Campbell County Schools

101 Orchard Lane
Alexandria, KY 41001
859 635-2173 fax 859 448-2428

Standard Invoice

Name & Employee ID _____
Address _____
City/State/Zip _____
Telephone _____

Date _____

School _____

(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 hour and is signed by the vendor or his authorized representative.)

Location Fund Key Object Project **MUNIS Code**	**Qty**	**Unit**	**Description** **(Date, Type of Service, or Items)**	**Unit Price**	**TOTAL**
				TOTAL	

Vendor's Certification:

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

Signed _____

Approved for payment

By

_____