



First Steps Monthly Mileage Invoice

Central Finance Office
c/o Covansys
P.O. Box 2507
Greenwood, IN 46142

Provider Claims 866-711-2573 ext. 1

http://dese.mo.gov/divspeced/FirstSteps/

Table with 2 columns: Mileage Invoice Type, and sub-columns for New and Correction.

Please submit only one invoice per month per agency or independent. Agencies: One monthly invoice represents all miles traveled for one month for all providers.

Form with 6 numbered sections: 1 Agency/Payee Name, 2 Tax ID, 3 Invoice Number, 4 Mileage Service Month/Year, 5 Total Number of Providers, 6 Total Number of Miles.

I certify that the above mileage was incurred by me and/or my staff during the time period claimed. I understand I may be required to substantiate this invoice on request.

Independent Provider or Agency Administrator Signature (required)

Date (required)

- 1. Agency/Payee Name on record with the Central Finance Office
2. Independent/Agency tax ID.
3. Invoice Number is a number you designate. It is a combination of the Independent/Agency tax ID, a dash and the month and year. For example: 123456789-042007.
4. Mileage Service Month/Year is the month and year that the miles were actually traveled.
5. Number of providers with mileage represents the unique number of providers that incurred mileage during the invoicing month.
6. Total Number of Miles is a count of all miles from all providers that incurred mileage for First Steps during the invoicing month.

Miscellaneous

Only miles traveled for authorized First Steps services may be invoiced. The mileage claimed must be from providers that are actively enrolled with the CFO. Only one invoice may be submitted per month unless the invoice is a correction to a previously submitted invoice. One invoice represents all mileage for one month from all applicable provider(s) across one distinct month. July 2011