice Date/Desc
August 2012 Invoice
MRI Thoracic Spine
W - NO Contrast

Amount
500.00
Total 500.00

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

Quane Guest
Authorized Department Approval

Treasurer's Register Stamp and Number
