

## MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION DIVISION OF LEARNING SERVICES - OFFICE OF SPECIAL EDUCATION

## EXTENDED EMPLOYMENT SHELTERED WORKSHOP (EESW) GRANT INVOICE

INSTRUCTIONS			
Complete the fields below and submit inv	oice to <u>lisa.percival@dese.mo.gov</u> .		
ESW POINT OF CONTACT INFORMATION			
EESW CONTACT FIRST NAME	EESW CONTACT LAST NAME	EESW CONTACT TITLE/POSITION	
EESW CONTACT EMAIL ADDRESS	L	EESW CONTACT PHONE NUMBER	
If you or a member of your immediate far in Missouri or visit www.dese.mo.gov/ve		click here for more information about military-related services	
EESW INFORMATION			
EESW NAME		EESW MANAGER NAME	
EESW ADDRESS		EESW BOARD PRESIDENT NAME	
INVOICE AMOUNTS			
		ine as the budget application (i.e. expenditures for approved Line	
DESCRIPTION OF ITEM/ACTIVITY	INVOICE AMOUNT	APPROVED/DISAPPROVED (DESE USE ONLY)	
1.	\$	□ APPROVED □ DISAPPROVED	
2.	\$	□ APPROVED □ DISAPPROVED	
3.	\$	□ APPROVED □ DISAPPROVED	
4.	\$	□ APPROVED □ DISAPPROVED	
5.	\$	□ APPROVED □ DISAPPROVED	
6.	\$	□ APPROVED □ DISAPPROVED	
7.	\$	□ APPROVED □ DISAPPROVED	
8.	\$	□ APPROVED □ DISAPPROVED	
9.	\$	□ APPROVED □ DISAPPROVED	
10.	\$	□ APPROVED □ DISAPPROVED	
11.	\$	□ APPROVED □ DISAPPROVED	

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12.	\$ □ APPROVED □ DISAPPROVED
13.	\$ □ APPROVED □ DISAPPROVED
14.	\$ □ APPROVED □ DISAPPROVED
15.	\$ □ APPROVED □ DISAPPROVED
16.	\$ □ APPROVED □ DISAPPROVED
17.	\$ □ APPROVED □ DISAPPROVED
18.	\$ □ APPROVED □ DISAPPROVED
19.	\$ □ APPROVED □ DISAPPROVED
20.	\$ □ APPROVED □ DISAPPROVED
TOTAL INVOICE	\$

## **ASSURANCES**

- 1. EESW agrees to utilize grant funds for allowable purposes.
- 2. EESW agrees to provide supporting documentation for all invoices.
- 3. EESW agrees to meet grant requirements by June 13, 2025.
- 4. EESW agrees to seek prior approval for any budget changes through an application amendment. All changes must be prior approved by DESE.
- 5. EESW agrees to report activities and records to DESE upon request and within 10 business days.

## EESW agrees that all equipment shall be held and used by the EESW for 5 years unless otherwise approved by DESE. **CERTIFICATIONS** I certify that the information provided above is accurate and complete. POINT OF CONTACT SIGNATURE DATE EESW MANAGER SIGNATURE DATE EESW BOARD PRESIDENT SIGNATURE DATE **DESE USE ONLY** TOTAL APPROVED FOR SKILLS TRAINING TOTAL APPROVED FOR INFRASTRUCTURE TOTAL APPROVED FOR EQUIPMENT TOTAL APPROVED APPROVAL SIGNATURE DATE

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