

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) <small>Required for FMI only.</small>	Requested Amount
<i>Example: Jane Doe</i>	<i>FMI</i>	<i>6/1/15 – 6/5/15</i>	<i>7/6/15</i>	<i>\$300</i>
Total Requested:				

*Please email completed form and paid invoice(s) to
Erica.McClary@dese.mo.gov*