Missouri Department of Health and Senior Services
Section for Child Care Regulation

COVID-19 Reimbursement Invoice

OFFICE USE ONLY	
INVOICE NUMBER	INVOICE DATE
APPROVED BY	APPROVED AMOUNT

IDENTIFYING INFORMATION

FACILITY NAME			**DVN**
FACILITY ADDRESS			**COUNTY**
CITY	**STATE** MO	**ZIP**	**PHONE NUMBER** ( )
EMAIL ADDRESS			**TAX ID NUMBER**
OWNER NAME			

DETAILED ITEMIZATION AND DESCRIPTION - REQUIRED FOR PAYMENT Attach additional sheets as necessary.

Reimbursable expenses include: Additional Personnel Salaries, Hazard Pay, Equipment, Supplies, Testing, Contracts, Etc.

Attach copies of attendance records, timesheets, receipts, invoices, contracts, etc. and circle the specified items.

(Expenses must have already been incurred, as this is a reimbursement.)

DATE OF EXPENDITURE	DETAILED DESCRIPTION OF ITEM	DETAILED EXPLANATION OF WHY COVID-19 RELATED	AMOUNT

By submitting this invoice to the State of Missouri, I agree that no service(s) or item(s) on this invoice have been paid, partially or in full, from any other funding (whether state, federal, or private in nature) for that same expense.

☐ I certify under the penalties of perjury set forth in Section 575.040, RSMo, that my statements contained herein are true and correct to the best of my knowledge

NAME OF PERSON SUBMITTING INVOICE	**TITLE OF PERSON SUBMITTING INVOICE**
SIGNATURE	**DATE**

Send form and supporting documents to: Department of Health and Senior Services Section for Child Care Regulation P.O. Box 570 Jefferson City, MO 65102	**or email to:** ChildCare@health.mo.gov