Mentor District Name: Address:		INVOICE		
Contact Person:		-		
Tax ID No:		DATE:		
TO: Kentucky Department of Education Division of District Support 300 Sower Blvd, 4th floor Frankfort, Kentucky 40601 Attn: Steve Lyles		FOR: KENTUCKY FINANCE OFFICER INTERNSHIP STIPEND Reimbursement tofor Mentor stipend (mentor district name)		
DATE	DESCRIPTION		ТҮРЕ	AMOUNT
	Reimbursement to	for stipend paid to	stipend	\$1,000
	(Mentor District Name)			
	for mentoring			
	(Mentor Name)	(Intern Name)		
	as part of the KY Finance Officer Internship Program (Project Code:18FX)			
			Total	\$1,000
Superintendent S	Signature:	Date:		
Mentor Signature:				

For questions please contact Steve Lyles – Assistant Director, Division of District Support, 502.564.3930 ext.4416