



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (DESE)  
 DIVISION OF LEARNING SERVICES – OFFICE OF SPECIAL EDUCATION

**MISSOURI TRANSITION LIAISONS**

**INSTRUCTIONS**

Districts must utilize this invoice form to claim reimbursement for activities performed under the Transition Liaisons Grant Award. Indicate the activity completed below and the invoice amount to request reimbursement. Invoiced amounts may not exceed the award amount. Payment will be made in the next monthly school payment after the invoice is received. The payment will be listed as "Transition Liaisons" under revenue code 5437.

Submit invoices electronically to the Effective Practices section at [seep@desemo.gov](mailto:seep@desemo.gov) or by fax at 573-526-5946 for approval and processing.

QUESTIONS: Direct all funding inquires or questions to Effective Practices section at [seep@desemo.gov](mailto:seep@desemo.gov) or call 573-751-0187.

**INFORMATION**

SCHOOL DISTRICT NAME	COUNTY-DISTRICT CODE	DATE
DISTRICT CONTACT	DISTRICT EMAIL	
DISTRICT PHONE	DISTRICT FAX	
LIAISON NAME	LIAISON EMAIL	

**LIAISON ACTIVITIES**

ACTIVITY	AWARD AMOUNT	INVOICE AMOUNT
<input type="checkbox"/> Participated in the Fall Missouri Transition Liaison Meeting. Date of meeting _____	Up to \$200	
<input type="checkbox"/> Participated in the Spring Missouri Transition Liaison Meeting. Date of meeting _____	Up to \$200	
<input type="checkbox"/> Participated in the first Missouri Transition Liaisons WebEx or conference call. Date of meeting _____	Up to \$50	
<input type="checkbox"/> Participated in the second Missouri Transition Liaisons WebEx or conference call. Date of meeting _____	Up to \$50	
<input type="checkbox"/> Provided team facilitation at the Missouri Transition Training Institute. Date of institute _____	Up to \$500	
<b>INVOICE TOTAL:</b>		

**CERTIFICATION**

I certify that the amount requested above is accurate and documents are available at the building to substantiate that the required activities have been completed.

SIGNATURE OF SUPERINTENDENT OR AUTHORIZED REPRESENTATIVE	DATE
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**DESE USE ONLY**

APPROVAL SIGNATURE	DATE
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The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@desemo.gov](mailto:civilrights@desemo.gov).