



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

MISSOURI TRANSITION LIAISONS

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

INSTRUCTIONS

Districts must utilize this invoice form to claim reimbursement for activities performed under the Transition Liaisons Grant Award. Invoices may be submitted electronically to the Effective Practices section at seep@dese.mo.gov, or by fax at 573-526-5946 for approval and processing. 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" with a revenue code 5437.

Direct all funding inquiries or questions to Effective Practices section, seep@dese.mo.gov, or call 573-751-0187.

LIAISON ACTIVITIES

ACTIVITY	AWARD AMOUNT	INVOICE AMOUNT
<input type="checkbox"/> Participated in the 2018 Fall Missouri Transition Liaison Meeting. Date of meeting _____	Up to \$200	
<input type="checkbox"/> Participated in the 2019 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 2019 Transition Training Summer Institute. Date of institute _____	Up to \$500	
INVOICE TOTAL:		

CERTIFICATIONS

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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It is the policy of the Missouri Department of Elementary and Secondary Education not to discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs or employment practices as required by Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and Title II of the Americans with Disabilities Act of 1990. Inquiries related to Department employment practices may be directed to the Jefferson State Office Building, Human Resources Director, 8th floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, Missouri 65102-0480; telephone number (573) 751-9619 or TYY (800) 735-2966. 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, Office of the General Counsel, Coordinator–Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number (573) 526-4757 or TTY (800) 735-2966