**SUPERINTENDENT**
TONYA HORNE-WILLIAMS

**BOARD CHAIR DISTRICT 1**
LINDA GEARHEART

**MEMBER DISTRICT 2**
DR. CHANDRA VARIA

**MEMBER DISTRICT 5**
STEVE SLONE

**VICE CHAIR DISTRICT 4**
KEITH SMALLWOOD

**MEMBER DISTRICT 3**
WILLIAM NEWSOME, JR

**Consent Agenda Item (Action Item):**
Consider/Approve the Bob Evans Direct Bill Application and terms of agreement for direct billing.

**Applicable State or Regulations:**
KRS 162.90 and Floyd County School Policy 01.11 Powers and Duties of the Local Board of Education

**Fiscal/Budgetary Impact:**
Any budgetary impact will come out of the Head Start/Preschool budget.

**History/Background:**
When making a purchase using a state or federal fund a requisition has to be filed out to get a purchase order. If you do not have a direct bill set up with the company you will need to use a credit card to purchase. Once direct bill is set up the company can invoice and a check can be written. This just makes for cleaner and easier purchasing.

**Recommended Action:**
Approve Agreement as presented.

**Contact Person(s):**
Rachel Crider, Director @ (606) 886-4549

Rachel Crider

Director

Superintendent

**Date: September 14, 2026**

The Floyd County Board of Education does not discriminate on the basis of race, color, national origin, age, religion, marital status, sex, or disability in employment, educational programs, or activities as set forth in Title IX & VI, and in Section 504.

## Bob Evans Direct Bill Application

Customer Name: Floyd Co Schools / Head Start - Preschool

Billling Address: 2520 S. Lake Drive

City: Prestonsburg

State: Kentucky

Zip Code: 41653

Sales Contact Name: Maggie Allen

Accounts Payable Contact Name: Angie Bentley

Sales Contact E-mail Address: Maggie.allen@floyd.kyschools.us

Accounts Payable Contact E-mail Address: Angie.bentley@floyd.kyschools.us

Sales Contact Phone Number: (606) 886-4555

Accounts Payable Contact Phone Number: (606) 886-4558

Eligible employees: Head Start & Floyd County County Schools

Tax exempt ID number, if applicable: B-371

**Terms of Agreement: This application is subject to the approval of Bob Evans. The Point of Sale register receipt is to be considered the invoice as no other documentation will be provided. The customer agrees to pay the entire amount listed on the invoice. Payment terms are net 30 days from invoice date. Statements will be sent once a month. Direct Bill account priviledges can be revoked at any time, for any reason, at the discretion of Bob Evans. If your account is closed we will be happy to tender your sale for cash or credit card. I certify that I have read and agree to the terms of this agreement.**

Authorized Signature: _____

Name (Print): Rachel Crider & Tonya Horne-Williams, Superintendent

Title: Head Start/Preschool Coordinator

*Internal Use Only*

**Submitted by:**

Authorized Signature: _____

Name (Print): _____

Restaurant Number: _____

**Approved by:**

Authorized Signature: _____

Name (Print): _____

Title: _____

**Customer Set Up:**

Date Completed: _____

Customer Number: _____

*After set up, please return copy to restaurant for notification and filing purposes. Attach this form in Oracle CDH for recordkeeping purposes*