

# HAVA REIMBURSEMENT

Town/City: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Contact Person: \_\_\_\_\_

Access Code: \_\_\_\_\_

Description of Reimbursement: \_\_\_\_\_

\_\_\_\_\_

Amount of Reimbursement: \_\_\_\_\_

Note: Once complete, this document should be printed and submitted with complete documentation by mail.

All incomplete documentation will be returned by mail.

Approval Signature T. Bromley/M. Kozik

Mail Documentation to the following:

SOTS

P.O. Box 150470

Hartford, CT 06115-047

Attn: T. Bromley

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Date Stamp

12060/21465/54770/29202 /\$ \_\_\_\_\_