GSA 21-630-9000-0054

**Exhibit C**

|  |  |  |
| --- | --- | --- |
| **SNAP Employment & Training (E&T** | | |
| **Invoice for Services Rendered** | | |
| **New Mexico Human Services Department** | Contractor | **HELP New Mexico, Inc.** |
| **Income Support Division** | Date of Service(s) |  |
| **1474 Rodeo Rd** | Invoice Date |  |
| **P. O. Box 2348** | Agreement No |  |
| **Santa Fe, New Mexico 87504-2348** | Tax ID No |  |
| **Attn: Cerelle Stauch, Program Manager** | Invoice No |  |
|  |  |  |
| **FOR CONTRACTOR USE ONLY** |  |  |
| **Invoice Amounts** |  |  |
| Requested monthly reimbursement for SNAP E&T Services | | **$ -** |
|  |  | **MONTHLY 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 2. agree with the attached transmittal invoice. | | |
| Agency's CFO Signature | Phone # | Date |
|  |  |  |
| **REMIT PAYMENT TO:** |  |  |
| **HELP New Mexico, Inc.**  **5101 Copper Ave. NE**  **Albuquerque, NM 87108** | **CERTIFICATION - FOR HSD USE ONLY** | |

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