



Joint Promotional Program

New Hampshire Division of Travel and Tourism Development
New Hampshire Department of Business and Economic Affairs

REIMBURSEMENT FORM

APPROVED GRANT #: _____

Grantee: _____

Total Grant Funds Approved: \$ _____

Less Previously Billed: (-) _____

Available Balance: \$ _____

Project Letter	Project Title	Invoice Submitted (Please list each invoice separately with Vendor Name and Invoice Number)	Gross Amount of Invoice	Amount of Grant Funds Requested
Total:				*\$

(*Must match reimbursement amount requested on cover page)

Name of Contact: _____

Phone Number: _____

E-mail: _____

Date: _____

Complete and submit electronically to: JPPAdministrator@livefree.nh.gov