



Governor's Emergency Education Relief Fund (GEER)

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:		CRF Budget Amount Authorized	

Reimbursement Request Special Notes

Allowable Expenses Include:

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 Nikki Wrinkles (573) 522-1364	Amount to be Reimbursed \$
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<i>CERTIFICATIONS</i>	
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: _____