



**SYSTEM POINT OF ENTRY (SPOE) MONTHLY MILEAGE INVOICE**

AGENCY NAME	SPOE REGION	INVOICE NUMBER	PO NUMBER (FOR DESE USE)
-------------	-------------	----------------	--------------------------

**INSTRUCTIONS**

The Office of Childhood reimburses the System Point of Entry (SPOE) for mileage to perform First Steps activities in accordance with contractual requirements. Mileage logs from each SPOE staff person must be collected by the SPOE to determine the mileage information below.

The SPOE Director or designated representative shall complete this invoice. This invoice is due within 60 days from the end of the month in which mileage is claimed.

For questions about the form, please contact First Steps at 573-522-0045.

Submit the completed invoice to [EarlyIntervention@dese.mo.gov](mailto:EarlyIntervention@dese.mo.gov) or by mail to DESE:

Missouri Department of Elementary & Secondary Education  
ATTN: First Steps  
P.O. Box 480  
Jefferson City, MO 65102

If you or a member of your immediate family ever served in the U.S. Armed Forces, [click here for more information about military-related services in Missouri](#) or visit [www.dese.mo.gov/veterans-services](http://www.dese.mo.gov/veterans-services).

If you provide any “personal information” as defined in Section 105.1500, RSMo, concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, you understand and agree that you are voluntarily choosing to seek a state contract and providing such information for that purpose. The Department of Elementary and Secondary Education will treat such personal information in accord with Section 105.1500, RSMo, unless such information is subject to disclosure pursuant to federal or state law.

**MILEAGE INFORMATION**

Month/Year (MM/YY) Mileage Traveled	
Total Miles	
Mileage Rate	\$.65.5
<b>TOTAL REIMBURSEMENT</b> (Total Miles x Mileage Rate)	\$

**CORRECTION TO PREVIOUS INVOICE ONLY**

<input type="checkbox"/> ADDITION	MONTH/YEAR (MM/YY)	NUMBER OF MILES	AMOUNT \$
<input type="checkbox"/> REDUCTION	MONTH/YEAR (MM/YY)	NUMBER OF MILES	AMOUNT \$
REVISED REIMBURSEMENT (TOTAL REIMBURSEMENT +/- CORRECTION)		\$	

**SIGNATURE**

SIGNATURE OF AGENCY REPRESENTATIVE	PRINTED NAME	DATE OF SIGNATURE
------------------------------------	--------------	-------------------

**FOR DESE USE**

APPROVAL SIGNATURE	PRINTED NAME	DATE OF SIGNATURE
--------------------	--------------	-------------------

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).