

Commonwealth of Kentucky  
 DEPARTMENT OF EDUCATION  
 Bureau of Finance  
 STANDARD INVOICE

Purchase Order No. \_\_\_\_\_

Terms \_\_\_\_\_

Date filed \_\_\_\_\_

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

**ROCKCASTLE COUNTY BOARD OF EDUCATION**  
 245 Richmond Street, Mt. Vernon, KY 40456  
 Extended School Services

Name of Vendor: \_\_\_\_\_

Address: \_\_\_\_\_

(All invoices must be promptly made out in required form and filed with the Board "in writing, itemized and verified" - according to law. A properly prepared invoice shows exact kind of service, where, when and by whom performed; also time and rate per day or hour and is signed by the vendor or his authorized representative.)

Date	Hours	Items (furnished) or Work (done)
		<b>ROCKCASTLE CO. HIGH SCHOOL FY22</b>
		3102149 0113 120G CERTIFIED
		3102149 0131 120G CLASSIFIED
		<b>Description of work:</b>
	<b>TOTAL HOURS</b>	

**VENDOR'S CERTIFICATION**

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.

Signed \_\_\_\_\_

By \_\_\_\_\_

Approved for payment \_\_\_\_\_

By \_\_\_\_\_

\*The vendor will leave this column blank.

**VENDOR LEAVE BLANK**

Claim number \_\_\_\_\_

Check number \_\_\_\_\_

Amount paid \_\_\_\_\_

Date Paid \_\_\_\_\_