Fund Management Section
Oil Remediation & Compliance Bureau
NHDES Waste Management Division
P.O. Box 95, 29 Hazen Drive
Concord, NH 03302-0095

Re: [TOWN], [ADDRESS], [SITE/PROJECT NAME] [PROJECT TYPE] Request for Reimbursement
No. [NUMBER], [DOLLAR AMOUNT], Site No. [#######] Project No. [#####]

The [WORK DESCRIPTION] at the above site is complete. Attached, please find the following
documents in support of this reimbursement request:

[NEEDED FOR ORIGINAL REQUESTS:]

• Applicant Contract Including Waiver of Claims (for requests for payment to an “Applicant”)
• Summary of Invoiced Expenses
• Copy of all applicable NHDES Work Scope/Change Order Authorizations
• Contractor Invoices; and Subcontractor Invoices (may be needed)
• Contractor Timesheets or Timesheet Summary.
• Activity Reports Not Previously Submitted to NHDES (may be needed)
• Employee Payroll, Benefits, and Equipment Operating Cost Data for Work Performed by the
  Facility Owner (may be needed if OWNER performs work)
• Waiver Request (may be needed - contact program staff if seeking waiver under Odb 409.01)

[NEEDED FOR RE-SUBMITTAL OF PREVIOUS REQUEST:]

• Copy of “Notice of Reimbursement” For Request No. [NUMBER] Indicating the Invoices Being
  Re-submitted (Needed for re-submittal of previous request where payment was less than the
  requested amount and additional payment is eligible.)
• Explanation for Re-Submittal
• Documents in Support of Re-Submittal as Follows:
  (List all the documents included in support of the re-submittal request.)

The payments should be directed to:

[OWNER or “APPLICANT” – AS APPLICABLE]
[REMIT ADDRESS]
[TOWN/CITY, STATE ZIP]

Please call [NAME/the undersigned] at [PHONE NUMBER] if you have questions.

Sincerely,

[NAME, TITLE]
[COMPANY NAME]

(Revised August 2020)