



**COMMUNITY COLLEGE MAINTENANCE AND REPAIR
REQUEST FOR REIMBURSEMENT
FY _____**

As an authorized representative of _____, I request reimbursement in the amount of \$_____. A description of the project(s), as well as copies of receipts or invoices, is attached for verification.

I hereby provide assurances to the Coordinating Board for Higher Education and Workforce Development the expenditures were matched by \$_____ from local (non-state appropriated) funds and that the provisions of Section 163.191, RSMo, relating to state aid to community colleges have been met.

Signature

Date

Name (printed or typed)

Title

Please submit to: Missouri Department of Higher Education
and Workforce Development
ATTN: DHEWD Fiscal Reimbursements
Harry S. Truman Building, 8th floor, Suite 840
P.O. Box 1469
301 W. High Street
Jefferson City, MO 65102