

# First Steps SPOE Monthly Mileage Invoice



**\*\*NOTE\*\* FOR SPOE EMPLOYEES ONLY**

**This form is not intended for provider usage (including SPOE sub-contracted providers)**

**All providers must use the CFO mileage form available at:**

**<http://www.dese.mo.gov/divspeced/FirstSteps/documents/ProviderMileageInvoice.pdf>**

**Instructions:**

The SPOE Director or designated representative shall collect monthly mileage from individual mileage logs for the SPOE director, Service Coordinators and support staff. The amounts from the individual logs should be summarized below as the total.

<b>SUBMIT INVOICES TO:</b>		Missouri Department of Elementary & Secondary Education ATTN: Pam Thomas, Coordinator P.O. Box 480 Jefferson City, MO 65102	
<b>MONTH / YEAR</b>			
<b>Unique invoice Number</b> (use a different number with each invoice submitted):			
<b>SPOE Agency:</b> (as listed on SPOE contract):			
<b>SPOE Region:</b>			
<b>Total Number of Miles:</b>			
<b>TOTAL MILEAGE FOR THIS MONTH:</b> (total number of miles multiplied by .37 cents)		<b>\$</b>	
<b>SPOE Representative Signature:</b>			<b>Date:</b>
<b>Employer Federal ID#:</b>			
<b>FOR CORRECTION USE ONLY</b>			
<b>Please complete the following if there is a correction to a previous invoice</b>			
<input type="checkbox"/>	Addition	# Miles _____	Amount \$ _____ For Month/Year _____
<input type="checkbox"/>	Reduction	# Miles _____	Amount \$ _____ For Month/Year _____
<b>IF CORRECTION MADE, TOTAL PAYMENT ON THIS INVOICE:</b>		<b>\$</b>	
<b>FOR DESE USE ONLY</b>			
<b>DESE Approval:</b>		_____	
		<i>Signature</i>	<i>Date</i>