STANDARD INVOICE

MORGAN COUNTY BOARD OF EDUCATION
WEST LIBERTY, KENTUCKY

NAME OF VENDOR _____ _____
MAILING ADDRESS _____ Vendor Number
_____
_____

DATE	QUANTITY OR MILES	RATE	ITEMS OR WORK FURNISHED INVOICE NUMBER	AMOUNT
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -

VENDOR'S CERTIFICATION
I here 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.

TOTAL	**$ -**
CODE	
CK. NO.	
DATE	

_____
SIGNED
APPROVAL OF PAYMENT:

_____
PRINCIPAL/ADMINISTRATOR

_____
SUPERINTENDENT