

**DISBURSEMENT REQUEST**  
**Special Appropriations Program**  
**(SAP)**

A. NAME OF ENTITY

C. DISBURSEMENT REQUEST NUMBER

B. PROJECT NUMBER

D. GRANT AMOUNT

	PREVIOUS EXPENDITURES		CURRENT EXPENDITURES		CUMULATIVE		FUNDS REMAINING	
	NMED Program	Other Funds	NMED Program	Other Funds	NMED Program	Other Funds	NMED Program	Other Funds
Administrative Expenses	XXXXXXXXXX		XXXXXXXXXX		XXXXXXXXXX		XXXXXXXXXX	
Engineer Fees								
Other Professional Service Fees								
Inspection Fees								
Property Acquisition								
Construction Cost								
Planning Cost								
Equipment								
Other Costs (specify)								
Contingencies								
<b>TOTAL</b>								

**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	Printed Name:	Phone:	Date:
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SWORN TO AND SUBSCRIBED before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Seal

Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_