

Exhibit D
CYFD
Keeping Families Together
Invoice for Services Rendered

New Mexico Health Care Authority
Income Support Division
P. O. Box 2348
Santa Fe, New Mexico 87504-2348
Attn: Program Manager

Contractor
Month Ending
Invoice Date
Agreement No
Tax ID No
Invoice No

Children, Youth & Families Dept.

FOR CONTRACTOR USE ONLY

Invoice Amounts

Requested quarterly transfer for TANF Keeping Families Together

\$
MONTH TOTAL

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.

TANF Keeping Families Together	
Fund #	Dept #
Account #	Sub-Account #
Reporting Category :	Operating Unit :
Bud Reference:	Class:
Project Code:	Activity Code:

Agency's CFO Signature

Phone #

Date

REMIT PAYMENT TO:

Children, Youth & Families Department
Administrative Services Division
PERA, Room 104
P. O. Drawer 5160
Santa Fe, NM 87502

CERTIFICATION - FOR HSD USE ONLY