

Contractor Reimbursement Instructions
New Mexico Environment Department (NMED)
Surface Water Quality Bureau (SWQB)

The following instructions are meant to serve as guidance for how to submit a complete reimbursement request for NMED SWQB projects. Your NMED SWQB Project Officer will need all the items requested and adequate documentation to demonstrate how the contract services and deliverables were provided in order to accept the reimbursement request for payment.

Invoices should be submitted as funds are expended in accordance with the terms and conditions of the agreement.

THIS IS A REIMBURSEMENT BASED PROGRAM; THEREFORE, PROOF OF PAYMENT MUST BE PROVIDED.

Reimbursements are based on the costs incurred according to the budget tables in your agreement (budget by deliverables/ tasks). Please refer to your agreement and work plan for any questions about reimbursable items included in your agreement. The language of the agreement prevails if there are any discrepancies between these instructions and the executed agreement.

What should be included in the reimbursement packet:

When the agreement is awarded, you will receive an Excel workbook (titled “Reimbursement Request Packet,” see below) that you will use to request reimbursements from NMED SWQB.

The following must be submitted with each reimbursement request:

1. **Signed Cover Sheet** - Signed PDF of the cover sheet including the correct invoice month and invoice number from the reimbursement request packet
2. **Task Sheet** - PDF of the Task sheet with the correct invoice number from the reimbursement request packet
3. **Mileage Sheet** (*if applicable*) - PDF of the mileage sheet from the reimbursement request packet and proof of payment (paystub, check, etc.)
4. **Per Diem Sheet** (*if applicable*) – PDF of the travel/per diem sheet from the reimbursement request packet and proof of payment (paystub, check, etc.)
5. **Personnel Sheet** (*if applicable*) – PDF of the personnel form from the reimbursement request packet and proof of payment (paystub, check, etc.)
6. **Supporting Documentation** – All invoices and/or receipts for equipment, supplies, contractual, other expenses, or gross receipts tax. ***Examples of acceptable supporting reimbursement documents can be found in Appendix A.**

Please submit the reimbursement request to your assigned NMED SWQB Project Officer. You will coordinate with your Project Officer for all reimbursement requests and all matters related to the project.

Invoices should be submitted monthly for timely processing. If you do not have any expenses during the month, an email should be sent to the Project Officer stating that there are no expenses (explained below).

Your NMED SWQB Project Officer will review the reimbursement request package and upon their acceptance of the services completed and/or goods delivered, the Project Officer will either check the “Invoice Accepted” or “Invoice Rejected” box, sign the cover sheet, and send a copy back to you for your records. If rejected, the Project Officer will request that a corrected invoice with “Amended” checked on the Cover Sheet be submitted.

Reimbursement Request Packet

All contractors are **required** to use the Reimbursement Request Packet Workbook. It is an Excel file, which includes all the necessary reimbursement forms, except for subcontractor invoices, purchase receipts, and proof of payments which you will provide with each reimbursement request.

The Excel file consists of 7 sheets (2 additional sheets are included if more than 15 invoices are needed for reimbursement).

Expenditures and Match Sheets (orange)	All expenditures and any match are entered into these two sheets. You will keep these documents up to date to ensure accurate budget tracking. These forms are not submitted with the reimbursement request packet.
Cover Sheet and Tasks Sheets (Green)	<u>These forms must be submitted with all invoices.</u> These forms will auto populate from the information entered in the Expenditures and Match sheets. Using the drop-down menu option, the only information that will be entered on these forms (aside from your signature) are the “invoice month” and “invoice number” on the Cover sheet and “invoice number” on Task sheet.
Mileage, Per Diem, and Personnel Time Log (blue)	If requesting a reimbursement for any of these items, these forms must be completed. These forms do not link to the Expenditures and Match sheets and you will need to enter the reimbursement expenses for these items.

