



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (DESE)
OFFICE OF SPECIAL EDUCATION - FIRST STEPS PROGRAM



SYSTEM POINT OF ENTRY (SPOE) MONTHLY MILEAGE INVOICE

| | | | |
|-------------|-------------|----------------|--------------------------|
| AGENCY NAME | SPOE REGION | INVOICE NUMBER | PO NUMBER (FOR DESE USE) |
|-------------|-------------|----------------|--------------------------|

INSTRUCTIONS

The Office of Special Education reimburses the System Point of Entry (SPOE) for mileage to perform First Steps activities in accordance with contractual requirements. Mileage logs from each SPOE staff person must be collected by the SPOE to determine the mileage information below.

The SPOE Director or designated representative shall complete this invoice. This invoice is due within 60 days from the end of the month in which mileage is claimed.

For questions about the form, contact First Steps at 573-522-8762.

Submit the completed invoice to sefirststeps@dese.mo.gov or by mail to DESE:

Missouri Department of Elementary & Secondary Education
ATTN: First Steps
P.O. Box 480
Jefferson City, MO 65102

MILEAGE INFORMATION

| | |
|---|--------|
| Month/Year (MM/YY) Mileage Traveled | |
| Total Miles | |
| Mileage Rate | \$0.43 |
| TOTAL REIMBURSEMENT (Total Miles x Mileage Rate) | \$ |

CORRECTION TO PREVIOUS INVOICE ONLY

| | | | |
|---|--------------------|-----------------|--------------|
| <input type="checkbox"/> Addition | MONTH/YEAR (MM/YY) | NUMBER OF MILES | AMOUNT \$ |
| <input type="checkbox"/> Reduction | MONTH/YEAR (MM/YY) | NUMBER OF MILES | AMOUNT \$ |
| REVISED REIMBURSEMENT (Total Reimbursement + / - Correction) | | | \$ |

SIGNATURE

| | | |
|------------------------------------|--------------|-------------------|
| SIGNATURE OF AGENCY REPRESENTATIVE | PRINTED NAME | DATE OF SIGNATURE |
|------------------------------------|--------------|-------------------|

FOR DESE USE

| | | |
|--------------------|--------------|-------------------|
| APPROVAL SIGNATURE | PRINTED NAME | DATE OF SIGNATURE |
|--------------------|--------------|-------------------|

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