NEW MEXICO ENVIRONMENT DEPARTMENT
CONSTRUCTION PROGRAMS BUREAU
DISBURSEMENT REQUEST
LOANS PROGRAM

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

1

A. NAME OF ENTITY _____   **2**

B. PROJECT NUMBER _____   **3**

C. DISBURSEMENT REQUEST NUMBER _____   **4**

D. LOAN and/or GRANT AMOUNT _____

PROGRAM NAME: **5**   CLEAN WATER STATE REVOLVING LOAN FUND (CWSRF)

(CHECK ONE ONLY)   RURAL INFRASTRUCTURE PROGRAM (RIP)

Rev. 09/2014

	PREVIOUS EXPENDITURES		CURRENT EXPENDITURES		CUMULATIVE		FUNDS REMAINING	
	NMED - PROGRAM **6**	OTHER FUNDS	NMED-PROGRAM **8**	OTHER FUNDS	NMED-PROGRAM **10**	OTHER FUNDS	NMED-PROGRAM **12**	OTHER FUNDS
Administrative Expenses	XXXXXXXXXX	**7**	XXXXXXXXXX	**9**	XXXXXXXXXX	**11**	XXXXXXXXXX	$ **13**
Engineer Fees					$ -	$ -		
Other Professional					$ -	$ -		
Service Fees					$ -	$ -		
Inspection Fees					$ -	$ -		
Property Acquisition					$ -	$ -		
Construction Cost					$ -	$ -		
Planning Cost					$ -	$ -		
Equipment					$ -	$ -		
Other Costs (specify)					$ -	$ -		
Contingencies					$ -	$ -		
TOTAL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

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:	Typed or Printed Name:	Phone:	Date:
X **14**	**15**	**16**	**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 <u>this</u> 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 <u>and</u> 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.