Expenditures and Match – Orange Sheets

Expenditures

The Expenditures sheet is where all reimbursement expenses should be entered. All blue and gray cells are locked, and no data can or should be entered into these cells. All invoice 1 expenditures should be entered into the “Inv.1” column, under the correct task number. Once this information is entered, please check the Cover Sheet to ensure that the information you entered aligns with your request. Please make sure to put the funds under the correct tasks and invoice number, so the project officer knows what tasks were worked on over the invoice period.

Each invoice number is associated with a specific month of the contract term (Invoice 1 = January 2025). **Please make sure you enter the information in the correct invoice column for the month you are submitting the reimbursement request.** Reimbursement requests should be submitted monthly.

Jan-25	Feb-25	Mar-25	Apr-25	May-25
Inv. 1	Inv. 2	Inv. 3	Inv. 4	Inv. 5
\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -

If there are no expenses during the month, the contractor should then email the Project Officer and state that there is no reimbursement request that month. No documents need to be submitted when there is no request.

Match

The Match sheet is where all matching funds will be entered. All purple cells are locked, and no data can or should be entered into these cells. All invoice 1 match amounts should be entered into the Inv.1 column. Match will be tracked by overall budget versus by tasks/ deliverables. Once this information is entered, please check the Cover Sheet to ensure that the information you entered aligns with your reimbursement request. Please make sure that the match is entered on the same invoice number as the reimbursement request.

Cover Sheet (Inv. 1-15) (Inv. 16-30) and Tasks (Inv. 1-15) (Inv. 16-30) – Green Sheets

Cover Sheet (Inv. 1-15)

This sheet will be used for Invoices 1-15. This sheet will only work up to invoice 15. For invoice 16 or above use the Cover Sheet (Inv. 16-30) and Tasks (Inv. 16-30).

On the Cover sheet, use the drop-down menu option to enter the Invoice Month and Invoice Number, both are highlighted in green. Check that the current expenditures and current reported match on this page correspond with the invoices you plan to submit. The total “Current Expend.” amount, highlighted in yellow, should be the same amount as the total on the expenditure sheet.

Reimbursement Request				
Contractor Name: Contractor				
NMED Contract Number: 40-66700-23			Project ID:	
Project Name: Meadows and Creek Restoration				
Invoice Month: January 2025			Invoice Accepted <input type="checkbox"/>	
Invoice: RSP_7711 1			Invoice Rejected <input type="checkbox"/>	
Amended: <input type="checkbox"/>				
State/Federal Grant Expenditures				
Budget Category	Workplan Budget	Current Expenditures	Total Expenditure	Budget Remaining
Personnel	\$ 46,000.00	\$ -	\$ -	\$ 46,000.00
Travel	\$ 778.00	\$ -	\$ -	\$ 778.00

Once you have confirmed that the reimbursement is correct, save the sheet as a .pdf and sign the document using adobe certified signature if possible.

Tasks (Inv. 1-15)

Using the drop-down menu option, update the invoice number to correspond with the invoice number on the Expenditure sheet and Cover sheet. Update the status of each task (not started, in progress, or completed), highlighted in green in each task box. Once you confirm that the information is correct, save the sheet as a .pdf.

	Budget Category	Current Expenditures	Remaining Budget	Budget Category	Current Expenditures	Remaining Budget
Invoice No.	Task 1	Status	Not Started	Task 2	Status	Not Started
1	Personnel	\$ -	\$ 1,000.00	Personnel	\$ -	\$ 2,500.00
	Travel	\$ -	\$ -	Travel	\$ -	\$ -
	Equipment	\$ -	\$ -	Equipment	\$ -	\$ -
	Supplies	\$ -	\$ -	Supplies	\$ -	\$ -
	Contractual	\$ -	\$ -	Contractual	\$ -	\$ -
	Other	\$ -	\$ -	Other	\$ -	\$ -
	Gross Receipts Tax	\$ -	\$ 86.75	Gross Receipts Tax	\$ -	\$ 216.88
	Task 3	Status	Not Started	Task 4	Status	Not Started
	Personnel	\$ -	\$ 5,000.00	Personnel	\$ -	\$ 1,000.00
	Travel	\$ -	\$ -	Travel	\$ -	\$ -
	Equipment	\$ -	\$ -	Equipment	\$ -	\$ -
	Supplies	\$ -	\$ -	Supplies	\$ -	\$ -
	Contractual	\$ -	\$ -	Contractual	\$ -	\$ 3,000.00
	Other	\$ -	\$ -	Other	\$ -	\$ -
	Gross Receipts Tax	\$ -	\$ 433.75	Gross Receipts Tax	\$ -	\$ 86.75
	Task 5	Status	Not Started	Task 6	Status	Not Started
	Personnel	\$ -	\$ -	Personnel	\$ -	\$ -

