



STATE OF MISSOURI
 DEPARTMENT OF ELEMENTARY AND
 SECONDARY EDUCATION
INVOICE FORM
 (Request for payment for services rendered by individuals)

RETURN COMPLETED FORM TO	
NAME OF SECTION	
CONTACT PERSON	
Missouri Department of Elementary and Secondary Education PO Box 480 Jefferson City, Missouri 65102-0480	
Phone Number _____	

SERVICES PERFORMED BY		
VENDOR NAME		
SAM II VENDOR NUMBER	PHONE NUMBER	
STREET ADDRESS		
CITY	STATE	ZIP CODE

DESCRIPTION OF SERVICES	
DATE OR PERIOD OF SERVICES	NAME OF PROGRAM
DESCRIPTION OF SERVICES	
Reasonable and necessary travel expenses \$ _____	
Total Amount Due \$ _____	
<i>I do solemnly swear or affirm that the above claim is correct and just, that any expenses included in the above were necessary to the public business of the state, that payment has been made from personal funds and that I have not been reimbursed therefore, and I have not received and will not receive from any source whatever any payment or any part thereof except as provided by law.</i>	

DATE	SIGNATURE OF VENDOR
TITLE	

ACCOUNTING DATA - For DESE Use Only	
APPROVED BY (SIGNATURE) ASSISTANT COMMISSIONER/DEPUTY COMMISSIONER	DATE

CHARGE TO
IF APPLICABLE, PURCHASE ORDER #

ACCOUNTING CODES	2100-06	\$
	2100-07	\$
	2104	\$
	2106	\$
	2109	\$
	2110	\$
	2112	\$

(ORGANIZATION, FUND, APPROPRIATION, REPORTING CATEGORY)
