

Contact Name:

STATE OF MISSOURI DEPARTMENT OF HIGHER EDUCATION AND WORFORCE DEVELOPMENT 301 W. High Street, P.O. Box 1469, Jefferson City, MO 65102-1469

Phone Number:

Reimbursement Request for Approved FY 2024 HB 17 and HB 19 Capital Improvement Expenditures

Upload Documentation to: https://stateofmissouri.app.box.com

Expense Period Beginning: Expense Per			eriod Ending:	Institution Name:		
Project Name:			HB Section Number of Project: Estimated Date		of Project Completion:	
Project Name or Description						
The above named higher education institution hereby requests a payment of funds appropriated to it for the purpose of capital						
improvements as outlined in HB 17 or HB 19. Eligible costs are for planning, design, renovation and construction of the approved						
project. It is understood that all expenditures relating to this project will be properly accounted for and related documentation maintained by the higher education institution for at least three years after completion of the project. Backup documentation is						
required for each reimbursement item. Upload completed form and backup documentation to the DHEWD Box Account: https://stateofmissouri.app.box.com and email a notification of upload to: reimbursements@dhewd.mo.gov						
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Amount of Funds Which Have Been Expended and For Which Reimbursement Is Claimed						
Date				Description of Item		Expenditure
Purchased	Purcha One receipt per row, do no		In addition to item descriptio, list check or EFT number as proof of payment, no check copy required		\$	
		1				Ψ
Match Money Spent						\$
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 appropriation.						
Institution President's Signature: Date:						