

Commonwealth of Kentucky
DEPARTMENT of EDUCATION
Bureau of Finance

STANDARD INVOICE for E.S.S. BEFORE and AFTER SCHOOL TUTORIAL

Bus Drivers

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

| | |
|--------------------------------|-------|
| CENTRAL OFFICE USE ONLY | |
| Purchase Order #: | _____ |
| Terms: | _____ |
| Date Filed: | _____ |

Return To: Breckinridge County Board of Education P.O. Box 148, #1 Airport Road Hardinsburg, Ky 40143

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, by whom performed, time, rate per day or hour, and is signed by the vendor or his authorized representative.)

| DATE WORKED | NAME of PROGRAM WORKED UNDER | SCHOOL ABBREVIATION | DAILY RATE | AMOUNT EARNED |
|------------------------|------------------------------|---------------------|---------------------|---------------|
| / / | Extended School Services | | \$ | \$ |
| / / | Extended School Services | | \$ | \$ |
| / / | Extended School Services | | \$ | \$ |
| / / | Extended School Services | | \$ | \$ |
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| / / | Extended School Services | | \$ | \$ |
| / / | Extended School Services | | \$ | \$ |
| / / | Extended School Services | | \$ | \$ |
| TOTAL # of DAYS | | | TOTAL EARNED | \$ |

VENDOR'S CERTIFICATION

I hereby certify that the above item is a correct statement of amount due from the above named Board of Education for articles furnished or services rendered as itemized.

EMPLOYEE SIGNATURE: _____

BUILDING COORDINATOR: _____

PROGRAM DIRECTOR: _____

* The vendor will leave this column blank.

| | |
|---------------------------|-------|
| VENDOR LEAVE BLANK | |
| Claim Number: | _____ |
| Check Number: | _____ |
| Amount Paid: | _____ |
| Date Paid: | _____ |