

**FORMAT FOR COVER LETTER TO ACCOMPANY ORIGINAL OR RE-SUBMITTAL 'ONESTOP'
UPLOAD OR PAPER REIMBURSEMENT REQUEST (NOTE: WEB-BASED REQUESTS DO
NOT NEED A COVER LETTER, BUT DO NEED SUPPORTING INFORMATION)**

[DATE]

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]