Commonwealth of Kentucky Department of Education Bureau of Finance Standard Invoice

Purchase Order No.	
Terms:	
Date Filed:	

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

Jackson Independent Board of Education, 940 Highland Avenue, Jackson, Kentucky

Name of Vendor:

(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; 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

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 service rendered as itemized.

Signed: _____

By:

Approved for Payment

By: _____

Claim Number:	
Check Number:	
Amount Paid:	
Date Paid:	

VENDOR LEAVE BLANK

*The vendor will leave Code Column blank.