

# DOH Refugee Health Promotion Program Invoice for Services Rendered

New Mexico Human Services Department  
Income Support Division  
1474 Rodeo Road  
P. O. Box 2348  
Santa Fe, New Mexico 87504-2348  
Attn: Megan Heurion, State Refugee Coordinator

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

## FOR CONTRACTOR USE ONLY

### Invoice Amounts

Requested monthly reimbursement for Refugee Health Promotion program and administration

\$ -

**Monthly Total**

Agency:	
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:

DOH/PHD/TB/Refugee Health Program  
P. O. Box 26110 (Runnels, S 1150)  
Santa Fe, NM 87502

**CERTIFICATION - FOR HSD USE ONLY**