

## ALTSD - GOLD Mentor Invoice for Services Rendered

**New Mexico Human Services Department  
Income Support Division  
Pollon Plaza  
P. O. Box 2348  
Santa Fe, New Mexico 87504-2348**  
Attn: **Paul Lucero**

Contractor  
For Month Of:  
Invoice Date:  
Agreement No:  
Tax ID No:  
Invoice No:

**ALTSD - GM**  
  
**GSA 10-630-9000-0000**

### FOR CONTRACTOR USE ONLY

- Monthly reimbursement for GOLD Mentor services to TANF participants

\$ -

I certify that amounts invoiced herein, (1) agree with the attached Expenditure and Balance Report, (2) are correct and just, and, (3) that payment therefore has not been received.

\_\_\_\_\_  
Contractor's Signature & Title

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

### FOR HSD USE ONLY

I certify that amounts invoiced herein are correct and just and that payment therefore has not been remitted.

\_\_\_\_\_  
Department Official's Signature and Title

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

### REMIT PAYMENT TO:

**Aging & Long Term Services Department  
Toney Anaya Building  
2550 Cerrillos Road  
Santa Fe, NM 87505**

### CERTIFICATION - FOR HSD USE ONLY