DEPARTMENT OF EDUCATION

Bureau of Finance

STANDARD INVOICE

(This invoice should be sent directly to the local Board of Education for payment. Do not send to State Office.)

VENDOR LEAVE BLANK
Check number:
Check number:
Amount paid:
Date paid:

DAVIESS COUNTY BOARD OF EDUCATION, P. O. Box #21510, Owensboro, KY 42304-1510

VENDOR: _____

Address: _____

VENDOR NUMBER: _____

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.

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

P.O. #	Invoice #	Total Paid Per. Inv.	Line Item Amount	Description	Org-Object	Project	Lines