DEPARTMENT OF EDUCATION

Bureau of Finance

| PO No: | |
|-------------|--|
| Terms: | |
| Date Filed: | |

STANDARD INVOICE

(This invoice should be sent directly to the local Board of Education for payment. Do not send to State Office)

| Estill County Bo | oard of Education | | | | Irvine, Kentucky | | |
|---|-------------------|---|-----------------------------------|---------------|------------------|--|--|
| Name of Vendor: | | | | | | | |
| Address: | | | | | | | |
| | | in required form and filed with the Board "in writing, in the work, when, and by whom performed: also time and rate p | | | | | |
| Quantity | Unit | Items (furnished) or Work (done) | Code* No. | Unit Price | Amount | | |
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| VENDOR'S | CERTIFICATION | ION | | | | | |
| I hereby certify that the above is a correct statement of amount due from the above named board of education for articles furnished or services rendered as itemized. | | rect statement of amount | VENDOR LEAVE BLANK Claim number: | | | | |
| Signed: | | Check numb | Check number: | | | | |
| Ву: | | | Amount paid | Amount paid: | | | |
| Approved for payment By: | | Date paid: | | | | | |

^{*}The vendor will leave this column blank