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| logo-placeholder |  |

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| Company Name  Phone: 555 555 0125  E-mail: E-mail address |

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| Your Name Here Company Name Street Address  City, State ZIP Code | Program Manager Name NC Division of Air Quality 1641 Mail Service Center  Raleigh, 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 reimbursement  Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |