EXHIBIT C

ECDCD PreK Program
Invoice for Services Rendered

New Mexico Human Services Department
Income Support Division
1474 Rodeo Rd.
P. O. Box 2348
Santa Fe, New Mexico 87504-2348

Attn: Joseph Chavez

FOR CONTRACTOR USE ONLY

Invoice Amounts

Requested monthly reimbursement for TANF Pre-K Services

$ -
MONTHLY TOTAL

Business Unit: 
Fund# 
Account # 
Reporting Category: 
Class: 
Bud Reference:
Sub-Account # 
Operating Unit: 
Activity Code:

Certification

The undersigned certifies that:
1) The amounts invoiced herein are correct and just and that payment therefore has not been received; and
2) agree with the attached transmittal invoice.

Agency’s CFO Signature 
Phone # 
Date

REMIT PAYMENT TO:

Early Childhood Education Care Department
P.O Drawer 5160
Santa Fe, NM 87502

CERTIFICATION - FOR HSD USE ONLY