

INVOICE

INSTRUCTIONS	5						
		nd to <u>childhoodinvoices</u>	s@des	e.mo.gov.			
SERVICES PER	REORMED BY						
VENDOR NAME				CONTRACT NUMBER (If Applicable)			
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						
Category	Approved Budget	Previously Invoiced Amounts		Actual Invoicable gram Exp for Month		YTD Program Exp.	Remaining Funds
Totals							
SIGNATURE OF VENDOR						DATE	
PROGRAM SPECIALIST-For DESE Use Only						DATE	
ACCOUNTING	G DATA — FOR DES	SE USE ONLY					
MANAGER						DATE	
ADMINISTRATOR						DATE	

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/ADAA/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.