Washington County Board of Education 120 Mackville Hill Springfield, KY 40069 859-336-5470

Purchase Order No: Fund Responsible for Payment:

(eg. G.F., Title I, IDEA-Basic, Preschool, School Allocation, etc.)

Standard Invoice

Name of Employee or Vendor:

Street Address:

City, State, Zip:

All invoices must be promptly made out in required form and filed with the Board in writing, itemized and verified according to law. A property prepared invoice shows exact kind of service, where, when and by whom performed; also time and rate per day or hours and is signed by the vendor.

Date	Quantity	Description of Activity/Service	Unit Cost	Amount
	£			
				en e
			2.	
			r	
		Total Amount of Invoice		

Employee/Vendor's Certification I hereby certify the above is a correct statement of amount	Central Office Only:	
due from the Washington Co. Bd. of Education.	Vendor Number	9
	Date Received	
Employee/Vendor Signature	Munis Account Codes:	Amount
School Level Approval		
		2 2
Central Office Approval		
Effective July 21, 2008	Total Amount Due	