STATE OF MISSOURI
DEPARTMENT OF HIGHER EDUCATION
205 Jefferson St., P.O. Box 1469, Jefferson City, MO 65102-1469

Reimbursement Request for Approved HB 17 Capital Improvement Expenditures

Contact Name:		Phone Number:	
Expense Period Beginning:	Expense Period Ending:	Institution Name:	
Project Name:	HB 17 Section Number of Project:	Estimated Date of Project Completion:	
Brief Description of Project:			

The above named higher education institution hereby requests a payment of funds appropriated to it for the purpose of capital improvements as outlined in HB 17. Eligible costs are for planning, design, renovation and construction of the approved project.

It is understood that all expenditures relating to this project will be properly accounted for and related documentation maintained by the higher education institution for at least three years after completion of the project, and that invoices are not to be submitted unless requested by the Department of Higher Education.

Amount of Funds Which Have Been Expended and For Which Reimbursement Is Claimed

Date Purchased	From Whom Purchased	Description of Item	Expenditure
			$
		Match Money Spent	**$**
		Amount to be Reimbursed	**$** 0.00

CERTIFICATIONS

I hereby certify that the information reported herein is correct to the best of our knowledge and belief and is consistent with the intent of the appropriation.

Institution President's Signature: **Date:** _____