



First Steps Monthly Mileage Invoice

Central Finance Office  
 Missouri First Steps  
 PO Box 29134  
 Shawnee Mission, KS 66201-9134

Questions? Call Provider Claims at: (866) 711-2573 ext. 1

First Steps providers are allowed to submit **one new invoice per month** per payee account.  
 Mileage is reimbursed at \$0.47 per mile traveled.

For complete instructions, go to the First Steps Provider Mileage Guidance and Instructions at:  
<http://dese.mo.gov/special-education/first-steps/providers>

**Section 1: New Invoice** (must be submitted within 60 days of the dates of service)

**Note:** All boxes in Section 1 must be completed for new invoices.

- **Payee Name** and **Tax ID** are the official name and number on record with the CFO.
- **Invoice Number** is a number you designate. It is a combination of the Independent/Agency tax ID, a dash and the month and year (in MM-YYYY format).
- **Mileage Service Month/Year** is the month and year that provider miles were actually traveled.
- **Total Invoice Amount** is the total dollar amount calculated for this mileage invoice.

<b>Payee Name</b>	<b>Tax ID</b>
<b>Invoice Number</b>	<b>Month/Year Mileage Traveled</b>
<b>Total Number of Providers</b>	<b>Total Number of Miles Traveled in Month/Year</b>
<b>Total Invoice Amount</b>	

**Section 2: Correction** (must be submitted within 180 days of the dates of service)

**Note:** All boxes in Section 2 must be completed for correction invoices.

- **Original items** are information from the invoice previously submitted.
- **Corrected items** are information intended to be corrected in this submission.

<b>Original Invoice Number</b>	<b>Reason for Correction</b>
<b>Original Total Number of Providers</b>	<b>Corrected Total Number of Providers</b>
<b>Original Total Number of Miles</b>	<b>Corrected Total Number of Miles</b>
<b>Difference in Miles Submitted in this Correction</b>	<b>Corrected Invoice Amount in Dollars</b>

I certify the above mileage was incurred by me and/or my staff during the Month/Year indicated. I certify only miles traveled by First Steps providers for the purpose of authorized First Steps services in the natural environment are included in this invoice. I understand I may be required, upon request, to provide documentation to substantiate this invoice.

\_\_\_\_\_  
 Printed Payee Name (required)

\_\_\_\_\_  
 Payee Signature (required)

\_\_\_\_\_  
 Date of Signature (required)