NEW MEXICO ENVIRONMENT DEPARTMENT
CONSTRUCTION PROGRAMS BUREAU
DISBURSEMENT REQUEST
LOANS PROGRAM

PROGRAM NAME: CLEAN WATER STATE REVOLVING LOAN FUND (CWSRF)
RURAL INFRASTRUCTURE PROGRAM (RIP)

A. NAME OF ENTITY ____________________________

B. PROJECT NUMBER ____________________________

C. DISBURSEMENT REQUEST NUMBER ______________

D. LOAN and/or GRANT AMOUNT ____________________________

<table>
<thead>
<tr>
<th>PREVIOUS EXPENDITURES</th>
<th>CURRENT EXPENDITURES</th>
<th>CUMULATIVE</th>
<th>FUNDS REMAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMED - PROGRAM 6</td>
<td>OTHER FUNDS</td>
<td>NMED - PROGRAM 8</td>
<td>OTHER FUNDS</td>
</tr>
<tr>
<td>Administrative Expenses</td>
<td>xxxxxxxxx</td>
<td>7</td>
<td>xxxxxxxxx</td>
</tr>
<tr>
<td>Engineer Fees</td>
<td>$</td>
<td>-</td>
<td>$</td>
</tr>
<tr>
<td>Other Professional</td>
<td>$</td>
<td>-</td>
<td>$</td>
</tr>
<tr>
<td>Service Fees</td>
<td>$</td>
<td>-</td>
<td>$</td>
</tr>
<tr>
<td>Inspection Fees</td>
<td>$</td>
<td>-</td>
<td>$</td>
</tr>
<tr>
<td>Property Acquisition</td>
<td>$</td>
<td>-</td>
<td>$</td>
</tr>
<tr>
<td>Construction Cost</td>
<td>$</td>
<td>-</td>
<td>$</td>
</tr>
<tr>
<td>Planning Cost</td>
<td>$</td>
<td>-</td>
<td>$</td>
</tr>
<tr>
<td>Equipment</td>
<td>$</td>
<td>-</td>
<td>$</td>
</tr>
<tr>
<td>Other Costs (specify)</td>
<td>$</td>
<td>-</td>
<td>$</td>
</tr>
<tr>
<td>Contingencies</td>
<td>$</td>
<td>-</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
<td>-</td>
<td>$</td>
</tr>
</tbody>
</table>

Certification: Under penalty of law, I certify that all the above expenditures are true and correct and are for appropriate purposes in accordance with the terms and conditions of the pertinent Loan/Grant Agreement; that all of the above expenses are properly documented, and are actual invoices; that payment has not been received; 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.

Signature of Authorized Official: [X]
Typed or Printed Name: 14
Phone: 15
Date: 16

Refer to page 2 of the PDF document for further details for items 1-17.
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.