

# INVOICE

Mentor District Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Tax ID No: \_\_\_\_\_

DATE: \_\_\_\_\_

**TO: Kentucky Department of Education**

Division of District Support  
 300 Sower Blvd, 4<sup>th</sup> floor  
 Frankfort, Kentucky 40601  
 Attn: Ann Culbertson

**FOR: KENTUCKY FINANCE OFFICER MENTOR STIPEND**

Reimbursement to \_\_\_\_\_ for Mentor stipend (mentor district name)

DATE	DESCRIPTION	TYPE	AMOUNT
	Reimbursement to _____ for stipend paid to	stipend	\$1,500
	(Mentor District Name)		
	_____ for mentoring _____		
	(Mentor Name) (Intern Name)		
	as part of the KY Finance Officer Certification Program (Project Code:18FX)		
		Total	\$1,500

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mentor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For questions please contact Ann Culbertson – Division of District Support, 502.564.3846 ext.4438