



STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF ADMINISTRATION

Road Toll Bureau

10 Hazen Drive
Concord, N.H. 03305
Tel. (603) 271-2311

ROAD TOLL REFUND APPLICATION
GASOLINE ONLY

FOR OFFICIAL USE ONLY

CLAIM NUMBER	
CLASS. NO.	NO. MOS.
APPROVED	DISALLOWED
_____ GALS.	_____ GALS.
\$ _____	\$ _____
BY _____	REASON NO. _____
DATE _____	

(NAME OF APPLICANT)

(STREET) (CITY / TOWN) (STATE) (ZIP CODE) (TELEPHONE NUMBER)

The above applicant has purchased and used for the purpose herein stated Gasoline on which Road Toll has been paid. All equipment using Gasoline must be listed on the reverse side, and total Gasoline Consumed must be accounted for.

ORIGINAL INVOICES of all purchases bearing name & address of supplier and **NAME OF THE APPLICANT** together with evidence of payment must be attached. **Evidence of Payment** – each invoice must be receipted by supplier as being paid or if payment is made by check, date of payment together with check no. must appear on invoice. Evidence of erasures, or changes in either dates or amounts shown on invoices or evidence of payment shall result in the invoices being disallowed. Invoices cannot be returned.

NOTE: GASOLINE MUST BE ACTUALLY USED AND REFUND APPLIED FOR WITHIN TWO (2) YEARS OF THE DATE OF PURCHASE OR INVOICE OF THE GASOLINE FOR WHICH THE REFUND IS CLAIMED. MINIMUM REFUND IS TEN DOLLARS (\$10.00). APPLICATIONS FOR LESS THAN TEN DOLLARS (\$10.00 WILL NOT BE ACCEPTED.

APPLICANT'S CLAIM

1. Total purchases, as per attached invoices	_____ gals.
2. Total gallons consumed on public ways (col. 5 - line 17 - reverse side)	_____ gals.
3. Total gallons consumed off public ways (col. 6 - line 17 - reverse side)	_____ gals.
4. Amount of refund (Line 3 X .18 ¢)	\$ _____

6. Type of operation _____

7. Where used _____
(CITY / TOWN) (STATE)

8. Columns 1 thru 6 on the reverse side must be completed by applicant.

9. Stock Record - reverse side - must be completed if applicant has storage tanks or used drums.

Signature: _____ Title: _____
(Signed under penalty of unsworn falsification pursuant to RSA 641:3.)

GASOLINE USED FOR PERIOD OF _____ MONTH _____ YR. _____ THRU _____ MONTH _____ YR. _____

COLUMN 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6
TYPE OF EQUIPMENT **	MAKE	YEAR	REG. NO. *** (IF ANY)	GALS. USED ON HIGHWAY	GALS. USED OFF HIGHWAY
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

17	TOTALS		
18	TRANSFER TO CLAIM	LINE 2	LINE 3
19	TOTAL USED COL. 5 PLUS 6	MUST EQUAL LINE 4 STOCK RECORD	

STOCK RECORD MUST BE COMPLETED IF APPLICANT HAS STORAGE TANKS OR PURCHASES IN DRUMS.

STOCK RECORD	GALLONS
1. ACTUAL INVENTORY FIRST DAY OF PERIOD	
2. TOTAL PURCHASES (AS PER ATTACHED INVOICES)	
3. TOTAL GALLONS TO BE ACCOUNTED FOR (LINE 1 PLUS LINE 2)	
4. TOTAL GALLONS USED: (AS SHOWN ON LINE 19 - COLS. 5 & 6)	
5. TOTAL GALLONS SOLD	
6. BOOK INVENTORY LAST DAY OF PERIOD (LINE 3 LESS LINES 4 & 5)	
7. ACTUAL INVENTORY LAST DAY OF PERIOD	
8. STOCK LOSS OR GAIN (DIFFERENCE LINES 6 & 7)	
9. TOTAL GALLONS ACCOUNTED FOR (TOTAL LINES 4, 5, 7 & 8 - MUST EQUAL LINE 3)	

FOR OFFICIAL USE ONLY:

APPLICANTS MAKING PURCHASES IN CANS (2, 5, 10 GALS.) OR BY DIRECT RECEIPT INTO FUEL TANKS ARE NOT REQUIRED TO COMPLETE STOCK RECORD BUT MUST COMPLETE COLS. 5 & 6.

** - TRUCK, TRACTOR, CAR-STATIONARY MOTORS, ETC.
*** - LIST MOTOR VEHICLE REGISTRATION NUMBER, REGARDLESS OF TYPE.