



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF SAFETY  
DIVISION OF ADMINISTRATION  
ROAD TOLL BUREAU

33 HAZEN DRIVE, CONCORD, NH 03305  
Telephone: (603) 271-2302 x3  
TDD Access: Relay NH 1-800-735-2964  
WWW.NH.GOV/DIVISIONS/ADMINISTRATION/ROADTOLL

ROAD TOLL REFUND APPLICATION  
PRIVATE SCHOOL BUS OWNER

TOLL PAID ON SPECIAL FUEL

FOR OFFICIAL USE ONLY:

CLAIM NUMBER	
Class # <b>21</b>	Period
<b>APPROVED</b>	<b>DISALLOWED</b>
Gals	Gals
\$	\$
By	Reason
Date	

COMPANY NAME

IFTA License (If Applicable)

STREET OR P.O. BOX

CITY/TOWN

STATE

ZIP CODE

PREPARED BY:

TELEPHONE NUMBER (&ext)

This is to certify that the above has purchased special fuel upon which the road toll has been paid and the special fuel purchased was subsequently used in motor vehicles to Transport Students, in accordance with RSA 260:47 and RSA 260:52-b.

Contracted School District(s): \_\_\_\_\_

Refund Application for the Period of \_\_\_\_\_ through \_\_\_\_\_ Year \_\_\_\_\_

**APPLICANT'S CLAIM**  
**MINIMUM REFUND IS TEN DOLLARS (\$10.00)**

1. Total gallons Purchased, as per attached invoices:	Gals.
2. Total gallons used to Transport Students:	Gals.
3. Amount of refund: ( Line 2 x \$0.222 )	\$
Total Miles for School District(s)	Fleet Average Miles Per Gallon

Invoices bearing the **Name and Address of the Supplier** and the **Name of the Applicant** together with **Evidence of Payment** shall be attached. Each invoice shall have the gallons, price per gallon, type of fuel, and full date.

**Evidence of payment:** Each invoice must be receipted by the supplier as being paid, or if payment is made by check, the date of payment and check number must be supplied.

The special fuel must actually be used and the refund applied for; **Per RSA 260:47:**

(i) "Annually, no later than April 15 following the end of the calendar year, or (ii) If, at the close of the quarter of the calendar year at least \$750 is payable in aggregate under these provisions to such person with respect to fuel used during the calendar year, an application may be filed under this subparagraph no later than the close of the subsequent quarter."

**Per Saf-C 310.01 Refunds – General.**

(e) Any evidence of erasures or other changes in the name of purchaser, supplier, type of fuel, date or the amounts shown on the invoices shall cause the portion of the requested refund which is dependent upon the documentation to be denied.

PRINT NAME:	DATE:
SIGNATURE:	TITLE:

This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6
**TYPE OF EQUIPMENT	MAKE	YEAR	REG # (PLATE#) OR SERIAL # (REQUIRED)	NON-TRANSPORT GALLONS USED	GALLONS USED TO TRANSPORT STUDENTS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
<b>**BUS, TRUCK, TRACTOR, CAR, STATIONARY MOTORS, ETC</b> <b>▶▶▶PLEASE NOTE◀◀◀</b> AN EQUIPMENT LIST WITH BREAKDOWN MAY BE ATTACHED BUT LINES 17, 18 AND THE STOCK RECORD MUST BE COMPLETED.			17 Column Totals		
					To Line 2 (on front)
			18 TOTAL of Columns 5 & 6		
			▶Line 18 must equal line 5 of stock record◀		

**STOCK RECORD MUST BE COMPLETED IF APPLICANT HAS STORAGE TANKS OR PURCHASES IN DRUMS**

STOCK RECORD	GALLONS
1. ACTUAL INVENTORY FIRST DAY OF PERIOD	
2. TOTAL GALLONS (AS PER ATTACHED INVOICES)	
3. TOTAL GALLONS TO BE ACCOUNTED FOR (LINE 1 AND 2)	
4. GALLONS USED:	
<b>A. NON TRANSPORT USAGE (column 5, line 17)</b>	
<b>B. STUDENT TRANSPORT USAGE (column 6, line 17)</b>	
5. TOTAL LINES 4A and B	
6. TOTAL GALLONS SOLD	
7. BOOK INVENTORY LAST DAY OF THE PERIOD (LINE 3 LESS LINE 5 AND 6)	
8. ACTUAL INVENTORY LAST DAY OF PERIOD (STICK READING)	
9. STOCK RECORD-LOSS OR GAIN (DIFFERENCE LINES 7 MINUS 8)	
10. TOTAL GALLONS ACCOUNTED FOR (TOTAL LINES 5,6,8, & 9 MUST EQUAL LINE 3)	
<b>APPLICANTS MAKING PURCHASES IN CANS (2, 5, or 10 Gallon) OR BY DIRECT RECEIPT INTO FUEL TANKS ARE <u>NOT REQUIRED TO</u> COMPLETE STOCK RECORD.</b>	