



DEPARTMENT OF
HIGHER EDUCATION &
WORKFORCE DEVELOPMENT

**COMMUNITY COLLEGE MAINTENANCE AND REPAIR
REQUEST FOR REIMBURSEMENT**

FY 2025 HB 3, Section 3.150

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.

I hereby provide assurances to the Coordinating Board for Higher Education the expenditures were matched by \$ _____ from local (non-state appropriated) funds and that the provisions of Section 163.191, RSMo, relating to state aid to community colleges have been met.

Authorized 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