

Exhibit D
TANF Monthly Invoice
New Mexico Works 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:Eva Salazar, Program/Contract Manager

Contractor
Month Ending
Invoice Date
Agreement No
Tax ID No
Invoice No

Creative Work Solutions

SA 19-630-9000-0012 A6
833944175

FOR CONTRACTOR USE ONLY

1. Monthly reimbursement for services to TANF participants
 2. Monthly reimbursement for services to TANF participants- Care and Concern
- TOTAL Reimbursement Requested for Services Rendered**

\$ \$
MONTH TOTAL

Certification

The undersigned certifies that:

- 1) The amounts invoiced herein agree with the attached Expenditure Balance Report;
- 2) Are Correct and just; and
- 3) That the payment therefore has not been received.

Contractor Signature and Title

Phone #

Date

REMIT PAYMENT TO:

Creative Work Solutions, LLC
5709 W. Sunset Hwy Suite 100
Spokane, WA 99224

CERTIFICATION - FOR HSD USE ONLY

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