



New Hampshire Office of Highway Safety

Mail to: 33 Hazen Drive, Room 208, Concord, NH 03305 -or-

Email Your Assigned Field Rep./LEL



REIMBURSEMENT REQUEST COVER LETTER HS-1

Date:

Quarter: Choose an item.

Police Department: [Click here to enter text.](#)

Remit to Address:

Hereby requests reimbursement for the following projects:

20-02-04 STEP PATROLS	\$
20-02-04 OPERATION SAFE COMMUTE	\$
20-01-04 JOIN THE NH CLIQUE	\$
20-04-04 DISTRACTED DRIVING	\$
20-06-04 PEDESTRIAN BICYCLE	\$
20-07-04 DWI PATROLS AND MOBILIZATIONS	\$
20-03-06 E-CRASH (MDTs)	\$
20-03-06 E-CRASH (PRINTERS, SCANNERS, RECEIVERS)	\$
20-02-04 SPEED ENFORCEMENT	\$
TOTAL AMOUNT REQUESTED	\$

CERTIFIED BY: Rank/Title/Name:

Signature and Date: _____

BELOW FOR NHOHS USE ONLY _____

Comments:

CO _____ Inv Date _____ Due Date _____

Vendor# _____ Remit _____ INV# _____

PO# _____ Line# _____ \$ _____

Acc.Unit _____ Acct _____ Act# _____ \$ _____

Acc.Unit _____ Acct _____ Act# _____ \$ _____

Acc.Unit _____ Acct _____ Act# _____ \$ _____

Acc.Unit _____ Acct _____ Act# _____ \$ _____

Ok to Pay _____ Field Rep./LEL Initial

Date: _____

Accountant Signature and Date: _____