



Coronavirus Relief Fund

Building Remote Learning Capacity Reimbursement Request

Please return this form(s) with copies of invoices to: Reimbursements@dhewd.mo.gov

Institution Name:		Billing Contact Name:	
Expense Period Beginning:	Expense Period Ending:	Phone Number & Email:	
Project Name: Building Remote Learning Capacity		CRF Budget Amount Authorized	
Reimbursement Request Special Notes			
<p><i>Allowable Expenses Include:</i> Only expenses directly related to COVID-19 are allowable from March 1, 2020 through December 1, 2020. Follow the guidance provided by DHEWD and available online at: DHEWD.mo.gov/reimbursements</p>			
<p>Amount of Funds Which Have Been Expended and For Which Reimbursement Is Claimed: (Please provide documentation of expenditures)</p>			
Date Purchased	From Whom Purchased	Description of Item	Expenditure
For questions, please contact: Pam Victor (573) 751-1883 Nikki Wrinkles (573) 522-1364			Amount to be Reimbursed \$ -
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 federal funding.			
Authorized Signature:		Date: _____	