



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
OFFICE OF CHILDHOOD - CHILDHOOD FINANCE  
**CHILD CARE PROVIDER CLAIM TRANSMITTAL**

TO:  
CHILDHOOD FINANCE  
PO Box 480, Jefferson City, MO 65102

PROVIDER INFORMATION						
Provider Name/Facility Name				Departmental Vendor Number (DVN)		
Provider Mailing Address						
City, State, Zip Code						Provider County
Line Code	PGM	Date Claim Established	Transaction Type	Credit Amount	Check Number	Reverse Transaction Number (DESE Use Only)
1						
2						
3						
4						
5						
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7						
8						
9						
10						
Prepared By :			Date:	Approved By		Date

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