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

# Reimbursement Request form: FY 2023 MoExcels Projects

Please upload documentation to:
https://stateofmissouri.app.box.com

| 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: reimbursements@dhewd.mo.gov
~Reimbursement requests should be uploaded to the DHEWD Box Account: https://stateofmissouri.app.box.com

**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** | $ |
| | | **Amount to be Reimbursed** | $ 0.00 |

***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 appropriation.

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