Fleming County Board of Education
Flemingsburg, KY 41041

VENDOR # _____

INVOICE # _____

PO # _____

DATE: _____

STANDARD INVOICE

Name of Vendor: _____

Address: _____
(Street / PO Box) *(City, State Zip Code)*

(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.)

ORG#	OBJ#	PROJECT	DESCRIPTION	AMOUNT