Missouri
DEPARTMENT OF ELEMENTARY & SECONDARY
EDUCATION

PAT Curriculum Training Reimbursement Form

County/District Code: ___ ___ ___ - ___ ___ ___

District EIN Number: _____

District Name: _____

PAT Contact: _____

Phone Number: _(_____)_____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Reimbursement:
$300 for the weeklong Foundational and Model Implementation training (FMI)
$260 for the Foundational 2 (F2) training

Parent Educator Name	Training Attended (FMI, F2)	Date(s) of Training	Date of the Family Visit Consultation (FVC) *Required for FMI only.*	Requested Amount
Example: Jane Doe	*FMI*	*6/1/15 – 6/5/15*	*7/6/15*	*$300*
			Total Requested:	$ 0

Please fax completed form and paid invoice(s) to
DESE-Early Learning, ATTN: Angie Koetting at: 573-522-5085