	Check No.
	Vendor No.
Christian County Public Schools P. O. Box 609	Invoice No.
200 Glass Avenue Hopkinsville, Kentucky 42241-0609	Account:
	Amount Paid:
	Date Paid:
STANDARD INVOICE (F-75)	FUNDING SOURCE

NAME OF VENDOR:

ADDRESS:

All invoices must be promptly made out in required form and filled with the Board "in writing, itemized and verified". A properly prepared invoice shows exact kind of services, where, when and by whom performed. It also must be signed by vendor or his authorized representative.

Date of Service	Quantity	Unit	Item (furnished) or Work (done)	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 services rendered as itemized.

Signed: _____

Approved for Payment: _____

Ву: _____