(City/Town Letterhead)

**Seabrook Station Host** **FY2020**

**NH REP Non Flat-Rate Expenses**

**Invoice**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Invoice No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**From:** (City/Town Name)

**To:** REP Planning

 NH DOS - HSEM

 33 Hazen Drive

 Concord, NH 03305

FY 2020 Quarter (check box for quarter this invoice is for)

|  |  |
| --- | --- |
| [ ]  July 1 – September 30 | [ ]  October 1 – December 31 |
| [ ]  January 1 – March 31 | [ ]  April 1 – June 30 |

|  |
| --- |
| 1. **Training** (include roster)
 |
| **Date:** |  | **Name of Event:** |  |
| **Payroll:** | $ |
| **Food:** | $ |
| **Total:** | $ |

|  |
| --- |
| 1. **Drills & Exercises** (include roster)
 |
| **Date:** |  | **Name of Event:** |  |
| **Payroll:** | $ |
| **Food:** | $ |
| **Total:** | $ |

|  |
| --- |
| 1. **Equipment** (>$2,500, previously approved)
 |
| **Total:** | $ |
| **Description of Equipment purchased:** |
|  |

|  |  |
| --- | --- |
| **Total Reimbursement Request:** | $ |