

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)
		ROCKCASTLE CO. MIDDLE SCHOOL FY22
		1002149 0113 120G CERTIFIED
		1002149 0131 120G CLASSIFIED
		Description of work:
	TOTAL HOURS	

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 _____