

For mileage - Nick  
drove to Maryland

APPENDIX A



STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or print all information clearly:

Name of source: Nick A Mercuri Work phone #: 223-4212  
(First) (Middle) (Last)

Work address: 33 Hazen Drive, Concord, NH 03305

Office/Appointment/Employment held: Bureau Chief of EMS

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

Source of Honorarium or Expense Reimbursement:

Name of source: \_\_\_\_\_ Work phone #: \_\_\_\_\_  
(First) (Middle) (Last)

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JUN 10 2016

Post Office address: \_\_\_\_\_

Occupation: \_\_\_\_\_

NEW HAMPSHIRE  
DEPARTMENT OF STATE

Principal place of business: \_\_\_\_\_

If source is a corporation or other entity:

Name of corporation or entity: National Fire Academy - Emergency Management Institute

Name of corporate/entity representative: \_\_\_\_\_

Work address of representative: 16825 South Seton Ave, Emmitsburg MD, 21717

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00

Value of honorarium: \_\_\_\_\_ Date received: \_\_\_\_\_

If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.

Exact: \_\_\_\_\_ Estimate: \_\_\_\_\_

Value of expense reimbursement: \$360.00 Date received: \_\_\_\_\_

A copy of the agenda or an equivalent document must be attached to this filing.

Exact: \_\_\_\_\_ Estimate: \_\_\_\_\_

Briefly describe the service or event this honorarium or expense reimbursement relates to:

Reimbursements for travel to National Fire Academy for course.

"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

Signature of filer: [Signature]

Date filed: 3/8/16

9/07

RSA 15-B:9 Penalty: Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301

- If the Division is paying for the flight, review and utilize the state contract for travel.
- Is any of the travel that is being requested being paid or reimbursed by another organization in which the source of funds is other than the state, a county, or the United States of America?  
 Yes       No  
If yes, please fill out and include Appendix A as part of your request.
- Does your travel require you to park at the Manchester-Boston Regional Airport?  
 Yes       No  
If yes, please fill out and include Appendix B as part of your request.
- Are you requesting the use of a rental car for your travel?  
 Yes       No  
If yes, please explain in detail the reason for your request. All car rentals must be approved by the Commissioner of Safety.

- Are you requesting to take a state vehicle over 300 miles?  
 Yes       No  
If yes, Governor and Council approval is required.
- Are you requesting a cash advance to pay for travel expenses?  
 Yes       No  
If yes, Governor and Council approval is required.

**Please note, upon request for reimbursement for travel expenses you must provide original receipts and a copy of your flight itinerary. Reimbursements can potentially be denied or delayed without them.**