

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

Reimbursement Request for Approved FY 2025 HB 17 and HB 19 Capital Improvement Expenditures

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

Contact Nar	ne:			Phone Number:		
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Expense Period Beginning: Expense Pe		riod Ending:	Institution Name:			
Paris d Name		IID Continue Northway Charity		of Duningt Completion		
Project Name:		HB Section Number of Project: Estimated Date		of Project Completion:		
Project Nove on Description						
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						
Amount of Founds Which House Door Founded and Fou Which Deimbours and In Claimed						
Amount of Funds Which Have Been Expended and For Which Reimbursement Is Claimed						
Date Purchased	From Whom Purchased		Description of Item		Expenditure	
T uT chuscu	T di cita	,cu				\$
Match Money Spent						\$
Ame					o 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.						
Authorized Signature: Date:						