KENTUCKY TRANSPORTATION CABINET
Division of Accounts

TC 31-519E
Rev. 06/02

STANDARD INVOICE

Delivered To: **Transportation Cabinet**

Division/District:_____

Address To Which Delivered:

_____

_____

Name and Address of Vendor:

_____

_____

_____

Vendor's Invoice No._____

Vendor's Invoice Date:_____

Purchase Order or Contract No.:_____
Copy from Purchase Order or Contract.

Program Code: _____
Copy from Purchase Order or Contract.

Terms:_____

Send this invoice in duplicate directly to the billing address shown on the contract. Retain one copy for your files.

ITEM NO.	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT

Page 1 Subtotal	
Page 2 Subtotal	
Discount _____%	
Net Amount	

INSTRUCTIONS TO VENDOR

1. Submit invoice directly to Billing Address shown on contract, immediately upon completing shipment of all items per agreement. Partial payments are authorized on Purchase Contract if indicated there on. Discount period will be computed from date of delivery or date invoice is received, whichever is later.
2. Use a separate invoice for each order or contract. Partial payments will not be made unless separate shipments and/or payments are authorized in the contract.
3. Be certain to insert the purchase order or contract number and the account number in spaces provided.
4. Vendor's certification must be signed on all copies.
5. FAILURE TO COMPLY WILL RESULT IN RETURN OF INVOICE FOR CORRECTION.

VENDOR'S CERTIFICATION

I hereby certify that the commodities or services specified above have been furnished to the Commonwealth of Kentucky; that the quality and prices conform to the proposal and purchase order or contract; and that payment, in whole or in part, has not been received.

FIRM:_____

SIGNED BY:_____

NAME AND TITLE:_____

ORIGINAL

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STANDARD INVOICE CONTINUATION PAGE

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			Page 2 Subtotal		

ORIGINAL