

Project Number: _____

REQUEST FOR PAYMENT CHECKLIST

IAD cannot alter a notarized Request for Payment Form

I. Grantee Information:

Are the following correct:

- Grantee Name (I.A.)
- Address (This where the warrant will be mailed) (I.B.)
- Phone No. (I.C.)
- Grant No. (I.D.)
- Project Title (I.E.)
- Grant Expiration Date (I.F.)

II. Payment Computation:

Are the following correct:

- Grant Amount (II.A.)
- AIPP Amount (if applicable) (II.B)
- Funds Requested to Date (II.C.)
- Amount Requested this Payment (II.D.)
- Grant Balance (II.E)
- GF** (General Fund) **GOB** (General Obligation Bond) **STB** (Severance Tax Bond) (II.F.) **Which box was checked on REQUEST FOR PAYMENT FORM?**
- Payment Request No. (II.G.)

III. Fiscal Year Expenditure Period Ending:

- Jan – June
- July - Dec
- Fiscal Year Correct?

Month when expenditure is invoiced

This is the State Fiscal Year not Calendar year.

**Example: Any expenditures received after 7/1/2017 are considered State Fiscal Year 2018. If you are not sure, please call Chandler Kahawai, CO/TIF Accountant Auditor at 505-476-1600 or Lawrence John, TIF/CO Administrator at 505-476-1629.*

IV. Certification:

Is signature and date original? Grantee Fiscal Officer Grantee Representative
IAD WILL NOT ACCEPT anyone signing for the Grantee Fiscal Officer or Grantee Representative

Is the "SWORN TO AND SUBSCRIBED" date the same date as the Grantee Fiscal Officer/Grantee Representative signature dates? **Note:** These dates CANNOT BE DIFFERENT since these signatures are witnessed by the notary on the same day.

- Grantee Fiscal Officer
- Grantee Representative

Original Notary signature required and the Notary stamp shall be on each side of signatures.

- Grantee Fiscal Officer
- Grantee Representative

Supporting Documentation

- Detailed invoice** is required to match exactly the amount being requested on the Request for Payment form.
- Current copy of **Notice of Obligation (NOO)** attached?
- Include a copy of the front & back cancelled check.
- Attach a copy of the current quarterly report.
- Attach a copy of the Final Report, if this is a final payment.
- Attach a copy of the current updated CPMS report.

These documents are required to process the request for payment.

Attach a copy of completed checklist to IAD with the Request for Payment Form.

For IAD Staff Use Only	
<p>A. Is Tribal Grantee listed on the "Compliant Grantee" listing? <input type="checkbox"/> Yes, proceed to step C <input type="checkbox"/> No, proceed to step B</p> <p>B. Obtain Tribal Grantee Special Grant Conditions Checklist and Approval Form. Has form been completed and approval for payment obtained? <input type="checkbox"/> Yes, proceed to step C <input type="checkbox"/> No, check NOT approved at step D</p> <p>C. Review Request for Payment Checklist.</p> <p>D. Request for payment is: <input type="checkbox"/> Approved <input type="checkbox"/> NOT Approved, further information needed.</p>	
<p>_____</p> <p>Approver Signature</p>	<p>_____</p> <p>Date</p>

Completed by _____ (Print)

Signature _____

Date _____

**STATE OF NEW MEXICO
CAPITAL GRANT PROJECT
Request for Payment Form**

I. Grantee Information

(Make sure information is complete & accurate)

- A. Grantee: _____
 B. Address: _____
Complete Mailing Address, including Suite, if applicable

City State Zip
 C. Phone No: _____
 D. Grant No: _____
 E. Project Title: _____
 F. Grant Expiration Date: _____

II. Payment Computation

- A. Grant Amount: _____
 B. AIPP Amount (If Applicable) _____
 C. Funds Requested to Date: _____
 D. Amount Requested this Payment: _____
 E. Grant Balance: _____
 F. GF GOB STB (attach wire if 1st draw)
 G. Payment Request No. _____

III. Fiscal Year Expenditure Period Ending:

(check one)

- (Jan-Jun) Fiscal
 (Jul-Dec) Year

IV. Certification:

Under penalty of law, I hereby certify to the best of my knowledge and belief, the above information is correct; expenditures are properly documented, and are valid expenditures or actual receipts; and that the grant activity is in full compliance with Article IX, Sec. 14 of the New Mexico Constitution known as the "anti donation" clause.

**Grantee Fiscal Officer
or Fiscal Agent (if applicable)**

Printed Name _____
 Date: _____

SWORN TO AND SUBSCRIBED
 before me on this _____ day
 of _____, 20____

Notary Public _____
 My Commission expires _____

Grantee Representative

Printed Name _____
 Date: _____

SWORN TO AND SUBSCRIBED
 before me on this _____ day
 of _____, 20____

Notary Public _____
 My Commission expires _____

(Department Use Only)

Vendor Code: _____
 Loc No.: _____

Fund No.: _____

Division Fiscal Officer	Date
I certify that the Grantee financial and vendor file information agree with the above submitted information	

Division Project Manager	Date
I certify that the Grantee records and related appropriation laws agree with the above submitted information.	