

## MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (DESE) OFFICE OF CHILDHOOD - EARLY INTERVENTION

## SYSTEM POINT OF ENTRY (SPOE) STATE EVENT INVOICE



AGENCY NAME		8	SPOE REGION	INVOICE NUMBER		PO NUMBER (FOR DESE USE)		
INSTRUCT	IONS							
The Office of Childhood reimburses the System Point of Entry (SPOE) for travel expenses to certain events in accordance with contractual requirements. Only one event may be billed per invoice. This invoice is due								
within 60 days from the date of the event. Receipts are required for lodging and parking.								
within 55 days from the date of the event. Recorpts are required for lodging and parking.								
For information on reimbursement rates for lodging, visit the CONUS rate website at <a href="http://www.gsa.gov/portal/category/100120">http://www.gsa.gov/portal/category/100120</a> . The mileage reimbursement rate is \$0.49 per mile.								
Meal reimbursement is based on travel status and DESE per diem rates.								
For questions about the form, contact First Steps at 573-522-0045.								
Submit the completed invoice and receipts to <a href="mailto:EarlyIntervention@dese.mo.gov">EarlyIntervention@dese.mo.gov</a> or by mail to DESE:								
Missouri Department of Elementary & Secondary Education								
ATTN: First Steps								
P.O. Box 480								
Jefferson City, MO 65102								
EVENT INFORMATION								
EVENT TYPE								
☐ SPOE Director Meeting								
☐ Other State Event – Describe								
							DOLINE	
PRINTED NAME(S) OF PERSON(S) ATTENDING			EVENT LOCA			PO LINE (FOR DESE USE)		
2100-06	Miles (Round Trip)	Miles	x \$0.49 (Mil	eage rate)	\$		LINE #	
					*			
2106	Lodging (receipt required)	Person	ı(s) x	Evening(s)	\$		LINE #	
	()							
2109	Breakfast	Person	ı(s) x	Breakfast	\$		LINE #	
2109 Lunch Person			(s) x Lunch		\$		LINE #	
2109	Dinner	Person	ı(s) x	Dinner	\$		LINE #	
			g up to \$5 may be claimed without					
2112	Parking (receipt required)	a receipt.	up to \$5 may be	claimed without	\$		LINE #	
	(receipt required)	a receipt.						
TOTAL EXPENSES					\$			
TOTAL EXPENSES					Ψ			
SIGNATURE								
SIGNATURE OF CONTRACTOR OR SPOE DIRECTOR PRINTED NAME					DATE OF S	SIGNATURE		
FOR DESE USE								
APPROVAL SIGNATURE			PRINTED NAME		DATE OF S	ATE OF SIGNATURE		

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