**STANDARD INVOICE**

PULASKI COUNTY BOARD OF EDUCATION
P.O. BOX 1055
SOMERSET, KY 42502

NAME OF VENDOR: _____ Vendor or Soc. Dec. # _____
ADDRESS: _____

| QUANTITY | ITEMS FURNISHED OR WORK DONE | BUDGET CODE ORG/OBJECT/PROJECT | AMOUNT |
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| | | Total: | |

VENDOR'S CERTIFICATION

Thereby certify that the above is a correct statement of amount due from the Pulaski County Board of Education for articles furnished or services rendered as itemized.

Signature: _____

Approved for Payment By: _____

LEAVE BLANE – VENDOR USE

CLAIM # _____

CHECK # _____

AMOUNT PAID $ _____

DATE PAID _____ / _____ / _____