

**Exhibit D
TANF Monthly Invoice**

**DWS Vocational Training 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
Date of Services
Invoice Date
Agreement No
Tax ID No
Invoice No

Dept. of Workforce Solutions

GSA 22-630-9000-0001

FOR CONTRACTOR USE ONLY

Invoice Amounts

Requested monthly reimbursement for TANF Vocational Training Program Services

\$
MONTH TOTAL

Business Unit	
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 agree with the attached invoice.

Agency CFO Signature

Phone #

Date

REMIT PAYMENT TO:

Dept. of Workforce Solutions

PO Box 1928

Albuquerque, NM 87103

