Commonwealth of Kentucky

Department of Education

Bureau of Finance

STANDARD INVOICE for PROFESSIONAL DEVELOPMENT HOURS

(This invoice should be sent directly to the local Board of Education

for payment. Do not send to State Office.)

Breathitt County Board of Education, P.O. Box 750, 420 Court Street, Jackson, Kentucky 41339

Employee 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 an authorized representative.)

DATE	BEGIN TIME	END TIME	Training Completed	TOTAL HOURS	RATE	AMOUNT
			TOTAL			

Employee'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: _____

Date

_____

PRINCIPAL

Approved for payment

By: _____

SUPERINTENDENT/ DESIGNEE

OFFICE USE ONLY

Funding Source _____

Amount Paid _____

Date Paid _____