NHDES#: ______________

Site/Project Name: ______________

REQUEST FOR REIMBURSEMENT - SUMMARY OF INVOICED COSTS (1)

Oil Fund Disbursement Board

INV. (2) DATE	INVOICE (2) NO.	WSA#/ DATE	PHASE CODE	REQ. NO.	CONTRACTOR (AS APPLICABLE)	SUB-CONTRACTOR (AS APPLICABLE)	TASK NO.	DESCRIPTION OF WORK	TASK % COMP.	TASK BUDGET (If Applicable)	AMOUNT REQUESTED	BUDGET BALANCE (If Applicable)
								Totals:				

(1) Use this form or a facsimile to tabulate invoices and requested costs, and to indicate budget status, if applicable.
(2) Only list invoice dates and invoice numbers for prime contractors. List subcontractor invoices and services under the applicable prime contractor invoice