

**Exhibit E  
Invoice Transmittal Form**

GSA

| INVOICE TRANSMITTAL                                                                                                                                                                |                 |                               |                          |                                                                                               |              |                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------|--------------------------|-----------------------------------------------------------------------------------------------|--------------|----------------|
| <b>Transmittal Information</b>                                                                                                                                                     |                 |                               |                          | <b>Contractor Information</b>                                                                 |              |                |
| Invoice No. _____<br>Fiscal Year <b>State Fiscal Year 2026</b><br>Transmittal Date _____<br>Date of Service(s) _____<br><b>P.O. Reference No.</b> _____<br>Contract No. <b>GSA</b> |                 |                               |                          | DFA Vendor ID. _____ Alt. ID _____<br>Name _____<br>Address _____<br>_____<br>Phone No. _____ |              |                |
| Contracted Service                                                                                                                                                                 | Contract Budget | Total of Budget Adjustment(s) | Adjusted Contract Budget | Invoice Amount*                                                                               | YTD Expenses | Budget Balance |
|                                                                                                                                                                                    |                 |                               |                          |                                                                                               |              |                |
|                                                                                                                                                                                    |                 |                               |                          |                                                                                               |              |                |
|                                                                                                                                                                                    |                 |                               |                          |                                                                                               |              |                |
|                                                                                                                                                                                    |                 |                               |                          |                                                                                               |              |                |
|                                                                                                                                                                                    |                 |                               |                          |                                                                                               |              |                |

\*Attach supporting documentation

**Contractor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

|                                                 |                                                                                                                                             |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>TO BE COMPLETED BY HSD PROGRAM MANAGER</b>   |                                                                                                                                             |
| Program Manager Name <u>Anabel Peinado</u>      |                                                                                                                                             |
| Telephone No. <u>505-695-6554</u>               |                                                                                                                                             |
| E-mail Address <u>Anabel.Peinado@hca.nm.gov</u> |                                                                                                                                             |
| <b>Approval to Pay</b>                          | <div style="display: flex; justify-content: space-between;"> <span>Signature of Program Manager _____</span> <span>Date _____</span> </div> |

FOR INFORMATION TECHNOLOGY RELATED CONTRACTS: Approval to Pay \_\_\_\_\_

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**Instructions for Invoice Transmittal**

**This form is to be completed by the Contractor. It is designed to keep all parties aware of the contract budget status. Assistance in completing this form may be obtained from the designated Program Manager.**

**Transmittal Information**

**Invoice No.:** Enter the invoice number, which will follow a simple numbering sequence of 1, 2, 3, etc. Invoice 1 will be the first invoice of the contract period.

**Fiscal Year:** Enter the State of New Mexico fiscal year in which the applicable contract originated. The first two digits of the contract number designate the fiscal year.

**Transmittal Date:** Enter the date the Invoice Transmittal form is completed.

**Date of Service:** Enter the service-delivery time period for which reimbursement is being requested. For most contracts, this is the month and year of service. However, for short-term contracts, it can be a daily or weekly time period.

**P. O. Reference No.:** Enter the purchase document number applicable to this reimbursement. A purchase document is the document that encumbers (earmarks) the contracted funds. It has a unique identifying number. Contractors should receive a copy of the purchase document with their signed contract. Program managers should be able to assist in determining this number if needed.

**Contract No.:** This is the identifying number of the contractual document under which services are being provided (located at the top, right hand corner of the first page of the contract).

**Contractor Information:**

**DFA Vendor ID:** This is the unique, identifying, contractor code that the Department of Finance and Administration (DFA) assigns upon completion of the W-9 form. All contractors must have one to enter into contract with state government. This may be obtained from the purchase document (see P.O. Reference No., above, for description of purchase document).

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**Alt. ID:** The alternate ID is a number associated with the DFA Vendor ID number. It is assigned by DFA when a contractor has numerous delivery sites/addresses for which expenditures must be separately tracked. It is usually a suffix that is added to the DFA Vendor Code and may be found on the purchase document.

**Name:** Enter the contractor's program/agency name as it appears on the purchase document and the contract. This is the name that is assigned to the DFA vendor code.

**Address:** Enter the contractor's address as it appears on the purchase document. This is the address that is assigned to the DFA vendor code.

**Phone No:** Enter the phone number of the Contractor's contact person who can answer questions that may result from the processing of the invoice.

**Budget Section:**

**Contracted Service:** Enter the name of the contracted service(s). The service does not refer to the detailed statement of work services but rather the broader service name(s), i.e. transportation, TANF, UR Review, etc. A contract may have one service or multiple services.

Every service in a contract is assigned a specific organizational (org) code. An org code is a budget designation and appears on the purchase document. Some contracts have one org code if there is one service being provided. Other contracts have multiple org codes. if they provide more than one service.

**Contracted Budget:** Enter the annual budget designated for each contracted service, as it appears in the original contract.

**Total of Budget Adjustments:** This is the total of the contract budget modifications resulting from contract amendments, for each service. If there have been more than one adjustment over the course of the contract year, the adjustment column should be the net result of all budget modifications.

**Adjusted Contract Budget:** This is the difference of the "Contract Budget" column and the "Adjustment" Column, for each service.

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**Invoice Amount:** This is the amount for which the contractor is requesting reimbursement in this invoice, for each service. Attach all supporting documentation justifying the reimbursement request.

**YTD Expenses:** These are the year-to-date, accumulated expenses for the current contract year, for each service.

**Budget Balance:** This is the difference of the “Adjusted Contract Budget” and the “YTD Expenses” columns, for each service.

**Contractor Signature:** An original signature is required of the contractor representative authorized to approve an invoice.