

Commonwealth of Kentucky
DEPARTMENT of EDUCATION
Bureau of Finance

STANDARD INVOICE for E.S.S. BEFORE and AFTER SCHOOL TUTORIAL
Teachers / Adult Aides / Peer Tutors

(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 86 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	# of HOURS WORKED	NAME of PROGRAM WORKED UNDER	SCHOOL ABBREVIATION	HOURLY WAGE	AMOUNT EARNED
/ /		Extended School Services		\$	\$
/ /		Extended School Services		\$	\$
/ /		Extended School Services		\$	\$
/ /		Extended School Services		\$	\$
/ /		Extended School Services		\$	\$
/ /		Extended School Services		\$	\$
/ /		Extended School Services		\$	\$
/ /		Extended School Services		\$	\$
/ /		Extended School Services		\$	\$
/ /		Extended School Services		\$	\$
/ /		Extended School Services		\$	\$
/ /		Extended School Services		\$	\$
/ /		Extended School Services		\$	\$
/ /		Extended School Services		\$	\$
TOTAL # of HOURS				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:	_____