

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.)

ROCKCASTLE COUNTY BOARD OF EDUCATION  
245 Richmond Street, Mt. Vernon, KY 40456  
Extended School Services

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; also time and rate per day or hour and is signed by the vendor or his authorized representative.)

Date	Runs	Items (furnished) or Work (done)
		<b>BUS DRIVER Extended School Services FY22</b>
		3102149 0131 120G BUS DRIVER SALARY
		<b>Description of work:</b>
	<b>TOTAL RUNS</b>	

**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.

**VENDOR LEAVE BLANK**

Claim number \_\_\_\_\_

Check number \_\_\_\_\_

Amount paid \_\_\_\_\_

Date Paid \_\_\_\_\_