(City/Town Letterhead)

**Seabrook Station EPZ** **FY2021**

**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 2021 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:** | $ |

*† Billings for the State fiscal year need to arrive at HSEM no later than June 1.*