NH Office of Highway Safety

Mail to: 33 Hazen Drive, Room 208, Concord, NH 03305 -or-
Email Your assigned Field Rep.

REIMBURSEMENT REQUEST COVER LETTER HS-1

Date: _____ **Quarter:** _____

Police Department: _____

Remit to Address: _____

Hereby requests reimbursement for the following projects:

	$
	$
	$
	$
	$
	$
	$
	$
	$

TOTAL AMOUNT REQUESTED $ 0.00

CERTIFIED BY: Rank/Title/Name: _____

Signature and Date:_____

BELOW FOR NHOHS USE ONLY_____

Comments:

☐ **Ok to Pay** _____ Field Rep. initials

Date: _____

Accountant Signature and Date: _____