Form F-75 Rev. 7-1-49

* The vendor will leave this column blank.

Commonwealth of Kentucky

DEPARTMENT OF EDUCATION

Bureau of Finance

Purchase Order No
Terms
Date filed

STANDARD INVOICE

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

WARRE	N COUNTY	Board of Education, P.O. BOX	51810 BOWLIN	IG GR <u>E</u> EN,	KENTUCKY	42102-6810
Name of Ve	ndor					
Address						
law. A proper	ly prepared invol	made out in required form and filed with ice shows exact kind of service, where, wor or his authorized representative.)				
Quantity	antity Unit Items (Furnished) or Work (Done)			*Code No.	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 furnishedor services			VENDOR LEAVE BLANK			
rendered as itemized.			Claim Number			
Signed			Check Number			
Approved for payment			Amount Paid			
Ву			Date Paid			