

DWS Vocational Training Program Invoice for Services Rendered

GSA 21-630-9000-0006
CFDA 93.558

New Mexico Human Services Department
Income Support Division
1474 Rodeo Rd
P. O. Box 2348
Santa Fe, New Mexico 87504-2348
Attn: Eva Salazar, Contract Manager

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

Dept. of Workforce Solutions

GSA 21-30-9000-0006

FOR CONTRACTOR USE ONLY

Invoice Amounts

Requested monthly reimbursement for TANF SUN PATH Services

\$ -

AMOUNT

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:

Dept. of Workforce Solutions
PO Box 1928
Albuquerque, NM 87103

CERTIFICATION - FOR HSD USE ONLY