

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

\$	
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