

Exhibit C**SNAP Employment & Training (E&T)
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: Danica Aguilar, E&T Management Analyst**

Contractor **EQUUS**
Date of Services
Invoice Date
Agreement No
Tax ID No
Invoice No

FOR CONTRACTOR USE ONLY**Invoice Amounts**

Requested monthly reimbursement for SNAP E&T 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
- 2) agree with the attached transmittal invoice.

Agency CFO Signature:

Phone #:

Date:

REMIT PAYMENT TO:

**APM EQUUS Holdings
Corporation
9510 Ormsby Station Rd,
STE #104
Louisville, KY 40223**

CERTIFICATION - FOR HCA USE ONLY