GSA
CFDA 93.558

EXHIBIT D

ECECD Requested Monthly Reimbursement for Childcare Services

Early Childhood Education Care Department.

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

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

FOR CONTRACTOR USE ONLY

Invoice Amounts

Requested monthly reimbursement for Childcare Services **$ -**

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:

Early Childhood Education Care Department
P.O Drawer 5160
Santa Fe, NM 87502

CERTIFICATION - FOR HSD USE ONLY