(State Agency Letterhead)

**Seabrook Station EPZ FY2021**

**State Agency REP Expenses**

**Invoice**

**Date:**  **Invoice No:**

From: (Agency Name)

To: REP Planning

NH DOS - HSEM

33 Hazen Drive

Concord, NH 03305

|  |  |
| --- | --- |
| 1. **Maintenance of Facilities** | |
| **Total:** | $ |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Exercise, Meeting and Training** (include roster) | | | | |
| **Date:** |  | **Name of Event:** |  | |
| **Total:** | | | | $ |

|  |  |
| --- | --- |
| 1. **Supplies and Services** | |
| **Total:** | $ |
| **Description of Supplies and Services purchased:** | |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Planning and Administration** | | | | |
| **Hours** |  | **x Hourly Rate** |  | |
| **Total:** | | | | $ |

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

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