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 HB 2019 for July 2020 - June 2021
Capital Improvement Expenditures

Contact Name:		Phone Number:
Expense Period Beginning:	Expense Period Ending:	Institution Name:

Project Name:	HB 2019 Section Number of Project:	Estimated Date of Project Completion:

Brief Description of Project:

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 2019. 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, and that invoices are not to be submitted unless requested by the Department of Higher Education and Workforce Development.

Amount of Funds Which Have Been Expended and For Which Reimbursement Is Claimed

Date Purchased	From Whom Purchased	Description of Item	Expenditure
			$
		Match Money Spent	**$**
		Amount to be Reimbursed	**$** 0.00

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:** _____