

48w.

STATE OF NEW HAMPSHIRE
Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Irma M Greco Work Phone No. 271-3093
First Middle Last

Work Address: 21 South Fruit St Ste 20, Concord, NH 03301

Office/Appointment/Employment held: Transition Coordinator, NHVR

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: _____
First Middle Last

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: Assumption College

Name of Corporate/Entity Representative: Mary Ann Bedick

Work Address of Representative: 500 Salisbury St, Worcester, MA 01609

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: _____ 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:

Travel to/from Assumption for quarterly mtg

"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."

Irma Greco
Signature of Filer

12/1/06
Date Filed

5/06

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

Assumption College
Institute of Social & Rehabilitation Services
Region 1 Rehabilitation Continuing Education Program
500 Salisbury Street Worcester, MA 01609
Tel: 508-767-7371 Fax: 508-798-2872

RCEP 1- ~~TRANSITION Coordinators~~

AGENDA

November 14th , 2006

Objectives: To Re-form the VR Transition Coordinators of New England Committee at the Region 1 RCEP.

Provide an opportunity for members to network by sharing state plans and projects.

Provide a forum for identifying transition issues that could be addressed via joint initiatives/training.

10:00

Welcome

Introduce New Members
Review Agenda Items

10:15

State Updates; Individual state agencies will update team members on current projects and resources

12:00

Lunch

1:00

State Updates and reporting on current projects continued

2:00

"New Agenda Items"

3:00

Adjourn

PAYOR NO. CHECK NO. INTERNAL USE

30112 115067 Greco, Tina

INVOICE	DATE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
TRAVEL*11/14/06	11/14/2006	\$36.50	\$0.00	\$36.50



PLEASE DETACH BEFORE DEPOSITING

No. 115067



ASSUMPTION COLLEGE

500 Salisbury Street, PO Box 15005, Worcester, MA 01615-0005

5-7515
0110

MO. DAY YR.

11/30/2006

*****36 dollars and 50 cents

DOLLARS CENTS

\$36.50

PAY TO ORDER OF

Tina Greco
48 Flanders Rd., Apt. 6
Henniker, NH 03242

Christian McCarthy

AUTHORIZED SIGNATURE

John S. Hampel

AUTHORIZED SIGNATURE
VOID AFTER 90 DAYS

† Sovereign

