



**VENDOR REQUEST FOR PAYMENT - SAFE CRIBS PROGRAM**

**VENDOR USE**

<b>VENDOR NAME</b> <i>(must match MissouriBUYS / SAM II)</i>	<b>INVOICE NUMBER</b> <i>(SAFCRB followed by up to 6 numbers and/or letters. Cannot exceed 12 characters. No spaces or hyphens.)</i>
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**VENDOR REMIT TO ADDRESS** *(must match your address in MissouriBUYS / SAM II)*

<b>STATE VENDOR NUMBER</b> <i>(the same vendor number you use for other state invoicing – must match MissouriBUYS / SAM II)</i>	<b>BILLING PERIOD</b> <i>(Bill within 30 days after completion of services)</i>
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<b>CONTRACT NAME / SERVICE</b> Safe Cribs for Missouri - for providing infant safe sleep education to families who receive a crib from the Safe Cribs for Missouri program	<b>CONTRACT NUMBER</b>	<b>AMOUNT REQUESTED</b>
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**COMMENTS** *(Please fill in and check appropriate boxes. One client per invoice.)*

Client's name: \_\_\_\_\_

Date initial education provided: _____ <input type="checkbox"/> in the office..... \$50 <input type="checkbox"/> in the client's home ..... \$75	Date follow-up education provided: _____ <input type="checkbox"/> in the client's home ..... \$75 <input type="checkbox"/> in the office or by phone..... \$50 <input type="checkbox"/> unable to provide follow-up ..... \$0
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**ADDITIONAL COMMENTS, IF REQUIRED**

I CERTIFY THAT THIS REPORT IS TRUE AND THAT ALL PAYMENTS CLAIMED ARE IN ACCORDANCE WITH THE PROVISIONS SET FORTH IN THE CONTRACT.

<b>AUTHORIZED SIGNATURE</b>	<b>TITLE</b>	<b>DATE</b>
		

**FOR DESE PROGRAM USE ONLY**

<b>PURCHASE ORDER (SC, SCS, DOCUMENT NUMBER)</b>	<b>RECEIVER DOCUMENT (RC) NUMBER</b>
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<b>PROGRAM / BUREAU APPROVAL SIGNATURE(S)</b>	<b>TITLE</b>	<b>DATE APPROVED</b>
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**COMMENTS**

ACCOUNTING DISTRIBUTION				DATE STAMP, ETC.
SC, SCS, ACCOUNTING LINE NO.	AMOUNT	PLEASE CIRCLE ONE		
		PARTIAL (P)	FINAL (F)	
		P	F	
		P	F	
		P	F	
		P	F	
		P	F	
APPROVED PAYMENT AMOUNT				

<b>ACCOUNTS PAYABLE SIGNATURE</b>	<b>DATE PROCESSED</b>
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MO 500-3271