



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD

INVOICE

SERVICES PERFORMED BY				
VENDOR NAME		CONTRACT NUMBER		
STREET ADDRESS		SAM II VENDOR NUMBER		
CITY, STATE, ZIP CODE		INVOICE NUMBER		
PHONE NUMBER		AMENDMENT NUMBER		
FISCAL YEAR/MONTH		TOTAL AMOUNT DUE		
DESCRIPTION OF SERVICES				
Activity	Approved Budget	Previously Invoiced	Current Amount	Remaining
SIGNATURE OF VENDOR			DATE	
PROGRAM SPECIALIST-For DESE Use Only			DATE	
ACCOUNTING DATA — FOR DESE USE ONLY				
MANAGER			DATE	
ADMINISTRATOR			DATE	

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