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| **April 9, 2020** |  |

**NH Fire Standards and Training and EMS**

ATTN: FR CARA Program Manager

33 Hazen Drive

Concord NH, 03305-0002

**RE:** First Responder: Comprehensive Addiction & Recovery Act (FR-CARA) Reimbursement Request for NH Project FIRST

**Reporting/Invoicing Period:** 12/31/2018-03/30/2019

Please let this Letter serve as the city of (Your Community)’s quarterly reimbursement request for the FR-CARA program. Enclosed you will find all supporting source documentation and back up information. As the grant requires, we will maintain these financial records for three (3) years

Our total request for reimbursement is **$4130.26**

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|  |  |  | **Total Costs** |
| **1** | **Wages & Compensation** |  | $2028.64 |
| **2** | **Travel** |  | $550.00 |
| **3** | **Training** |  | $56.00 |
| **4** | **Supplies** |  | $408.97 |
| **5** | **Equipment** |  | $1029.99 |
| **6** | **Other Expenses** |  | 56.66 |
| **7** | **Indirect** |  |  |

The point of contact for this invoice is XXX by phone at xxx-xxx-xxxx or by email at [xxx.xxx@xxx.xxx](mailto:xxx.xxx@xxx.xxx).

Signed,

Your Signature Block Here