



DEPARTMENT OF
HIGHER EDUCATION &
WORKFORCE DEVELOPMENT

**COMMUNITY COLLEGE DEFERRED MAINTENANCE
REQUEST FOR REIMBURSEMENT**

FY 2023 HB 3017, Section 17.090

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 3017, Section 17.090, 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