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 properly 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
		Total Amount of Invoice		

Employee/Vendor's Certification
I hereby certify the above is a correct statement of amount due from the Washington Co. Bd. of Education.

Employee/Vendor Signature

School Level Approval

Central Office Approval

Central Office Only:	
Vendor Number	
Date Received	
Munis Account Codes:	Amount
Total Amount Due	

Effective July 21, 2008