PAYMENT REQUEST FORM

New Hampshire Estuaries Project

NH Department of Environmental Services

Project Title: _____

Contracting Agency/Org.: _____

Address: _____

Contract Number: _____ Total Grant Award: _____

Reporting Period: _____ Project End Date: _____

Payment Request No.: _____ Maximum Amount Reimbursable for This Payment Request: _____

	Cummulative Expenses from Previous Payment Requests		Expenses This Period		Cumulative Expenses To Date
Personnel		+	$	=	$
Equipment and/or Supplies		+	$	=	$
Contractual		+	$	=	$
Travel		+	$	=	$
Other Cost (explain)		+	$	=	$
Indirect Costs		+	$	=	$
Total Costs	$	+	$	=	$
Requested Reimbursement		+	$	=	$
Match Amount		+	$	=	$

NOTE: Detailed documentation of supervisor approved employee time records must be kept on file by the agency

EXPLAIN OTHER COSTS:

Certified by:_____Title_____Date:_____

must be an original signature - no photocopies

Return Request to:

New Hampshire Estuaries Project, 50 International Dr, Suite 200, NH DES Coastal Office, Pease Tradeport, Portsmouth, NH 03801

For Office Use Only		
NH Account Number	NHEP - 3671	**Notes:**
Federal Grant Number	CE 991711 -	
Project Contract No		

REIMBURSABLE EXPENSES WORKSHEET

0 0

Personnel

ID#	Person	Activity Description	Hourly Rate	Hours	Total
1					$
2					$
3					$
4					$
5					$
6					$
7					$
8					$
9					$
					$

Equipment or Supplies

ID#	Description	Total
1		
2		
3		
4		
		$

Contractual Services

ID#	Description	Total
1		
2		
3		
4		
		$

Travel

ID#	Miles	Rate/Mile	Description	Total
1		$ 0.375		$
2		$ 0.375		$
3		$ 0.375		$
4		$ 0.375		$
5		$ 0.375		$
6		$ 0.375		$
				$

Other Costs

ID#	Description	Total
1		
2		
3		
		$

Indirect Costs

ID#	Description	Total
1		
2		
3		
		$

0

0

Grand Total $

MATCH WORKSHEET 0 0

Personnel *** if more entries are needed, document on a separate sheet and record subtotal**

ID#	Person or Meeting Date	Activity Description (submit signed volunteer time sheets)	Hourly Rate	Hours	Total
1					$
2					$
3					$
4					$
5					$
6					$
7					$
8					$
9					$
					$

Equipment or Supplies (Donated) *** Include receipts**

ID#	Description	Total
1		
2		
3		
4		
		$

Contractual Services (Donated)

ID#	Description	Total
1		
2		
3		
4		
		$

Travel

ID#	Miles	Rate/Mile	Description	Total
1		$ 0.375		$
2		$ 0.375		$
3		$ 0.375		$
4		$ 0.375		$
5		$ 0.375		$
6		$ 0.375		$
				$

Other Costs

ID#	Description	Total
1		
2		
3		
		$

Indirect Costs

ID#	Description	Total
1		
2		
3		
		$

0 **Grand Total** $

0