(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.*