

Exhibit D
TANF Monthly Invoice
UNM-Valencia HSE
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

UNM-Valencia

FOR CONTRACTOR USE ONLY

Invoice Amounts

Requested monthly transfer for TANF

\$
MONTH TOTAL

Certification

The undersigned certifies that:

- 1) The amounts invoiced herein are correct and just and that payment therefore has not been received;
- 2) UNM-Valencia has expended an amount equal to the total TANF funding invoiced from federal and/or state CCDF funding otherwise available.

Contractor Signature and Title

Phone #

Date

REMIT PAYMENT TO:

University of New Mexico

Contract and Grant Accounting

1700 Lomas Blvd NE Suite 2100

MSC01 1247

Albuquerque, NM 87131-0001

CERTIFICATION - FOR HSD USE ONLY