

P.O. # _____
Date: ____/____/____

KENTUCKY VALLEY EDUCATIONAL COOPERATIVE STANDARD INVOICE

This invoice should be sent directly to the Kentucky Valley Educational Cooperative office for payment.

Kentucky Valley Educational Cooperative, 325 Broadway, Hazard, Kentucky 41701

Name of Vendor: _____

Address: _____

(All invoices must be promptly made out in required form and filed with the Cooperative "in writing, itemized, and verified" according to law. A properly prepared invoice shows exact kind of service, where, when and by whom performed, time and rate per day or hour and is signed by the vendor or authorized representative.)

Quantity	Unit	Items/Service	Code No.	Unit Price	Amount
It is determined that the proper method of procurement for this contract is: Competitive Sealed Bidding <input type="checkbox"/> Non Competitive Negotiation <input type="checkbox"/> Small Purchase Procedure <input type="checkbox"/> KVEC Executive Director: <i>Jeff Hawkins</i>			Competition not feasible: Emergency _____ Single Source _____ Licensed Professional _____ Perishables _____ Replacement Parts _____ Insurance _____ Bargain _____		
Vendor's Certification			Vendor Leave Blank		
I hereby certify that the above is a correct statement of amount due from the above named cooperative for articles furnished or services rendered as itemized. Signed: _____			Claim Number: _____		
Social Security # _____			Check Number: _____		
Approved for Payment: Must be signed by Program Director <u>and</u> Executive Director in order to be processed for payment.			Amount Paid: _____		
By: _____		Title: Program Director	Date Paid: _____		
By: _____		Title: Executive Director	_____		