



Coronavirus Relief Fund Response & Reopening 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: Response & Reopening	CRF Budget Amount Authorized
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Reimbursement Request Special Notes

Allowable Expenses Include:
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

Amount of Funds Which Have Been Expended and For Which Reimbursement Is Claimed: (Please provide documentation of expenditures)

Date Purchased	From Whom Purchased	Description of Item	Expenditure

For questions, please contact:	Pam Victor (573) 751-1883	Amount to be Reimbursed	\$	-
	Nikki Wrinkles (573) 522-1364			

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: _____
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