

**Exhibit C****SNAP Employment & Training (E&T)  
Invoice for Services Rendered**

**New Mexico Health Care Authority  
Income Support Division  
1474 Rodeo Rd.  
P. O. Box 2348  
Santa Fe, New Mexico 87504-2348  
Attn: Danica Aguilar, E&T Sr. Business Ops 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

\$
<b>MONTH TOTAL</b>

<b>Business Unit</b>	
<b>Fund#</b>	<b>Dept#</b>
<b>Account #</b>	<b>Sub Account #</b>
<b>Reporting Category:</b>	<b>Operating Unit:</b>
<b>Bud Reference:</b>	<b>Class:</b>
<b>Project Code:</b>	<b>Activity Code:</b>

**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