Mileage, Per Diem, and Personnel Time Log – Blue Sheets

If mileage, per diem, or personnel time is claimed during the invoice period, these forms must be completed and submitted with the Cover Sheet and Tasks sheets. The information will need to be manually entered except the blue cells, which will auto populate. You must update the invoice number highlighted in Green before submitting.

Mileage Form

This form should be filled out and submitted with the reimbursement request packet if mileage is claimed during the invoice period. Include task no., personnel position title of the traveler, date of travel, starting location and end location and the total miles claimed. The total amount will auto populate once the mileage is entered. Make sure that the total corresponds to the amount on the expenditure sheet.

Mileage						Invoice # 1
Task No.	Personnel Title	Date	Start Location	Destination	Total Miles	Total Amount
1	Project Manager	10/21/2024	Santa Fe, NM	Taos, NM	70.6	\$ 33.18
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Total						\$ 33.18

Per Diem

This form should be filled out and submitted with the reimbursement request packet if per diem is being claimed during the invoice period. Include task no., personnel, departure date and return date. The total number of days and total per diem for the trip will auto populate once the dates are entered. Make sure that the total corresponds to the amount on the expenditure sheet.

Per Diem					Invoice# 1
Task No.	Personnel (Title)	Departure Date	Return Date	Number of Days	Total Amount
1	Project Manager	10/20/2024	10/26/2024	6	\$ 942.00
				0	\$ -
				0	\$ -
				0	\$ -
				0	\$ -
				0	\$ -
				0	\$ -
Total					\$942.00

Other Travel Expenses

If other travel expenses such as airfare, shuttles, or baggage are included in your budget, please include all receipts for these items in your reimbursement packet. If these items were included in your budget under travel, please make sure to list them in the Expenditure sheet under travel. If these other travel expenses are listed under contractual in your budget, these expenses should be in the contractor’s invoice to your organization.

Personnel Time Log

This form should be filled out and submitted with the reimbursement request packet if personnel time is being claimed during the invoice period. Include the title of the personnel (what is stated in the contract, i.e. Project Manager), task no., number of hours worked on the task, and hourly rate. The total amount will auto populate once the hours and rate are entered. Make sure that the total corresponds to the amount on the expenditure sheet. The contractor must check the box that they have submitted the proof of payment for personnel.

Personnel Time Log				Invoice # 1	
Personnel (Title)	Task #	Number of Hours	Hourly Rate	Total Amount	Proof of Payment Included
Project Manager	1	4	40	\$ 160.00	<input checked="" type="checkbox"/>
				\$ -	<input type="checkbox"/>
				\$ -	<input type="checkbox"/>
				\$ -	<input type="checkbox"/>
				\$ -	<input type="checkbox"/>
				\$ -	<input type="checkbox"/>
				\$ -	<input type="checkbox"/>
				\$ -	<input type="checkbox"/>
				\$ -	<input type="checkbox"/>
				\$ -	<input type="checkbox"/>
			Total	\$ 160.00	

What will be accepted for proof of payment? See Appendix A for examples

Mileage/Per Diem: A copy of a pay stub or check that shows it was a travel reimbursement to the employee

Equipment Rental and Supplies: Copy of itemized receipt

Contractual: Copy of Itemized Invoice from the contractor and copy of payment made (check, credit card statement, or other financial documentation)

Appendix A

Sample of a Reimbursement Request Packet

SAMPLE

Reimbursement Request				
Contractor Name: Contractor				
NMED Contract Number: 40-66700-23			Project ID: 25J	
Project Name: Meadows and Creek Restoration				
Invoice Month: January 2025			Invoice Accepted <input type="checkbox"/>	
Invoice: RSP_7711_1			Invoice Rejected <input type="checkbox"/>	
Amended: <input type="checkbox"/>				
State/Federal Grant Expenditures				
Budget Category	Workplan Budget	Current Expenditures	Total Expenditure	Budget Remaining
Personnel	\$ 46,000.00	\$ -	\$ -	\$ 46,000.00
Travel	\$ 778.00	\$ -	\$ -	\$ 778.00
Equipment	\$ -	\$ -	\$ -	\$ -
Supplies	\$ 34,500.00	\$ -	\$ -	\$ 34,500.00
Contractual	\$ 553,124.08	\$ -	\$ -	\$ 553,124.08
Other	\$ 1,043.75	\$ -	\$ -	\$ 1,043.75
Gross Receipts Tax	\$ 3,947.13	\$ -	\$ -	\$ 3,947.13
Sub-totals	\$ 639,392.96	\$ -	\$ -	\$ 639,392.96
Cooperator's Match (Cash and In-kind)				
Budget Category	Workplan Match	Current Reported	Total Reported	Remaining Amount
Personnel	\$ 41,333.00	\$ -	\$ -	\$ 41,333.00
Travel	\$ 4,866.00	\$ -	\$ -	\$ 4,866.00
Equipment	\$ -	\$ -	\$ -	\$ -
Supplies	\$ 4,075.00	\$ -	\$ -	\$ 4,075.00
Contractual	\$ 13,000.00	\$ -	\$ -	\$ 13,000.00
Other	\$ 1,000.00	\$ -	\$ -	\$ 1,000.00
Sub-totals	\$ 64,274.00	\$ -	\$ -	\$ 64,274.00
	Budget	Current Expend.	Total Expend.	Budget Remaining
Total Expenditures	\$ 639,392.96	\$ -	\$ -	\$ 639,392.96

I hereby certify that this report is mathematically correct, has not been previously reported, and to the best of my knowledge and belief is a legal and proper claim against the contract. I further certify that supporting documentation (including timesheets, logs, schedules, etc.) is maintained in accordance with instructions contained in the contract.

Print Name

Authorized Signature

Date

I certify that this invoice/statement and supporting documentation have been reviewed by me and site visits, if applicable, have been conducted. To the best of my knowledge and belief, the reported expenditures and match are valid based upon this project's work plan, and are consistent with the terms of this contract or memorandum of agreement.

Project Officer Signature

Date

Ok to Pay



SAMPLE

	Budget Category	Current Expenditures	Remaining Budget	Budget Category	Current Expenditures	Remaining Budget
Invoice No.	Task 1	Status	Not Started	Task 2	Status	Not Started
1	Personnel	\$ -	\$ 1,000.00	Personnel	\$ -	\$ 2,500.00
	Travel	\$ -	\$ -	Travel	\$ -	\$ -
	Equipment	\$ -	\$ -	Equipment	\$ -	\$ -
	Supplies	\$ -	\$ -	Supplies	\$ -	\$ -
	Contractual	\$ -	\$ -	Contractual	\$ -	\$ -
	Other	\$ -	\$ -	Other	\$ -	\$ -
	Gross Receipts Tax	\$ -	\$ 86.75	Gross Receipts Tax	\$ -	\$ 216.88
	Task 3	Status	Not Started	Task 4	Status	Not Started
	Personnel	\$ -	\$ 5,000.00	Personnel	\$ -	\$ 1,000.00
	Travel	\$ -	\$ -	Travel	\$ -	\$ -
	Equipment	\$ -	\$ -	Equipment	\$ -	\$ -
	Supplies	\$ -	\$ -	Supplies	\$ -	\$ -
	Contractual	\$ -	\$ -	Contractual	\$ -	\$ 3,000.00
	Other	\$ -	\$ -	Other	\$ -	\$ -
	Gross Receipts Tax	\$ -	\$ 433.75	Gross Receipts Tax	\$ -	\$ 86.75
	Task 5	Status	Not Started	Task 6	Status	Not Started
	Personnel	\$ -	\$ -	Personnel	\$ -	\$ -
	Travel	\$ -	\$ -	Travel	\$ -	\$ -
	Equipment	\$ -	\$ -	Equipment	\$ -	\$ -
	Supplies	\$ -	\$ -	Supplies	\$ -	\$ -
	Contractual	\$ -	\$ 33,017.00	Contractual	\$ -	\$ -
	Other	\$ -	\$ -	Other	\$ -	\$ -
	Gross Receipts Tax	\$ -	\$ -	Gross Receipts Tax	\$ -	\$ -
	Task 7	Status	Not Started	Task 8	Status	Not Started
	Personnel	\$ -	\$ 1,000.00	Personnel	\$ -	\$ 8,000.00
	Travel	\$ -	\$ -	Travel	\$ -	\$ 389.00
	Equipment	\$ -	\$ -	Equipment	\$ -	\$ -
	Supplies	\$ -	\$ -	Supplies	\$ -	\$ -
	Contractual	\$ -	\$ 8,912.00	Contractual	\$ -	\$ 6,117.30
	Other	\$ -	\$ 1,000.00	Other	\$ -	\$ -
	Gross Receipts Tax	\$ -	\$ 86.75	Gross Receipts Tax	\$ -	\$ 694.00
	Task 9	Status	Not Started	Task 10	Status	Not Started
	Personnel	\$ -	\$ 3,000.00	Personnel	\$ -	\$ 3,000.00
	Travel	\$ -	\$ -	Travel	\$ -	\$ -
	Equipment	\$ -	\$ -	Equipment	\$ -	\$ -
	Supplies	\$ -	\$ 2,500.00	Supplies	\$ -	\$ 32,000.00
	Contractual	\$ -	\$ 205,575.45	Contractual	\$ -	\$ 277,214.43
	Other	\$ -	\$ -	Other	\$ -	\$ -
	Gross Receipts Tax	\$ -	\$ 260.25	Gross Receipts Tax	\$ -	\$ 260.25
	Task 11	Status	Not Started	Task 12	Status	Not Started
	Personnel	\$ -	\$ 10,000.00	Personnel	\$ -	\$ -
	Travel	\$ -	\$ -	Travel	\$ -	\$ -
	Equipment	\$ -	\$ -	Equipment	\$ -	\$ -
	Supplies	\$ -	\$ -	Supplies	\$ -	\$ -
	Contractual	\$ -	\$ 5,253.30	Contractual	\$ -	\$ 3,117.30
	Other	\$ -	\$ -	Other	\$ -	\$ -
Gross Receipts Tax	\$ -	\$ 867.50	Gross Receipts Tax	\$ -	\$ -	
Task 13	Status	Not Started	Task 14	Status	Not Started	
Personnel	\$ -	\$ 8,000.00	Personnel	\$ -	\$ 3,000.00	
Travel	\$ -	\$ 389.00	Travel	\$ -	\$ -	
Equipment	\$ -	\$ -	Equipment	\$ -	\$ -	
Supplies	\$ -	\$ -	Supplies	\$ -	\$ -	
Contractual	\$ -	\$ 4,917.30	Contractual	\$ -	\$ 5,000.00	
Other	\$ -	\$ -	Other	\$ -	\$ -	
Gross Receipts Tax	\$ -	\$ 694.00	Gross Receipts Tax	\$ -	\$ 260.25	
Task 15	Status	Not Started	Task16	Status	Completed	
Personnel	\$ -	\$ 500.00	Personnel	\$ -	\$ -	
Travel	\$ -	\$ -	Travel	\$ -	\$ -	
Equipment	\$ -	\$ -	Equipment	\$ -	\$ -	
Supplies	\$ -	\$ -	Supplies	\$ -	\$ -	
Contractual	\$ -	\$ 1,000.00	Contractual	\$ -	\$ -	
Other	\$ -	\$ 43.75	Other	\$ -	\$ -	
Gross Receipts Tax	\$ -	\$ -	Gross Receipts Tax	\$ -	\$ -	

