



DEPARTMENT OF  
HIGHER EDUCATION &  
WORKFORCE DEVELOPMENT

**COMMUNITY COLLEGE DEFERRED MAINTENANCE  
REQUEST FOR REIMBURSEMENT**

**FY 2024 HB 17, Section 17.060**

As an authorized representative of \_\_\_\_\_,

I request reimbursement in the amount of \$\_\_\_\_\_. A description of the maintenance or repair items, as well as copies of receipts or invoices, are attached for verification.

No matching funds are required for HB 17, Section 17.060, and Community Colleges Deferred Maintenance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed or typed)

\_\_\_\_\_  
Title

Reimbursement forms can be found on our website: <https://dhewd.mo.gov/reimbursements.php>

Please upload requests to the DHEWD Box Account: <https://stateofmissouri.account.box.com>

If you have any questions, please email us at: [reimbursements@dhewd.mo.gov](mailto:reimbursements@dhewd.mo.gov)