

**NEW MEXICO ENVIRONMENT DEPARTMENT  
CONSTRUCTION PROGRAMS BUREAU**

**INSTRUCTIONS FOR (CWSRF/RIP)  
DISBURSEMENT REQUEST**

1. **NAME OF ENTITY**  
The name of the entity on the loan agreement documents.
2. **PROJECT NUMBER**  
Available from the loan agreement.
3. **DISBURSEMENT REQUEST NUMBER**  
The number of the disbursement request. (Self Explanatory)
4. **LOAN AND/OR GRANT AMOUNT**  
The approved budget amount of the Loan or Grant.
5. **PROGRAM NAME**  
Check one only pertaining to the project in which you are requesting a disbursement. Expenditures should be listed by category i.e. engineering, construction, etc.
6. **NMED PROGRAM (Previous Expenditures)**  
The first disbursement request will be zero. After the first disbursement request, the "PREVIOUS EXPENDITURES" column should reflect the "Cumulative Expenditures" figures from the previous disbursement request. (Example: "Previous Expenditures" in disbursement request number four should be identical to "Cumulative Expenditures" in disbursement request number three.)
7. **OTHER FUNDS (Previous Expenditures) (Optional)**  
Report expenditures for other funds.
8. **NMED PROGRAM (Current expenditures)**  
You must reflect the dollar amount you are requesting payment for on this disbursement request.
9. **OTHER FUNDS (Current expenditures) (Optional)**  
Same as Number 7, except report current expenditures from other funds.
10. **NMED PROGRAM (Cumulative)**  
Add the "Previous Expenditures" column and the "Current Expenditures" column and reflect the sum in this column.
11. **OTHER FUNDS (Cumulative) (Optional)**  
Same as Number 9, except report other funds cumulative.
12. **NMED PROGRAM (Funds Remaining)**  
The Loan and Grant Amount Less the Cumulative.

13. **OTHER FUNDS (Funds Remaining) (Optional)**  
Same as Number 11 except report other funds remaining.
14. **SIGNATURE OF AUTHORIZED OFFICIAL**  
The person signing must be an authorized representative who has been designated by resolution passed by the governing body as the signatory authority for this project.
15. **TYPED OR PRINTED NAME**  
The typed or legibly printed name of the authorized Signatory Authority who signed the disbursement request.
16. **PHONE**  
Enter authorized Signatory Authority's phone number.
17. **DATE**  
Date disbursement request is signed.

**IMPORTANT: PLEASE SUBMIT ORIGINAL FORM WITH TWO COPIES AND THE BACK-UP INVOICES. THE SET *MUST* BE ORIGINAL INVOICES OR MUST BE CERTIFIED AS AN ORIGINAL.**