[illegible]

[illegible]

[illegible]

LOGO
GOES
HERE

SAMPLE COMPANY

123456 Water Ave., Santa Fe, NM 87504
(505)928-3787

INVOICE # 100

Date: 10/15/2024

Your company


ITEM DESCRIPTION		AMOUNT
Site Leveling		\$150.00
Subtotal		\$150.00
Tax rate		
Additional costs		
TOTAL COST		\$150.00

Make all checks payable to Sample Company

If you have any questions concerning this invoice, use the following contact information:
Contact Name, Phone Number, Email

BANK NAME 123, Lorem Str., Ipsum City Phone 123-456-789-00		DATE <u>15</u> <u>Oct</u> <u>2024</u> <small>Day Month Year</small>		01234
PAY TO THE ORDER OF <u>Sample Company</u>		\$ <u>150.00</u>		
<u>One Hundred and Fifty Dollars - No Cents</u>		DOLLARS		 Security Features Included
MEMO <u>Invoice 100</u>		Authorized signature _____		
⑈0123456789⑈ ⑆0123789789⑆ ⑈12345⑈				

BANK NAME 123, Lorem Str., Ipsum City Phone 123-456-789-00		DATE <u>04</u> <u>10</u> <u>2024</u> <small>Day Month Year</small>		01234
PAY TO THE ORDER OF <u>Samantha Rendon</u>		\$ <u>2,500.00</u>		
<u>Two Thousand and Five Hundred Dollars - No cents</u>		DOLLARS		 Security Features Included
MEMO <u>Payroll</u>		Authorized signature _____		
⑈0123456789⑈ ⑆0123789789⑆ ⑈12345⑈				

BANK NAME 123, Lorem Str., Ipsum City Phone 123-456-789-00		DATE <u>27</u> <u>09</u> <u>2024</u> <small>Day Month Year</small>		01234
PAY TO THE ORDER OF <u>Samantha Ferguson</u>		\$ <u>771.86</u>		
<u>Seven Hundred and Seventy-One Dollars and Eighty-Six Cents</u>		DOLLARS		 Security Features Included
MEMO <u>Travel 09092024</u>		Authorized signature _____		
⑈0123456789⑈ ⑆0123789789⑆ ⑈12345⑈				



STATE OF NEW MEXICO
NM ENVIRONMENT DEPARTMENT
P O Box 5469
Santa Fe, NM 87502

ACH Remittance Advice

State of New Mexico Department of Finance & Administration

FERGUSON, SAMANTHA

SANTA FE, NM 87507
United States

Date	Payment Amount	Reference
Sep/27/2024	\$771.86	3001691670

NON-NEGOTIABLE

If you would like to receive electronic ACH remittance advices via email, please contact DFA Vendor Relations at vendor.relations@dfa.nm.gov

Business Unit : 66700

Payment Date: 09/27/2024

Invoice Number	Invoice Date	Voucher ID	Gross Amount	Discounts	Late Charges	Paid Amount
20240909 100% Travel 20240909 100% Travel	Sep/17/2024		771.86	0.00	0.00	771.86

		Name			Bank Charge	Transfer Cost Cd
		FERGUSON, SAMANTHA			\$0.00	
		Date	Total Gross Amt	Total Discounts	Total Late Charges	Total Paid Amt
		Sep/27/2024	\$771.86	\$0.00	\$0.00	\$771.86

Pay Group:	CLS-Classified
Pay Begin Date:	09/14/2024
Pay End Date:	09/27/2024

Samantha Rendon

HOURS AND EARNINGS

YTD

Current Hours
12.00
52.00
16.00

TAXES

TOTAL:

80.00

MESSAGE:

NON-NEGOTIABLE