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| logo-placeholder |  |

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| Company NamePhone: 555 555 0125E-mail: E-mail address |

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| Your Name HereCompany NameStreet AddressCity, State ZIP Code | Program Manager NameNC Division of Air Quality1641 Mail Service CenterRaleigh, NC 27699-1641 |

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| Enter DateTo whom it may concern,Please reimburse My Company in the amount of : ($ amount of claim corresponding to INVOICE submitted with claim)$\_\_\_\_\_\_\_\_\_\_\_\_\_Total Spent $\_\_\_\_\_\_\_\_\_\_\_\_\_Person requesting reimbursementPrint name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |