



VENDOR NAME: (If Individual, Last name first): _____

VENDOR NUMBER (If applies): _____

DATE: _____

SOCIAL SECURITY/FEDERAL ID # _____

ADDRESS: _____

STANDARD INVOICE / CHECK REQUEST

NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES
 5516 EAST ALEXANDRIA PIKE
 COLD SPRING, KY 41076-3540
 (859) 442-8600

QUANTITY	UNIT	ITEMS (furnished) or WORK (completed)	UNIT PRICE	AMOUNT
				-
TOTAL DUE:			\$	-

CERTIFICATION AND APPROVAL: I certify that the above request represents a proper NKCES expenditure, that funds are available, and that it is not a duplication of a prior request.

Requested by: _____
 Date: _____

Authorized by: _____
 Date: _____
 Exec Director/
 designee _____
 Date: _____

FOR NKCES OFFICE USE ONLY			
PO#	Program		Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Invoice #	_____	Date	_____
Paid Date	_____	Ck #	_____