

STATEMENT OF REMITTANCE

VOUCHER NUMBER	INVOICE NUMBER	DESCRIPTION	CONTACT INFORMATION	DATE	AMOUNT
6378626	SOR40897922181007	RSA:651-B:11 603.223.8977	(603) 271-7666 accountspayable@dos.nh.gov	06/30/22	10.00

If you have further payment questions, reference the contact information provided next to the line item in question.

TOTALS: \$10.00

INFORMATION MESSAGE

Questions On Your Payment?

Please use the contact information provided above in the fourth column from the left.

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State of New Hampshire
Office of State Treasurer
25 Capitol Street - Rm. 121
Concord, NH 03301

State of New Hampshire
Vendor Payments

Bank of America
Concord, NH

03/20/25

2414733

DIRECT DEPOSIT ADVICE

PAY EXACTLY VOID VOID VOID VOID VOID VOID VOID

\$ *****10.00

NON-NEGOTIABLE

PAY TO THE ORDER OF
TOWN OF BOW
10 Grandview Rd
Bow NH 03304
177364