

Exhibit D

**PED GRADS Program
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
Date of Service(s)
Invoice Date
Agreement No
Tax ID No
Invoice No

Public Education Dept.

FOR CONTRACTOR USE ONLY

Invoice Amounts

Requested monthly reimbursement for TANF GRADS 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:

**Public Education Department
300 Don Gasper Avenue
Room G-3
Santa Fe, NM 87501**

CERTIFICATION - FOR HCA USE ONLY