

Purchase order number \_\_\_\_\_

Terms \_\_\_\_\_

Date Filed \_\_\_\_\_

Commonwealth of Kentucky  
**DEPARTMENT OF EDUCATION**  
Board of Finance

Scott County Board of Education  
Nutrition Services  
2168 Frankfort Pike  
Georgetown, Ky. 40324  
(502) 570-3034 (Gretchen)

Scott County Board of Education Georgetown (502-570-3035) Kentucky

Parent Name \_\_\_\_\_

(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.)

Quantity	Unit	Items (furnished) or work (done)	Code * No.	Unit Price	Amount
		<b>Refund of Student account</b>			
		<b>School:</b>			
		<b>Student Name:</b>			
		<b>Phone Number:</b>			
		<b>Reason for Refund:</b>			
				<b>Total</b>	

**VENDOR CERTIFICATION**

I hereby certify that the above is a current statement of amount due from the above named board of education for articles furnished or services rendered as itemized.

**X Please Sign** \_\_\_\_\_

**By** (parent/guardian) Parent \_\_\_\_\_

Approved for payment

By \_\_\_\_\_

**VENDOR LEAVE BLANK**

Claim Number \_\_\_\_\_

Check Number \_\_\_\_\_

Amount Paid \_\_\_\_\_

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