

**NEW MEXICO ENVIRONMENT DEPARTMENT
CONSTRUCTION PROGRAMS BUREAU**

**INSTRUCTIONS FOR (SAP)
DISBURSEMENT REQUEST**

1. **NAME OF ENTITY**
The name of the entity on the loan or grant agreement documents.
2. **PROJECT NUMBER**
Available from the loan or grant agreement.
3. **DISBURSEMENT REQUEST NUMBER**
The number of the pay request. (Self Explanatory)
4. **GRANT AMOUNT**
The approved budget amount of the Grant. Expenditures should be listed by category i.e. engineering, construction, etc.
5. **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.)
6. **OTHER FUNDS (Previous Expenditures) (Optional)**
Report expenditures for other funds.
7. **NMED PROGRAM (Current expenditures)**
You must reflect the dollar amount you are requesting payment for on this disbursement request.
8. **OTHER FUNDS (Current expenditures) (Optional)**
Same as Number 6, except report current expenditures from other funds.
9. **NMED PROGRAM (Cumulative)**
Add the "Previous Expenditures" column and the "Current Expenditures" column and reflect the sum in this column.
10. **OTHER FUNDS (Cumulative) (Optional)**
Same as Number 8, except report other funds cumulative.
11. **NMED PROGRAM (Funds Remaining)**
The Grant Amount Less the Cumulative.
12. **OTHER FUNDS (Funds Remaining) (Optional)**

Report other funds remaining.

13. SIGNATURE OF AUTHORIZED OFFICIAL

The person signing must be an authorized representative who has been designated by resolution of the governing body as the signatory authority for this project.

14. TYPED OR PRINTED NAME

The typed or legibly printed name of the authorized Signatory Authority who signed the disbursement request.

15. PHONE

Enter authorized Signatory Authority's phone number.

16. DATE

Date disbursement request is signed.

17. NOTARY PUBLIC

Disbursement must be notartized.

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.