

DWS Wage Subsidy and Career Link Programs Invoice for Services Rendered

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

Contractor
Date of Service(s)
Invoice Date
Agreement No
Tax ID No
Invoice No



FOR CONTRACTOR USE ONLY

Invoice Amounts

Requested monthly reimbursement for TANF Wage Subsidy Program	\$	-
Requested monthly reimbursement for TANF Career Link Program	\$	-
Requested monthly reimbursement for TANF Program	\$	-
Requested monthly reimbursement for Care and Support	\$	-
	\$	-

AMOUNT MONTHLY TOTAL

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

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

Business Unit:	
Fund#	Dept#
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Fund#	Dept#
Account #	Sub-Account #
Reporting Category:	Operating Unit:
Bud Reference:	Class:
Project Code:	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
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REMIT PAYMENT TO:

