** New Hampshire Office of Highway Safety**

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

**REIMBURSEMENT REQUEST**

**COVER LETTER**

**Date:** Click here to enter a date. **Quarter: 1 2 3 4 (circle one)**

**Police Department:** Click here to enter text. **Grant Agreement #** Click here to enter text.

**Remit to Address:** Click here to enter text.

**Hereby requests reimbursement for the following projects:**

|  |  |  |
| --- | --- | --- |
| **STEP PATROLS** | **PSP & TASK # 19-02-04** | **$** |
| **OPERATION SAFE COMMUTE** | **PSP & TASK # 19-02-04** | **$** |
| **JOIN THE NH CLIQUE** | **PSP & TASK # 19-01-04** | **$** |
| **DISTRACTED DRIVING** | **PSP & TASK # 19-04-04** | **$** |
| **PEDESTRIAN BICYCLE** | **PSP & TASK # 19-06-04** | **$** |
| **DWI PATROLS AND MOBILIZATIONS** | **PSP & TASK # 19-07-04** | **$** |
| **E-CRASH (MDTs)** | **PSP & TASK # 19-03-06** | **$** |
| **E-CRASH (PRINTERS, SCANNERS, RECEIVERS)** | **PSP & TASK # 19-03-06** | **$** |
| **SPEED ENFORCEMENT**  **(DATA COLLECTION EQUIPMENT)** | **PSP & TASK # 19-02-04** | **$** |
|  | **TOTAL AMOUNT REQUESTED** | **$** |
|  |  | |
|  | **CERTIFIED BY: Rank/Title/Name:** Click here to enter text. | |
| **Signature and Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
|  |  | |

**NHOHS USE ONLY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CO\_\_\_\_\_\_\_\_\_\_\_ Inv Date\_\_\_\_\_\_\_\_\_ Due Date\_\_\_\_\_\_\_\_**

**Vendor #\_\_\_\_\_\_\_ Remit\_\_\_\_\_\_\_ INV #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PO #\_\_\_\_\_\_\_\_\_\_\_\_Ln#\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Acc Unit\_\_\_\_\_\_\_\_\_\_ Acct\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_**

**Acc Unit\_\_\_\_\_\_\_\_\_\_ Acct\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_**

**Acc Unit\_\_\_\_\_\_\_\_\_\_ Acct\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_**

**Acc Unit\_\_\_\_\_\_\_\_\_\_ Acct\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_**

**Activity(Job #)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acct Cat\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comments:**

**Approval Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Field Rep/LEL**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Accountant Date**

HS-1 Rev 09//18