STATE OF MISSOURI
DEPARTMENT OF HIGHER EDUCATION & WORKFORCE DEVELOPMENT
301 W. High St., P.O. Box 1469, Jefferson City, MO 65102-1469

Please return these forms with copies of invoices to:
Reimbursements@dhewd.mo.gov

Reimbursement Request for GEER Excels Projects

Institution Name:		Billing Contact Name:
Expense Period Beginning:	Expense Period Ending:	Phone Number & Email:

Project Name:	State Budget Amount Authorized	Cash and In-Kind Matching Funds
Brief Description of Project:		

Budget Changes Require Pre-Approval

Institutions are expected to submit revised budget forms to the department for approval prior to incurring expenditures. Budget changes will be authorized in writing via email and these changes should be documented in your official project file. Change requests must be emailed to email address listed above. Only Expenses directly related to GEER Excels are allowable.

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
			$
		Cash & In-Kind Match Money Spent to Date	**$**
		Amount to be Reimbursed	**$**

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 Section 18002, CARES Act.

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

Contact information:

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